

LAKE MONGER COMMUNITY SHED



INCIDENT / INJURY / HAZARD REPORT (CIRCLE APPLICABLE)

Name of person completing this form:

Please complete this form and give it to the Shed Supervisor

<p>When did the incident occur? <i>(date & time)</i></p>	<p>Where did the incident occur? <i>(eg kitchen, workshop, machine room, metalwork area, outside shed)</i></p>
<p>Who was involved?</p>	<p>Describe injuries (if any)</p>
<p>Describe What Happened or hazard identified</p>	<p>List any other witnesses</p>
<p>Describe first aid or action taken after the incident and by whom</p>	<p>How was the incident closed? <i>(Eg patient to ambulance, taken home etc, machine tagged-out, barriers erected)</i></p>
<p>Form received by Session supervisor name, date & time)</p>	<p><i>Name, date & time - Organisations notified by supervisor (eg LMCS Safety Group, LMCS Committee, WorkSafe, Police, other)</i></p>

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INCIDENT INVESTIGATION & FOLLOW UP (SAFETY COMMITTEE)

Who is investigating this incident?	
Root Cause of incident or Hazard - Why did this happen?:	
Proposed preventative Action:	
Follow-up required?	Safety Issue closed out by: (name, authority and signature)