

HAZARD OR NEAR-MISS REPORT

To be completed by an employee or contractor reporting a hazard or near miss.

**** Insert Manager's name and contact details before proceeding ****

Position: _____ Date: _____ Time: _____ am/pm
 Reported by: _____ Position: _____
 Signature: _____ Date: _____ Time: _____ am/pm

Worker/Contractor to complete

Type of incident or hazard (please tick):

Incident Near miss
 Hazard Hazardous work practice

Location: _____
 Description of the incident, hazard or near miss: _____

Management to complete

Name of manager or supervisor: _____

 Corrective action taken: _____

Further action required:	Person responsible:	Date to be done:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____ Time: _____ am/pm

**** File this document in the relevant farm folder and retain for five years ****