



Hazard, Incident, Accident Report Form

Who use this form: Three people – Galaxy representative, the worker and his or her supervisor (from the host employer).
Purpose: When a hazard, incident or accident occurs, record what happened, what investigations occurred, and what was done to prevent future injury or illness in relation to this incident or accident.
What should happen: The host employer keeps the original. Give a copy to Galaxy to be kept in a file with the host employer's name on it.

PART A – To be completed by employee

Name of Employee:	Date:
Client Company (Host)	Work Area:
Time of incident/accident:	Exact Location of Incident:
Supervisor Informed: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes approximately what time & date?	Supervisor's Name
Address of Client:	

1. Describe the hazard/detail what happened – include area and task, equipment, tools and people involved.
 What were you doing? What happened unexpectedly?

2. Where there any Witnesses. Please provide the following details:

Name of Witness:	Position:	Contact Details:
Name of Witness:	Position:	Contact Details:

3. Complete only if injury/illness sustained: Description of Injury/Medical Condition

Is this an aggravation of a previous injury of condition? Yes No Not Known

Initial Treatment: Nil First Aid Other

Has the worker: Resumed full hours work Ceased work Partial return work Returned to alternate duties

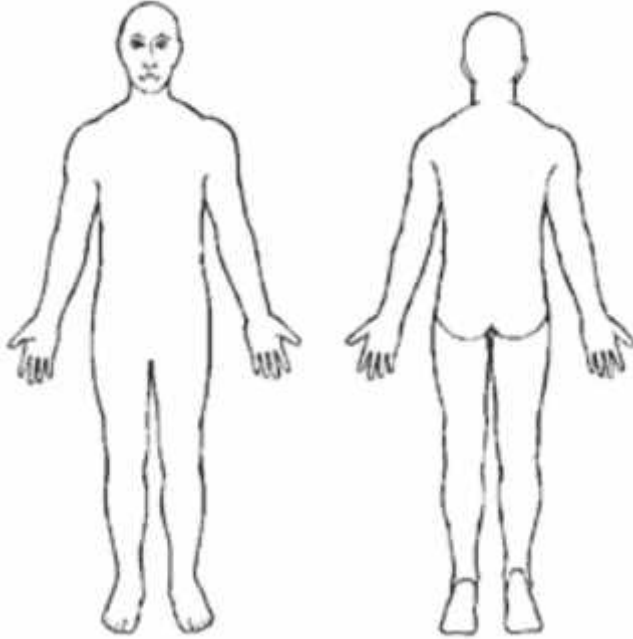
Has the injury resulted in loss of work hours? Yes No Time Lost: Hours: _____
 Days: _____

Was an ambulance necessary? Yes No If Yes, Name of Hospital: _____

Were you treated as an Inpatient or Outpatient Not Applicable

Is this incident notifiable to WorkSafe? Yes No If Yes Please note the reference # _____

Please record on what part of your body the injury occurred:



Comments:

4. Possible solutions/how to prevent recurrence – Do you have any suggestions for fixing the problem or prevent a recurrence?

PART B – To be completed with supervisor

3. Result of investigation – Determine whether the hazard is likely to cause an injury and explain what factors caused the event.

PART C – To be completed with supervisor

Issue Identified	Agreed Corrective Action/Responsibility	Time frame for Completion

Name of injured person: (please print)	Signature:	Date:
If not injured person Name of representative: (please print)	Signature:	Date:
Name of Galaxy Representative:	Signature:	Date:
Client Contact Name:	Position:	
Agreed Follow Up Date:	Signature:	Date:

GALAXY CONTACT: KATHY BELL 8720 7800/0400 662 009