



<b>Policy:</b>	<b>Accident Incident Report Form</b>	<b>Reference:</b>	<b>AIRFSES0003</b>
		<b>Review Date:</b>	<b>03/2023</b>

Why is it Reportable?			
Tick Relevant Box:		Tick Relevant Box:	
Death	<input type="checkbox"/>	Major Injury	<input type="checkbox"/>
3-Day + LTI (lost time injury)	<input type="checkbox"/>	Reportable Disease	<input type="checkbox"/>
Dangerous Occurrence	<input type="checkbox"/>	Environmental Incident	<input type="checkbox"/>
Enforcement Notice	<input type="checkbox"/>	Near Miss (See near miss report form NMRSES0078)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

**Incident Details.**

Date of Incident:		Time (24 hr clock):	
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Brief description of Incident: Include machinery, plant, process, activity, substances etc.

Sequence of Events:

**Details of those involved (injured person and or witness).**

Name:	
Address:	
Involvement:	
If non-employee state company name, address & telephone No:	

Specific Evidence Collated (tick relevant box):			
Pictures	<input type="checkbox"/>	Witness Statements	<input type="checkbox"/>
Risk Assessments & Method Statements	<input type="checkbox"/>	Notices, Letters, Correspondences	<input type="checkbox"/>
SES Engineering & /or client's policies/ procedures	<input type="checkbox"/>	Briefing Records	<input type="checkbox"/>
Other e.g., certs (attached)	<input type="checkbox"/>	Training Records	<input type="checkbox"/>



Issues / Concerns by Risk Management Team (e.g., missing information/attitudes):

Legislation Applicable:

Causes of Accident / Incident:

Agreed Cause of Accident / Incident:

Investigation by Name:.....

Date:.....





**Continuation Sheet:**

Date of Incident:		Time (24 hr clock):	
Brief description of Incident: Include machinery, plant, process, activity, substances etc.			
Sequence of Events:			