Hazard and Near Miss Reporting Form

This is an example form for capturing information when personnel experience near misses or identify hazards or opportunities for improvement. It has been designed to assist with identifying and documentating safety risks with the potential to cause loss or harm and identifying and documenting corrective actions to reduce or eliminate those risks.

This form is intended to provide feedback on potential issues before an incident/accident occurs. If there has already been an incident (e.g. injury, property damage) use the incident reporting form and not this form.

1.0 YOUR DETAILS

Name:	Phone Number:

2.0 DETAILS OF INCIDENT

☐ Loading/Unloading	☐ Load Restraint	☐ Driver Behaviour	☐ Mass/Dimension
☐ Speed/Speeding	☐ Vehicle Maintenance	☐ Fatigue/Work Hours	☐ Dangerous Goods

Other: (enter details)

3.0 WHAT HAPPENED / WHAT IS THE HAZARD OR CONCERN? (include details such as time/date/location if relevant)

4.0 WHAT DO YOU THINK COULD BE DONE TO MANAGE/IMPROVE WHAT HAPPENED?

5.0 SIGNATURE OF PERSON MAKING REPORT

Print name of person making report	Name	Date DD/MM/YYYY
	Signature	Contact no:
Print name of health and safety officer / compliance officer confirming receipt of report	Name	Date DD/MM/YYYY
	Signature	Contact no:

6.0 INVESTIGATION – To be undertaken by health and safety officer / compliance officer

List the existing risk controls for the activity/task

Review of existing controls (Why did they fail? Are changes required?)

6.0 INVESTIGATION –To be undertaken by health and safety officer / compliance officer (continued)

What factors contributed to the incident/hazard? Consider areas below.

System	Vehicle Operation	Plant / Equipment	Environment	People
☐ No ☐ Yes If yes see below	☐ No ☐ Yes	☐ No ☐ Yes If yes see below	☐ No ☐ Yes If yes see below	☐ No ☐ Yes If yes see below
☐ Policy/Procedures ☐ Workload ☐ Maintenance ☐ Task allocation ☐ Audits ☐ Other specify	☐ Speed ☐ Mass / dimension ☐ Load restraint ☐ Vehicle selection ☐ Vehicle maintenance	☐ Size / weight ☐ Design ☐ Maintenance ☐ Chemicals ☐ Other specify	☐ Access ☐ Maintenance ☐ Lighting ☐ Weather ☐ Temperature ☐ Floor / ground surface ☐ Other specify	☐ Fatigue / fitness ☐ Supervision ☐ Training ☐ Job competency ☐ PPE not used ☐ Other specify

Was personal protective equipment available?	Yes ☐ No ☐
Was personal protective equipment being worn/used?	Yes ☐ No ☐
Should personal protective equipment have been worn during the task being undertaken at the time of the incident? If so, specify the personal protective equipment that should have been worn	Yes ☐ No ☐
Did the driver complete a pre-start check?	Yes ☐ No ☐ N/A ☐

Corrective action recommended and actions taken	**Actions taken**
Training / toolbox meetings	☐ action taken date DD/MM/YYYY
Changes to work environment	☐ action taken date DD/MM/YYYY
Modifications or repairs to vehicles, machinery, equipment or tools	☐ action taken date DD/MM/YYYY
Changes to work practices	☐ action taken date DD/MM/YYYY
Personal protective equipment	☐ action taken date DD/MM/YYYY

6.0 INVESTIGATION -To be undertaken by health and safety officer / compliance officer (continued)

Any other observations / comments from health and safety officer / compliance officer:

7.0 RISK CONTROLS

List any short term actions that have been implemented to control the risk:

What further actions need to be taken to control the risk?

(If risk control not relevant, please indicate N/A in relevant box)
Note: When identifying appropriate controls, you should start at the top of the hierarchy (try to eliminate the hazard first). If that is not possible, then one of the other control measures or a combination of them may be necessary.

7.0 RISK CONTROLS

	Risk Control	Action to be taken	By whom	By when
Most effective	**Elimination of hazard** **eg.** Discontinue use of equipment, cease work process			DD/MM/YYYY
	Substitution **eg.** Replace with the hazard with something safer (eg a similar item that does the same job but with a lower hazard level)			DD/MM/YYYY
	Engineering controls **eg.** Design or add physical safety features to the process, equipment or tools so the risk is reduced			DD/MM/YYYY
	Administration controls **eg.** Guidelines, procedures, rosters, training etc. to minimise the risk			DD/MM/YYYY
Least effective	**Personal protective equipment** **eg.** Equipment worn to provide a barrier (only to be used as a last resort/backup for other measures)			DD/MM/YYYY

Investigation completed by:

Print name:	Team:
Position title:	Phone:
Signature:	Date: DD/MM/YYYY

The Heavy Vehicle National Law (HVNL) and regulations imposes a primary duty in the chain of responsibility. Businesses are required to comply by identifying their risks, and develop and implement control measures tailored to their circumstances. This Form is a ***guide only*** and does not contain a definitive list of Heavy Vehicle National Law and regulatory requirements. To meet your obligations under the HVNL and regulations you are required to seek independent advice to assess your circumstances