

Minor Incident Report

NAME:

1. Period of Employment of Person involved in Incident:

- 1 - 6 months
- 1 - 5 years
- Non-employee

- 6 months - 1 year
- Over 5 years

2. Time and Date of Incident:

Time: am/pm

Date:

Hours worked since arrived at work:

3. Where and How did the Incident Happen?

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4. Any Witnesses? YES NO

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5. Has an Investigation been carried out? Was a significant hazard involved?

YES NO YES NO

If YES, please state hazard:

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6. What is to be done to prevent similar incidents?

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Signed:

Date: