

Incident and Hazard Report

PART
A



BLUEBIRD
FOUNDATION INC.

- Use this form to report **any workplace incidents, injuries, near misses or hazard**.
- Ensure this report is accurate, factual and complete.
- **Please complete 'Part A' of this form in a timely manner and return to the Program Manager or a member of the Committee of Management (CoM).** Forms may be returned in person or via: info@bluebirdfoundationinc.org.au
- **A copy of this form should be retained** by the person completing the form.

Details of the **person involved in the incident** * or the **person reporting the hazard:**

Surname: _____ **Given Name:** _____

Role Status: Staff Contractor Student Participant Visitor Other

Phone Number: _____ **Email:** _____

Guardian's Name: * _____ **Guardian's Phone Number:** _____
If incident involves a minor

Details of incident or hazard: *(Incident – Unplanned event with safety or injury implications, Hazard – A source of danger identified, Near Miss - A safety close call with potential to cause future harm to self or others)*

Date of incident or hazard: _____ **Time of incident:** _____

Type of report: Incident Hazard Near Miss Property / Equipment Damage

Specific location of incident or hazard: _____
(E.g., Room No., Address, etc)

Bluebird Program involved: _____

Incident or hazard description:
(How the incident occurred? Context of what took place. Factors leading to the event. What caused the hazard? Be as specific as possible.)

Please **add any attachments** (if applicable) **Attachment added** (Photos, extended incident description, etc.)

Were there any witnesses to the incident: Yes No

Witnesses Name: _____ **Phone Number:** _____

Details of any injury / illness: (if any)

Name of person injured: _____

Type of injury / illness: _____

Part(s) of the body injured: _____

Initial treatment: None First Aid Own doctor Ambulance Hospital In-patient **P.T.O.**

Outline First aid treatment details or action/s taken:

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Were Police notified (if appropriate):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report reference number: (if applicable)	
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Person completing this form: (Print Legal Name)			
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Signature:		Date:	
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Please now return this form to the Bluebird Foundation's Program Manager or a Committee of Management (CoM) member in person or via email: info@bluebirdfoundationinc.org.au

Part B 'Incident and Hazard Identification' will be completed by Bluebird Foundation Inc. Management

Incident and Hazard Identification	PART B	 BLUEBIRD FOUNDATION INC.
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- **The Program Manager or CoM member is to complete 'Part B', for the hazard Identification and rectification.**
- Bluebird Foundation **staff must pass any 'Incident and Hazard Reports' on ASAP.**
- A copy of this form must be **forwarded to the CoM within 24hrs, if serious incidents occur or are notifiable.**

Incident or hazard investigation notes, facts and recommendations: *(Program Manager or CoM to complete)*

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Notifiable incident:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Risk Assessment or Attachments included:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Cause:	<input type="checkbox"/> Human error <input type="checkbox"/> Maintenance failure <input type="checkbox"/> Procedures not followed <input type="checkbox"/> Training not adequate <input type="checkbox"/> Poor design <input type="checkbox"/> Random Event <input type="checkbox"/> Other:
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Corrective action(s) taken: *(Program Manager or CoM member to list action/s and outcome/s below)*

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Bluebird Foundation Inc. final sign off: *(Program Manager & Bluebird CoM member to sign below)*

Program Manager signature:			
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Bluebird CoM member signature:			
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Sign Off Date:		Incident number:		<i>Please safely file and store this completed document.</i>
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