ACCIDENT/HAZARD/INCIDENT FORM

F009

This form must be used in conjunction with PP012 – Work Health and Safety Policy and Procedure.

If accident/hazard/incident is identified that effects any staff, student, contractor or visitor - staff are to:

- **assess and make the area safe a reasonably practicable**
- **complete the Accident/Hazard/Incident form – F009**
- **forward the form to the CEO and WHS Officer via email**

Name:		**Date:**	
Nature of Incident:			

Description:

Immediate Action:

Signature:	

Risk Assessment: *(please use the attached Risk Matrix to determine assessment)*	

Actions to ameliorate risk:

Name:		**Signature:**		**Date:**	

Follow Up:

Name:		**Signature:**		**Date:**	

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ACCIDENT/HAZARD/INCIDENT FORM

Risk Matrix Assessment

Likelihood	Consequence				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
A (almost certain)	L	M	H	E	E
B (likely)	L	M	H	H	E
C (possible)	L	M	M	H	H
D (unlikely)	L	L	M	M	H
E (rare)	L	L	L	M	M

Risk Control Process

Description of risk	Likelihood	Consequence	Risk Rating	Actions	Responsible officer