

INCIDENT REPORT - EQUIPMENT

INCIDENT SUMMARY										
Originator:				REPORTED BY						
				Surname: _						
		Job Numb								
Site:										
Shift Start:		Time Occurre	d:							
Actual Severity:	Minor	Majo	ır	Write off						
Actual Severity.		-		vviite oii						
	Minor Major	impact of incident impact of incident >								
	Write off	— asset not justifiably r	epaired							
Potential Severity:	Low		Medium		High	Catastrophic				
	Low	Low level repairs le				2001				
	Medium High	— Medium level repa— Serious repairs cau								
	Catastrophi	c — Permanent loss of e		ment lead time mo	ore than 14 days or majo	or repair causing 8 plus days downtime and/				
		0/ 0VC/ \$ 100,000 K	J33							
Mechanism of Incident:		Contact with electric	ity I	Manual Handli	ina	Exposure to Biological Hazards				
		Exposure to cold		Other		Exposure to Mental Stress				
		Exposure to heat	(Other Muscula	r Stress	Entrapment				
		Exposure to noise	F	Repetitive mov	/ement	Vehicle Accident				
		Exposure to pressure		Strike Against						
		Fall at same level	9	Struck by/agai	nst					
		Fall from height		Exposure to vibration						
		Chemical Exposure	E	Exposure to Ra	adiation					
Asset Number:										
Location:										
Managanant Nati	£!.	Van Na								
Management Noti	nea:	Yes No								
Details:										
Procedure Follow	ed:									
WITNESS	ES: Witne	ss 1			Witness 2					
	Witne	ss 3			Witness 4					



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Authorities Notified: Police		ce l	Fire	Ambulance	EPA/I	DECC	Workcover						
Date Notified:		Time	Time Notified:		Who Notified:								
Advice Received:													
Client Notified:	Yes	No Who:											
CORRECTIVE ACTION													
Classification:	Training	Document	tation	Supervision	Malfunction	Environment	Process						
	Training Documentation Supervision Malfunction Environment Process	— Inadequa — Inadequa — Equipme — Unsuitab	ate training or awa ate documentation ate supervision / (nt malfunction le work environm System failure	QΑ									
Solution:													
Employee:	Due Date:												