

Incident & Near Miss Investigation Report

**SOUTH
AUSTRALIAN
PRODUCE
MARKET**



Version History

Version	Created	By
APML Administration v1.0	30 October	LG



Incident & Near Miss Investigation Report

All sections of this form are to be completed. Completed forms are to be given to the APML Safety, Compliance and Facilities Manager. A copy should be taken for your records.

All incidents shall be advised **within 12 hours** to ensure appropriate action is initiated. Please send reports by;

Post C/- South Australian Produce Markets
Burma Road, Pooraka SA 5095

OR

Fax (08) 8349 5894

TO BE COMPLETED AT TIME OF INCIDENT

Personal Details			
Name		Access ID Card	
Phone		Mobile	
Address		Suburb	
State		Post Code	
Drivers Licence #		Date of Birth	
Occupation		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Business Name		Store Number	
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	Other	<input type="checkbox"/> Visitor <input type="checkbox"/> Contractor
Incident / Near Miss Details			
Date		Time	: am / pm
Vehicle Make		Vehicle Model	
Registration		Colour	
Incident Location			
Incident Description			
Incident Resulted	<input type="checkbox"/> Injury <input type="checkbox"/> No Injury <input type="checkbox"/> Near miss <input type="checkbox"/> Property damage <input type="checkbox"/> Hazard identified		
Reported To	Name of Supervisor	Date	
Reported To	SAPML Representative	Date	
Injury / Damage Details			
Body Part		Injury	
Property		Damage	

If this is an immediately notifiable work related injury or a dangerous occurrence it must be reported to the Safety, Compliance & Facilities Manager immediately who will then advise SafeWork SA by telephone 1800 777 209.

This must be reported to them as soon as practicable after the occurrence. (refer to the OHSW procedure Incident/Hazard Reporting and Investigation for the definition of what is notifiable)



Action Plan

Include notes from the previous section list the actions required to prevent this happening again.

Action Plan			
Action to Prevent Recurrence <i>(Do not leave blank)</i>	Person Responsible for Action	Action Taken	Sign off Completed <i>(signature required)</i>

Rehabilitation			
Rehabilitation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Rehabilitation Consultant Advised	/ /
Supervisor Signature		Date	

