|  |  |
| --- | --- |
| **Client name:****Client DOB:** |            |
| **Type of incident:** | [ ]  Hazard [ ]  Incident with no injury or illness (i.e. a near miss) [ ]  Incident with work related injury[ ]  Injury related to travel to or from work [ ]  Client Incident [ ]  Other: |
| **Please indicate the nature of the incident and client ID if relevant.** |       |
| **Date of incident** |      /     /      |
| **Time of incident** |       |
| **Location of incident** |       |
| **Describe the incident or what happened and the cause** |       |
| **If relevant, describe any injuries/ illness / harm incurred and treatment details** |       |
| **Further notes:** |       |

**Employee / contractor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:** **/****/**

\*Please forward this form to the CEO or General Manager Operations or CEO who will complete the following page.

|  |  |  |
| --- | --- | --- |
| **Assess the risk** | **Risk rating** [ ]  Low [ ]  Medium [ ]  High [ ]  Extreme | **Required Action**[ ]  Act this month [ ]  Act this week[ ]  Act today[ ]  Act immediately |
| **Corrective action taken** | **Immediate/ short term actions:** |
|       |
| **Date corrective action taken** |      /     /      |
| **Does the client require specific support or referral?** |        |
| **Has feedback been provided to the person who reported the incident?** |       |
| **Has the incident with the CEO or Clinical General Manager, where appropriate?** | [ ]  Yes, date:      /     /      [ ]  No |
| **Has the incident been reported to the relevant funding body: give details.** | Reported to:      Date:      /     /     Time:       |

General Managers Name:

General Managers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:      /     /