



Hazard/Accident Report

Instructions for use:

This form is to be used when a hazard is identified or an incident or accident occurs. The purpose is to record what happened, the investigations that resulted and what action was taken to prevent future injury.

The Incident must be reported immediately to the office. This form is to be completed within 24 hours and sent to: training@internationalparamediccollege.com.au

Where possible i.e. when a smart phone is available, accompany the form with photos of any identified hazards or causes of accident.

Date hazard identified or incident/ accident occurred				
Reported by				
Contact details:	Phone:		Email:	
Location of Hazard/Accident				
Name of injured person				
Type of Incident	<input type="checkbox"/> Hazard <input type="checkbox"/> Accident			
Name of first aid person (if applicable)				
Name of Witness (if applicable)				
Contact details of Witness	Phone:		Email:	
Description of Hazard/Accident:				
Suggestions to avoid same occurring again:				
Photographs attached	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Report Sent to				
Date sent				



For Office Use

<u>Action Taken</u>			
Signed			
Name		Date	
Position			