

# HAZARD / NEAR MISS REPORT FORM

**Who should use this form:** direct employee's of Taranto Personnel temporary and permanent, visitors, contractors  
**Information:** This form is to be complete only if **no** injury has occurred. If an injury has occurred please complete the Confidential Workers injury, incident, hazard and near miss report [form140](#)

**Person Reporting:** to complete Section A within **1 WORKING DAY** and give it to your consultant **IMMEDIATELY**  
**Procedure:**

- ▶ **Person Reporting:** to complete Section A within **1 WORKING DAY** and give it to your consultant **IMMEDIATELY**
- ▶ **Consultant:** to complete **Section B WITHIN 5 WORKING DAYS** and forward to Safety and Health officer at Taranto Personnel and conduct an investigation in private and separate with person reporting and witness(es)

**NOTE:** If an immediate or serious incident/injury has occurred then immediate need to investigate

**Instructions:** (please complete, tick or circle as appropriate responses)

## Section A: PERSON REPORTING TO COMPLETE

Title:	Surname:	Other Names:
☎ Phone:	Are you a (please circle): staff   visitor   contractor   on hired worker	
Host Employer:	Workplace address / Site:	
Date Occurred:	Time Occurred:	am/pm
<u>Hazard description:</u> e.g. Where? - When? - What? - How? - Why?		
<u>Action taken on site to fix the problem:</u>		
I _____ declare that the information I have provided is correct to the best of my knowledge. I understand that it is an offence to provide false or misleading information.		
Signed:		Date:

## Section B: CORRECTIVE ACTION – by Taranto Personnel

Name of person conducting investigation:	
Signed:	Date & Time:

**RECOMMENDATIONS to prevent further occurrences of this type of hazard** (please complete).

risk Control Options	Action Required	By Whom	By When
1. Elimination - do you have to do the task			
2. Substitution - is there another way to do the task			
3. Engineering - can you engineer another way to do the job safer			
4. Administration – can you improve work procedures ... (e.g. limit time exposure, training)			
5. Personal Protective Equipment (PPE) (e.g. safety glasses, helmets, gloves)			

Date feedback provided to person reporting:      /      /			
By Whom? Name:		Signed:	
Position:		Date:	/    /

<b>Office Use:</b> When was workplace assessment conducted? _____ Follow up needed? _____	
Recommendations made at host if applicable: _____	
Date entry made on database? _____	
<b>Hazard classification</b>	High      Medium      Low
Date Completed:      /      /	