

## INCIDENT REPORT (INCLUDES NEAR MISS)

DETAILS OF INCIDENT (EG PROPERTY, PLANT OR ENVIRONMENTAL DAMAGE)	
Date and time of incident	
Location of incident	
Details of damage to Equipment or property	
Name of person who received the report	Telephone
DESCRIPTION OF INCIDENT	
IMMEDIATE RESPONSE ACTIONS (EG BARRICADES, ISOLATION OF POWER) TO STABILISE THE SITUATION	
REPORTED TO	
Reported to principal contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide details (when, reported to and reported by):
Reported to authorities (WorkCover phone: <b>13 10 50</b> )? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide details (when, reported to and reported by):
Reported to workers compensation insurer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide details (when, reported to and reported by):

COMPLETED BY			
Name		Position	
Signature		Date	

Pure Rail Form	Version	Date for Review
PRF010	2.0	30/08/2016