Incident & Near Miss Investigation Report







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 Co	de			
Drivers Licence #				Date of	Birth			
Occupation				Gender		☐ Male		Female
Business Name				Store No	umber			
Employment Status	☐ Pa	ıll Time ırt Time asual		Other		Visitor		Contractor
Incident / Near Mis	s Details							
Date				Time			:	am / pm
Vehicle Make				Vehicle I	Model			
Registration				Colour				
Incident Location								
Incident Description								
Incident Resulted	☐ Injury	☐ No Injury	□ Ne	ear miss	☐ Property	damage	☐ Hazard	lidentified
Reported To	N	ame of Supervisor		Date				
Reported To	SAPML Representative		Date					
Injury / Damage De	tails							
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)

saproducemarket.com.au



TO BE COMPLETED IF INJURY OCCURRED

Medical Treatment						
Do you intend to seek medical treatment?	☐ Yes	☐ No				
Do you intend to lodge a claim for workers compensation?	☐ Yes	☐ No				
Has any time been lost from work? (More than 1 complete sh	nift) 🗌 Yes	☐ No				
If so, have you returned to work?	☐ Yes	☐ No				
Have/will medical expenses been incurred?	☐ Yes	☐ No	Uncertain			
Will there be a medical certificate supplied?	☐ Yes	☐ No	☐ Attached			
Were there witnesses?	☐ Yes	☐ No				
Witness Details						
Witness (I) Name	Phone					
Witness (2) Name	Phone					
Witness (3) Name	Phone					
?????						
Employee Signature	Date					
TO BE COMPLETED BY SUPERVISOR / MANAGER (in consultation with the injured staff member and the Health & Safety Representative if applicable)						
Incident Details		, ,				
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Incident Details Please describe the events and contributing factors in detail						
Incident Details Please describe the events and contributing factors in detail Preventative Actions						
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Action Plan

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

Action Plan								
Action to Prevent Recurrence (Do not leave blank)	Person Responsible for Action	Action Taken		Sign off Completed (signature required)				
Rehabilitation								
Rehabilitation required?	☐ Yes ☐ No	Date Rehabilitation Consultant Advised	1	1				
Supervisor Signature		Date						