

Hazard or Near-Miss Report

To be completed by an employee or contractor reporting a hazard or near miss.

*** Insert Manager's name and contact details before proceeding ***

Position:	Date: / /	Time: am/pm
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Reported by:	Position:
Signature:	Date: / / Time: am/pm

Worker / Contractor to complete

Type of incident or hazard (please tick):	
<input type="checkbox"/> Incident	<input type="checkbox"/> Near miss
<input type="checkbox"/> Hazard	<input type="checkbox"/> Hazardous work practice

Location:
Description of the incident, hazard or near miss:

Management to complete

Name of manager or supervisor:
Corrective action taken:

Further action required:	Person responsible:	Date to be done:

Signature:	Date: / / Time: am/pm
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**** File this document in the relevant farm folder and retain for five years ****