FREE TEMPLATE

Incident Report

An incident and near miss report form: the people, the event, injuries and damage, immediate actions, witnesses, notification and the first review of causes.

How to use this template

Replace the text in [square brackets] with your own details, delete what does not apply and add what does. Blue hints inside the form cells describe what goes there; delete them as you fill the form in.

Free to use, copy and adapt within your business. Please keep the attribution line in the footer, and link to swms.ohconsultant.com.au/swms/free/incident-report if you share it.

Part 1 — Report details

Report number	
Site / workplace and address	
Date and time of incident	
Date and time reported	
Reported by	[Name, role, contact]
Report completed by	[Name, role]
Incident type	[Injury · Illness · Near miss · Dangerous incident · Property or plant damage · Environmental]

Part 2 — People involved

Injured or involved person	[Name, date of birth, contact]
Employer	[Business name, if a contractor or labour hire worker]
Role and task at the time	
Experience in the task; inducted; licensed (where relevant)	
Supervisor at the time	

Part 3 — What happened

Exact location	[Building, level, area, grid, plant item]
Description of the incident	[In the words of the people involved: what was being done, what happened, in what order. Facts only.]
Plant, equipment, substances or structures involved	[Make, model, plant number, condition]
Conditions	[Weather, lighting, housekeeping, time into shift]

SWMS, JHA or procedure in use	[Document, number, version; was it being followed?]

Part 4 — Injury, treatment and damage

Nature of injury or illness	
Body part	
Treatment given	[First aid on site · Medical treatment · Hospital · Ambulance called]
Treated by	[First aider name; doctor or hospital]
Time lost (estimate)	
Damage to plant, property or the environment	

Part 5 — Immediate actions and notification

Item	Done	N/A
The area was made safe; further injury prevented	☐	☐
Notifiable incident assessed against the definitions in the WHS Act (or OHS Act 2004 in Victoria)	☐	☐
Regulator notified immediately by phone (record the time, the person spoken to and the reference number below)	☐	☐
Incident site preserved until released by the regulator (where notifiable)	☐	☐
Principal contractor, client and site manager informed	☐	☐
Workers' compensation insurer informed within the time the state scheme requires	☐	☐
Health and safety representative(s) and the crew informed; safety alert issued where needed	☐	☐

Regulator notification	[Date, time, person spoken to, reference number]
Other notifications made	

Part 6 — Witnesses

Name	Company	Contact	Statement taken (date, by whom)

Part 7 — First review of causes and corrective actions

Immediate cause	[The action or condition that directly led to the event]

Contributing factors	[Controls missing or not working; task, equipment, environment, people, organisation]
Why the existing controls did not prevent it	

Corrective action	Hierarchy level	Owner	Due	Done

Role	Name	Signature	Date / time
Supervisor			
Injured / involved person (optional)			
Manager reviewing the report			

Privacy

This form contains personal and health information. Keep it secure, share it only with those who need it for safety, compensation or legal purposes, and keep it for the retention period that applies to your business and your state.

Need the document that goes with it?

SWMS templates by trade: swms.ohconsultant.com.au/swms/purchase

Most incident reviews end with a changed control. The paid templates give you an editable SWMS to put it into, prepared for your state.

All free templates: swms.ohconsultant.com.au/swms/free-resources

General information, not legal advice. Work health and safety laws differ between states and territories: check the requirements that apply where the work is done, and the principal contractor's own site requirements.