

Health, Safety, Environment, Quality (HSEQ) Report

Type of report: ☐ Health & Safety ☐ Environment ☐ Quality

The incident resulted in: ☐ Injury ☐ Damage to property / environment ☐ Near Miss ☐ Report

Improvement Action Report (IAR) Required? ☐ Yes / ☐ No IAR # _____

Personal Details

First Name: _____ Surname: _____

DOB: _____ Mobile Phone: _____ Sex: ☐ Male / ☐ Female

Details of Incident

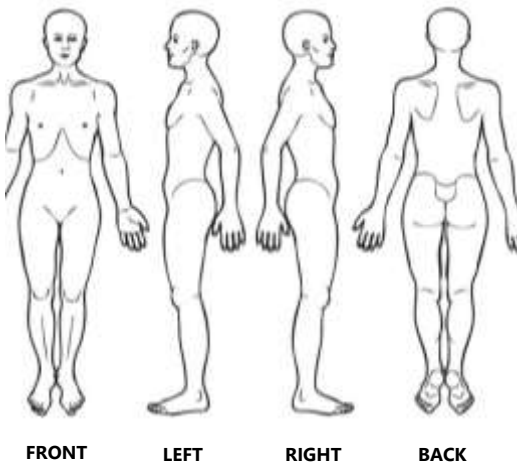
Date: _____ Time: _____ Site: _____

What was the exact location of the incident?

Incident Description - What was the nature of the incident and the injury, if applicable, resulting from this incident?
Please explain in your own words what had happened and how.

Did any injury occur? ☐ Yes / ☐ No

Bodily Location (Please Circle):



Nature of the Injury (Please Tick)

Fracture	<input type="checkbox"/>	Sprain / Strain	<input type="checkbox"/>
Laceration	<input type="checkbox"/>	Foreign Body	<input type="checkbox"/>
Chemical exposure	<input type="checkbox"/>	Stress / Anxiety	<input type="checkbox"/>
Body Fluid exposure	<input type="checkbox"/>	Burn / Scald	<input type="checkbox"/>
Electrical Shock	<input type="checkbox"/>	Pain / Discomfort only	<input type="checkbox"/>
Bruising	<input type="checkbox"/>	Dermatitis	<input type="checkbox"/>
Other:			<input type="checkbox"/>

What treatment was required at the time of the incident?

Report Only ☐ First Aid ☐ Medical Treatment ☐

Lost Time ☐ Near Miss ☐

Health, Safety, Environment, Quality (HSEQ) Report



Where there any witnesses? ☐ Yes / ☐ No

Witness Name: _____ Company / Position: _____

Contact: _____ Signature: _____

Incident Reported To

Name: _____ Position: _____

Date/ Time: _____ Signature: _____

AM / EC Notified: ☐ Yes / ☐ No

Operations Manager Notified: ☐ Yes / ☐ No

Post Report Follow Up

Employee Follow Up Notes/ Discussion Details: _____

Further Actions Taken:

Job Safety Assessment	<input type="checkbox"/>	Remove or Isolate the Hazard	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Improve Layout of the Work Area (Risk Assessment)	<input type="checkbox"/>
Repair or Upgrade Equipment	<input type="checkbox"/>	Staff Training	<input type="checkbox"/>	Staff Counselling	<input type="checkbox"/>	PPE – Manager to Provide	<input type="checkbox"/>
PPE – Employee to Wear	<input type="checkbox"/>	Environmental Evacuation	<input type="checkbox"/>	Evacuation Test	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Details of Actions Taken: _____

Name: _____ Position: _____

Date/ Time: _____ Signature: _____