

SFRM04 – OH&S Incident Report

Please complete this form if you have been involved in and or witnessed an Occupational Health & Safety Incident.

Once complete, please return this form to our Head Office.

Name of Person Reporting Incident:	
Name of Person/s Involved in Incident:	
Name of Witness/s to Incident:	
Date of Incident:	
Location of Incident:	
Details of Incident:	
Details of Injuries (if any):	

This information is a true and accurate record of the Incident.

Print Name:

Date:

Signature:

Private and Confidential

Office Use Only	
Received By:	
Date Received:	
Follow-up Action:	
Signature:	

Private and Confidential

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