**Incident Report**

Complete this report for incidents that occur in biosecurity and general emergency responses in accordance with the [Incident Reporting and Investigation](http://www.industry.nsw.gov.au/item/340801) procedure.

***Mine Safety*** – To report an incident, refer to <http://www.dpi.nsw.gov.au/minerals/safety/forms>.

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| --- | --- | --- | --- | --- | --- | --- |
| **Location of EOC:** | | | | Date of report: | | |
| **Location contact details:** | | | | Section: | | |
| **Incident Details ( one box)** | | | | | | |
|  1. Injury / medical condition #   * 2. Accident * 3. Near miss incident * 4. Policy/procedure/legislation non-compliance * 5. Evacuation * 6. Hazard identification |  7. Lost person   * 8. Lost/found property * 9. Property/plant/ equipment maintenance * 10. Property/plant/ equipment damage * 11. Product/service failure | | | | * 12. Complaint * 13. Aggression / bullying * 14. Security / theft * 15. Emergency eg fire * 16. Threats * 17. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Location of incident:** | | **Date of incident:** | | | | **Time of incident:** |
| **Describe how the incident occurred?** | | | | | | |
|  | | | | | | |
| **What were the consequences of the incident?** | | | | | | |
|  | | | | | | |
| **What action has been taken to prevent reoccurrence?** | | | | | | |
|  | | | | | | |
| **Who has been notified of this incident?** | | | | | | |
|  | | | | | | |
| **Persons Involved in Incident** (Include contact details eg address for non-response persons) | | | | | | |
| Name: | | | Role:  Contact number: | | | |
| Name: | | | Role:  Contact number: | | | |
| **Witnesses names (if any)** | | |  | | | |
| Name: | | | Role:  Contact number: | | | |
| Name: | | | Role:  Contact number: | | | |
| **Reporting Officer:** (print name) | | | Role: | | | |
| Signature: | | | Date: | | | |
| **Supervisor - OIC/Manager/Controller:** (print name) | | | Role: | | | |
| Signature: | | | Date: | | | |

**# Complete an Injury Notification form**