|  |  |
| --- | --- |
| **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:      /     /