Hazard and Near Miss Reporting Form



This is an example form for capturing information when personnel experience near misses or identify hazards or opportunities for improvement. It has been designed to assist with identifying and documentating safety risks with the potential to cause loss or harm and identifying and documenting corrective actions to reduce or eliminate those risks.

This form is intended to provide feedback on potential issues before an incident/accident occurs. If there has already been an incident (e.g. injury, property damage) use the incident reporting form and <u>not</u> this form.

Name:		Phone Number:	
DETAILS O	F INCIDENT		
Loading/Unloading	Load Restraint	Driver Behaviour	Mass/Dimension
Speed/Speeding	Vehicle Maintenance	Fatigue/Work Hours	Dangerous Goods
Other: (enter details)			
	PPENED/WHAT IS THE HA		
CONCERN	? (include details such as time	/date/location if relevant)	





		`
- 4		ш

WHAT DO YOU THINK COULD BE DONE TO MANAGE/IMPROVE WHAT HAPPENED?

5.0 SIGNATURE OF PERSON MAKING REPORT

Print name of person making report	Name	Date
	Signature	Contact no:
Print name of health and safety	Name	Date
officer / compliance officer confirming receipt of report	Signature	Contact no:

6.0	INVESTIGATION - To be undertaken by	v health and safety	v officer / compliance office

List the existing risk controls for the activity/task

Review of existing controls (Why did they fail? Are changes required?)





6.0 INVESTIGATION -To be undertaken by health and safety officer / compliance officer (continued)

What factors contributed to the incident/hazard? Consider areas below.					
System No Yes If yes see below Policy/Procedures Workload Maintenance Task allocation Audits Other specify	Vehicle Operation No Yes Speed Mass / dimension Load restraint Vehicle selection Vehicle maintenance	Plant / Equipm No Yes If yes see below Size / weigh Design Maintenanc Chemicals Other speci	v nt ee	Environment No Yes If yes see below Access Maintenance Lighting Weather Temperature Floor / ground surface Other specify	People No Yes If yes see below Fatigue / fitness Supervision Training Job competency PPE not used Other specify
Was personal protective equipment available?		Yes No			
Was personal protective equipment available? Was personal protective equipment being worn/used?			Yes No		
Should personal protective equipment have been worn during the task being undertaken at the time of the incident? If so, specify the personal protective equipment that should have been worn		Yes No No			
Did the driver complete a pre-start check?		Yes No N/A			
Corrective action recommended and actions taken		Actions taken			
Training / toolbox meetings		action taken date			
Changes to work environment		action taken			
		date			
Modifications or repairs to vehicles, machinery, equipment or tools		action taken			
		date			
Changes to work practices		action taken			
		date			
Personal protective equipment		action taken			
		date			



6.0 INVESTIGATION -To be undertaken by health and safety officer / compliance officer (continue
Any other observations / comments from health and safety officer / compliance officer:
7.0 RISK CONTROLS
List any short term actions that have been implemented to control the risk:
List any short term actions that have been implemented to control the risk:
What further actions need to be taken to control the risk?
(If risk control not relevant, please indicate N/A in relevant box)

Note: When identifying appropriate controls, you should start at the top of the hierarchy (try to eliminate the hazard first).

If that is not possible, then one of the other control measures or a combination of them may be necessary.



7.0

RISK CONTROLS

	Risk Control	Action to be taken	By whom	By when
Most effective	Elimination of hazard eg. Discontinue use of equipment, cease work process			
	Substitution eg. Replace with the hazard with something safer (eg a similar item that does the same job but with a lower hazard level)			
	Engineering controls eg. Design or add physical safety features to the process, equipment or tools so the risk is reduced			
i	Administration controls eg. Guidelines, procedures, rosters, training etc. to minimise the risk			
Least effective	Personal protective equipment eg. Equipment worn to provide a barrier (only to be used as a last resort/backup for other measures)			

Investigation completed by:

Print name:	Team:
Position title:	Phone:
Signature:	Date:

The Heavy Vehicle National Law (HVNL) and regulations imposes a primary duty in the chain of responsibility. Businesses are required to comply by identifying their risks, and develop and implement control measures tailored to their circumstances. This Form is a *guide only* and does not contain a definitive list of Heavy Vehicle National Law and regulatory requirements. To meet your obligations under the HVNL and regulations you are required to seek independent advice to assess your circumstances

National Transport Insurance is a joint venture of the insurers Insurance Australia Limited trading as CGU Insurance ABN 11 000 016 722 AFSL 227681 and AAI Limited trading as Vero Insurance ABN 48 005 297 807 AFSL 230859 each holding a 50% share. National Transport Insurance is administered on behalf of the insurers by its manager NTI Limited ABN 84 000 746 109 AFSL 237246.

