

Incident Reporting & Corrective Action Form



This is an example incident reporting form, it is designed to assist with recording safety issues and to identify and document key information. This then supports identifying and record corrective actions to reduce or eliminate those risks.

Serious incidents must be reported by phone immediately to on phone . Sections 1.0 to 7.0 of this report must be emailed to within 24 hours.

1.0 PERSON INVOLVED / INFORMANT DETAILS

First name:	Position title:	<input type="checkbox"/> Employee
Last name:	Company:	<input type="checkbox"/> Subcontractor
Address:	Division:	<input type="checkbox"/> Customer
DOB:	Contact details BH: AH:	<input type="checkbox"/> Member of public <input type="checkbox"/> Visitor
Have you reported this to your supervisor/manager? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date notified:
Supervisor/manager name:		Contact no:

2.0 DETAILS OF INCIDENT

Please tick as many of these categories as apply to the incident:

Injury / Illness* Near miss / hazard† Motor vehicle Environmental Property Equipment

*If you are reporting a work related injury / illness please also complete [insert details of separate form dealing with injury / illness.

†If you are capturing a near miss, hazard or opportunity for improvement, please use the hazard reporting form.

Please specify the date and time of the incident -	Date:	Time:
Where did the incident occur?		
<input type="checkbox"/> Our premises (address of depot)	Area: (building / room):	
<input type="checkbox"/> Off-Site (specify location):	<input type="checkbox"/> While driving (specify location):	

Details of incident:

2.0

DETAILS OF INCIDENT (continued)

Was an ambulance called? Yes No N/A

Were you/injured person treated at scene? Yes No N/A

Were you/injured person transport to hospital? Yes No N/A

If so, which hospital?

Who has been notified of the incident?

Police Workers' compensation authority Environmental authority

Work health and safety authority Dangerous goods authority

Has the company's insurance broker/insurer been notified of the incident? Yes No N/A

3.0

MOTOR VEHICLE INCIDENT (only complete if Motor Vehicle Incident)

Driver full name		Professional driver?	
Date of birth		Driver phone	
Driver address			
Licence No.		Expiry date	
Class of licence		If third party, who is driver's insurer?	
Years of experience driving			
Did the driver consume alcohol or drugs in the last 12 hours? (If yes, give details of type and amount)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Did the driver undergo a breath or alcohol test? What was the result?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did any authorities attend the scene?		If yes, which authorities?	
Provide contact no.		Provide incident no.	

3.1 Our vehicle details (include any subcontractor vehicle details here)

Vehicle make		Vehicle model	
Registration no.		Vehicle insurer	

3.0
MOTOR VEHICLE INCIDENT (only complete if Motor Vehicle Incident) (continued)

3.2 Our trailer details (include any subcontractor trailer details here)

How was the vehicle being used at the time? (eg loading, driving)			
Conditions? (wet, dry, fog, etc.)		Speed at the time of the incident?	
Was there more than one vehicle involved?		Who was responsible?	
Where was the damage to our vehicle?			
Other vehicle details:			
Where was the damage to our vehicle?			
Drawing / diagram of scene and damage:			

4.0
PROPERTY DAMAGE INCIDENT

Details			
What was the cause?		Name of property owner	
Address of property owner		Contact details for property owner	

5.0
ENVIRONMENTAL INCIDENT

Type of Environmental Incident	<input type="checkbox"/> Chemical spill or dangerous goods spill	<input type="checkbox"/> Damage to cultural heritage items/areas
	<input type="checkbox"/> Excess noise	<input type="checkbox"/> Fauna injury
	<input type="checkbox"/> Fire/explosion	<input type="checkbox"/> Fuel spill
	<input type="checkbox"/> Waste management/escape of wastes	<input type="checkbox"/> Near miss
	<input type="checkbox"/> Protected vegetation damage	<input type="checkbox"/> Other
Type of impact	<input type="checkbox"/> Archaeological, heritage or cultural issues	<input type="checkbox"/> Contamination of land
	<input type="checkbox"/> Controlled or uncontrolled discharges to water	<input type="checkbox"/> Controlled or uncontrolled emissions to atmosphere
	<input type="checkbox"/> Legal	<input type="checkbox"/> Noise/ dust/vibration/odour
	<input type="checkbox"/> Public / media	<input type="checkbox"/> Solids and other wastes effects on natural environment
	<input type="checkbox"/> Other (specify)	
Description of Impact		

6.0
WITNESSES

Was there a witness present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Witness statement attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:	Contact details:	
Name:	Contact details:	
Name:	Contact details:	
Name:	Contact details:	

7.0
SIGNATURE OF PERSON MAKING REPORT

Print name of person making report	Name	Date
	Signature	Contact no:
Print name of health and safety officer / compliance officer confirming receipt of report	Name	Date
	Signature	Contact no:

8.0
INVESTIGATION - To be undertaken by health and safety officer / compliance officer

Is on board camera footage available?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If so, give details:	
Is CCTV footage available?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If so, give details:	
Is GPS or other telematic data available?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If so, give details:	
Did the driver complete a pre-start check?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did the driver complete a fitness for duty assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did the driver comply with their work and rest option?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did the driver comply with the safe journey plan?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has a health & safety representative been consulted in relation to this report?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name: _____ Date: _____	

List the existing risk controls for the activity/task

Review of existing controls (Why did they fail? Are changes required?)

8.0

INVESTIGATION -To be undertaken by health and safety officer / compliance officer (continued)

What factors contributed to the incident/hazard? Consider areas below.

System	Vehicle Operation	Plant / Equipment	Environment	People
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes see below	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes see below	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes see below	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes see below
<input type="checkbox"/> Policy/Procedures <input type="checkbox"/> Workload <input type="checkbox"/> Maintenance <input type="checkbox"/> Task allocation <input type="checkbox"/> Audits <input type="checkbox"/> Other specify	<input type="checkbox"/> Speed <input type="checkbox"/> Mass / dimension <input type="checkbox"/> Load restraint <input type="checkbox"/> Vehicle selection <input type="checkbox"/> Vehicle maintenance <input type="checkbox"/> Other specify	<input type="checkbox"/> Size / weight <input type="checkbox"/> Design <input type="checkbox"/> Maintenance <input type="checkbox"/> Chemicals <input type="checkbox"/> Other specify	<input type="checkbox"/> Access <input type="checkbox"/> Maintenance <input type="checkbox"/> Lighting <input type="checkbox"/> Weather <input type="checkbox"/> Temperature <input type="checkbox"/> Floor / ground surface <input type="checkbox"/> Other specify	<input type="checkbox"/> Fatigue / fitness <input type="checkbox"/> Supervision <input type="checkbox"/> Training <input type="checkbox"/> Job competency <input type="checkbox"/> PPE not used <input type="checkbox"/> Other specify

Was personal protective equipment available? Yes No

Was personal protective equipment being worn/used? Yes No

Should personal protective equipment have been worn during the task being undertaken at the time of the incident?
 If so, specify the personal protective equipment that should have been worn
 Yes No

Did the driver complete a pre-start check? Yes No N/A

Corrective action recommended and actions taken

Corrective action recommended and actions taken	Actions taken
Training / toolbox meetings	<input type="checkbox"/> action taken date
Changes to work environment	<input type="checkbox"/> action taken date
Modifications or repairs to vehicles, machinery, equipment or tools	<input type="checkbox"/> action taken date
Changes to work practices	<input type="checkbox"/> action taken date
Personal protective equipment	<input type="checkbox"/> action taken date

	Risk Control	Action to be taken	By whom	By when
<p>Most effective</p> <p>Least effective</p>	<p>Elimination of hazard eg. Discontinue use of equipment, cease work process</p>			
	<p>Substitution eg. Replace with the hazard with something safer (eg a similar item that does the same job but with a lower hazard level)</p>			
	<p>Engineering controls eg. Design or add physical safety features to the process, equipment or tools so the risk is reduced</p>			
	<p>Administration controls eg. Guidelines, procedures, rosters, training etc. to minimise the risk</p>			
	<p>Personal protective equipment eg. Equipment worn to provide a barrier (only to be used as a last resort/backup for other measures)</p>			

Investigation completed by:

Print name:	Team:
Position title:	Phone:
Signature:	Date:

The Heavy Vehicle National Law (HVNL) and regulations imposes a primary duty in the chain of responsibility. Businesses are required to comply by identifying their risks, and develop and implement control measures tailored to their circumstances. This Form is a **guide only** and does not contain a definitive list of Heavy Vehicle National Law and regulatory requirements. To meet your obligations under the HVNL and regulations you are required to seek independent advice to assess your circumstances

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