Incident Reporting & Corrective Action Form

This is an example incident reporting form, it is designed to assist with recording safety issues and to identify and document key information. This then supports identifying and record corrective actions to reduce or eliminate those risks.

Serious incidents must be reported by phone immediately to [insert name] on phone [insert phone number] . Sections 1.0 to 7.0 of this report must be emailed to [insert email address] within 24 hours.

1.0 PERSON INVOLVED / INFORMANT DETAILS

First name:	Position title:	☐ Employee
Last name:	Company:	☐ Subcontractor
Address:	Division:	☐ Customer
DOB: DD/MM/YYYY	**Contact details** BH: AH:	☐ Member of public ☐ Visitor
Have you reported this to your supervisor/manager? ☐ Yes ☐ No		Date notified: DD/MM/YYYY
Supervisor/manager name:		Contact no:

2.0 DETAILS OF INCIDENT

Please tick as many of these categories as apply to the incident:

Injury / Illness* ☐ Near miss / hazard† ☐ Motor vehicle ☐ Environmental ☐ Property ☐ Equipment ☐

*If you are reporting a work related injury / illness please also complete [insert details of separate form dealing with injury / illness.
†If you are capturing a near miss, hazard or opportunity for improvement, please use the hazard reporting form.

Please specify the date and time of the incident -	Date: DD/MM/YYYY Time:
Where did the incident occur?	
☐ Our premises (address of depot)	Area: (building / room):
☐ Off-Site (specify location):	☐ While driving (specify location):

Details of incident:

2.0 DETAILS OF INCIDENT (continued)

Was an ambulance called?	Yes ☐	No ☐	N/A ☐
Were you/injured person treated at scene?	Yes ☐	No ☐	N/A ☐
Were you/injured person transport to hospital?	Yes ☐	No ☐	N/A ☐
If so, which hospital?			
Who has been notified of the incident? Police ☐ Workers' compensation authority ☐ Environmental authority ☐ Work health and safety authority ☐ Dangerous goods authority ☐			
Has the company's insurance broker/insurer been notified of the incident?	Yes ☐	No ☐	N/A ☐

3.0 MOTOR VEHICLE INCIDENT (only complete if Motor Vehicle Incident)

Driver full name		Professional driver?	
Date of birth	DD/MM/YYYY	Driver phone	
Driver address			
Licence No.		Expiry date	DD/MM/YYYY
Class of licence		If third party, who is driver's insurer?	
Years of experience driving			
Did the driver consume alcohol or drugs in the last 12 hours? (If yes, give details of type and amount)	Yes ☐ No ☐	Did the driver undergo a breath or alcohol test? What was the result?	Yes ☐ No ☐
Did any authorities attend the scene?		If yes, which authorities?	
Provide contact no.		Provide incident no.	

3.1 Our vehicle details (include any subcontractor vehicle details here)

Vehicle make		Vehicle model	
Registration no.		Vehicle insurer	

3.0 MOTOR VEHICLE INCIDENT (only complete if Motor Vehicle Incident) (continued)

3.2 Our trailer details (include any subcontractor trailer details here)

How was the vehicle being used at the time? (eg loading, driving)			
Conditions? (wet, dry, fog, etc.)		Speed at the time of the incident?	
Was there more than one vehicle involved?		Who was responsible?	
Where was the damage to our vehicle?			
Other vehicle details:			
Where was the damage to our vehicle?			
Drawing / diagram of scene and damage:			

4.0 PROPERTY DAMAGE INCIDENT

Details			
What was the cause?		Name of property owner	
Address of property owner		Contact details for property owner	

5.0 ENVIRONMENTAL INCIDENT

Type of Environmental Incident	☐ Chemical spill or dangerous goods spill	☐ Damage to cultural heritage items/areas
	☐ Excess noise	☐ Fauna injury
	☐ Fire/explosion	☐ Fuel spill
	☐ Waste management/escape of wastes	☐ Near miss
	☐ Protected vegetation damage	☐ Other
Type of impact	☐ Archaeological, heritage or cultural issues	☐ Contamination of land
	☐ Controlled or uncontrolled discharges to water	☐ Controlled or uncontrolled emissions to atmosphere
	☐ Legal	☐ Noise/ dust/vibration/odour
	☐ Public / media	☐ Solids and other wastes effects on natural environment
	☐ Other (specify)	
Description of Impact		

6.0 WITNESSES

Was there a witness present?	☐ Yes	☐ No
Witness statement attached?	☐ Yes	☐ No

Name:	Contact details:
Name:	Contact details:
Name:	Contact details:
Name:	Contact details:

7.0 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:

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

Is on board camera footage available?	Yes ☐ No ☐ N/A ☐
If so, give details:	
Is CCTV footage available?	Yes ☐ No ☐ N/A ☐
If so, give details:	
Is GPS or other telematic data available?	Yes ☐ No ☐ N/A ☐
If so, give details:	
Did the driver complete a pre-start check?	Yes ☐ No ☐ N/A ☐
Did the driver complete a fitness for duty assessment?	Yes ☐ No ☐ N/A ☐
Did the driver comply with their work and rest option?	Yes ☐ No ☐ N/A ☐
Did the driver comply with the safe journey plan?	Yes ☐ No ☐ N/A ☐
Has a health & safety representative been consulted in relation to this report?	Yes ☐ No ☐
Name: Date: DD/MM/YYYY	

List the existing risk controls for the activity/task

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

8.0 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 ☐ Other specify	☐ 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

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

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

9.0 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.

9.0 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