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| **SECTION A** Person reporting the incident | |
| Community Asset Committee Name: Click or tap here to enter text.  Committee Member Name: Click or tap here to enter text.  Date of Report: Click or tap to enter a date.  Contact Number: Click or tap here to enter text.  Hazard (complete section B)  Incident/Injury (complete section C) | |
| **SECTION B** Type of Hazard | |
| **What is the hazard (what happened or what is the problem)?** | |
| **SECTION C Type of Incident** | |
| Select the option(s) that best describes the cause/nature of the incident or injury | |
| Personal Injury  Vehicle Accident  Plant or equipment damage  Private property damage  Environmental damage  Theft and Criminal Damage | Lost Time Incident (LTI)  Medical Treatment Injury (MTI)  First Aid Injury (FAI)  Injury no treatment (INT)  Near Miss  Third Party/Client/Public |
| **Incident Report** Date of Incident: Click or tap to enter a date.  Time of Incident: Click or tap here to enter text.  Location of Incident (be specific)  Click or tap here to enter text.  Police Notified: Choose an item. Police Station Name:Click or tap here to enter text. Police Report Number: Click or tap here to enter text. | |
| **Please list person/s injured**  Committee Member Name & Address: Click or tap here to enter text.  Click or tap here to enter text.  Volunteer Name & Address: Click or tap here to enter text.  Click or tap here to enter text.  Member of Public Name & Address Click or tap here to enter text.  Click or tap here to enter text. | |
| **Describe what happened** [e.g. What task were you doing?] | |

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| **Describe any injury or damage**  Body Part: Click or tap here to enter text. Side of Body: Click or tap here to enter text. | | |
| **Who was the first person you advised of this incident?**  Click or tap here to enter text. | **Time**  Click or tap here to enter text. | **Date**  Click or tap to enter a date. |
| **Name of witnesses: Address Phone**   1. Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. 2. Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. 3. Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. | | |
| **What actions/procedures could be taken to prevent this incident from occurring again?** | | |
| Take a copy of this report for your records and forward the original along with any supporting documentation and photos to Cardinia Shire Council [mail@cardinia.vic.gov.au](mailto:mail@cardinia.vic.gov.au) immediately upon completion | | |
| **SECTION D Cardinia Shire Council - Office use only** | | |
| Date received by Business Unit: Click or tap to enter a date.  Investigating Officer Name: Click or tap here to enter text. Investigation Date: Click or tap to enter a date.  Investigating Officer Position: Click or tap here to enter text.  Provide details of investigation undertaken:    Provide details of corrective action taken:      Business Unit Manager Signature: Click or tap here to enter text. Date closed out: Click or tap to enter a date. | | |
| Submit a copy of this report to the OHS Officer within three (3) business days of completion | | |