

To be completed by Employee / Supervisor who observed / was advised of the incident.

Date: / /	Time: (am <input type="checkbox"/> /pm <input type="checkbox"/>	Location:
Reported By:	Position:	
Report is related to:	<input type="checkbox"/> Safety and Health <input type="checkbox"/> Environmental <input type="checkbox"/> Other(specify)	
And is a:	<input type="checkbox"/> HAZARD <input type="checkbox"/> NEAR MISS	
Description of the Event (Hazard / Near Miss):		
Immediate Remedial Action Taken:		
Further Action Required / Recommended:		
Relevant Supervisor:		Notified: / /
Manager Comment / Authorised Action:		
Name:	Signature:	Date: / /

To be completed by HSE Coordinator

Did this Hazard / Near Miss have the potential to be a High Potential Incident?	YES	NO
Does it require further Investigation?	YES	NO
Investigation assigned to:		
Actions Taken to Date:		
HSE documents to be reviewed:		
Name:	Signature:	Date: / /