

# Internal incident/hazard/near miss report



Your name:	Date of this report:
Address:	
Type: Incident <input type="checkbox"/> Hazard <input type="checkbox"/> Near Miss <input type="checkbox"/>	Date: Time:
Location:	
Description:	

**People Involved or at Risk**, including witnesses and staff members or carers.

First and Last names please. Were they a participant (P) or Witness (W)?

Family Name	First Name	P/W	Injured? (Tick)	Medical attention required? (Tick)	Register of injuries completed? (Tick)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Immediate action needed: Yes ☐ No ☐

If immediate action has already been taken please describe the action taken:

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What can or has been done to prevent a recurrence?

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CEO Signature:

Date:

## Guidelines:

Fight Parkinson's Incident/hazard/near miss identification procedures are set up to ensure that the occupational health and safety of staff, service users and visitors are protected at all times. The purpose of the identification of hazards is to identify and assess the risk associated with hazards in the workplace and where possible recommend actions to be taken to minimise the risk. It is the responsibility of all staff to use this form to report any incident, hazard or near miss to the CEO. Once completed this form should be passed to the CEO for processing.