

Agricultural Show Societies Accident to a Person, Incident or Observed Hazard Reporting Form

Show:

PART A: To be completed by the person reporting accident, incident, hazard reporting

SECTION 1: Person Reporting

Name:

Phone contact

Date of Incident or Hazard observed

SECTION 2: Report Type

- Accident:** an injury that has been suffered by a person
- Dangerous Occurrence:** incidents that have resulted in damage to equipment, property facilities, or dangerous substances
- Near miss:** incidents or events which have the potential to cause personal injury or damage to plant, property or facilities
- Hazard:** conditions of buildings, surfaces, or systems which have the potential to cause injury

Description of accident/incident/hazard

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SECTION 3: Name of Injured Person (if applicable)

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Injured person's address (home or work)

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Contact telephone

Date of birth

Occupation

SECTION 4: Incident/Hazard Details

Date of incident

Time of incident..... (24 hour clock)

Location where accident occurred/hazard is located

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Names & phone of witnesses to incident/hazard

1.

2.

3.

4.

SECTION 4: Injury/illness Details:

Nature of injury/illness (eg. cut, bruising, sprain)

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Bodily location if injury/illness (eg. back, right shoulder)

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Treatment No treatment First Aid

Doctor Ambulance Hospital

Date Report submitted to Risk Manager/Supervisor:

__ / __ / 20__

Signature:.....

(Attach written statements from witnesses if possible)

Date:
Risk Register No #:

Agricultural Show Societies Assessment / Action to be Undertaken

PART B: To be completed by the Area Risk Manager/Supervisor within 24 hours

Date:
Risk Register No #:

SECTION 5: Risk Identification – consider **all** of the factors that may have contributed to the incident or hazard

| | |
|------------------------------------|--|
| Worker/Patron Behaviour/Experience | Machinery/Equipment/Substances |
| Training/Instruction/Supervision | Worksite Design/Layout/Condition |
| Work Practices/Procedures | Temperature/Weather/Lighting/Noise Levels/Housekeeping/Personal Protective Equipment |

SECTION 6: Risk Assessment – Level of Risk
Estimate the probability of the incident/hazard occurring again based on experience and previous incident/hazard data. (tick one)

What is the severity of the actual or potential injuries or damage to equipment/machinery/property/facilities/environment? (tick one)

Low Medium High

Low Medium High

SECTION 7: Risk Control – Actions to be taken to eliminate or minimize the risks/contributing factors. Prioritize actions based on the level of risk. **Note: The incident site must not be tampered with prior to Workplace Standards assessment if required**

| Risk Controls | Priority | By Whom | By When |
|----------------------------------|--|---------|---------|
| Hazard Elimination/Substitution | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | | |
| Engineering/Work Environment | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | | |
| Work Practices/Procedure | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | | |
| Instruction/Training/Supervision | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | | |

Summary of Action to be undertaken

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(attach extra information if required)

Authorising Staff Member

Signature of Staff Member

Date

Actioning Staff Member

Signature of Staff Member

Date Completed

Completed action must be signed off and returned to Risk Manager by date required, or advice given.