

INCIDENT REPORT Part A

THIS REPORT IS TO BE ACTIONED WITHIN FIVE (5) WORKING DAYS OF THE REPORT DATE.

Each person initiating an Incident report will be given feedback upon completion of the full report. In the case of a Client Complaint, formal feedback is to be given.

<u>Note:</u> Employees using this form to initiate investigations into occurrences of bullying, discrimination, harassment, sexual harassment and / or official misconduct are reminded that the use of names in this document is fully at their discretion. Also note that it is at your discretion whether to use this form or not. Please seek assistance from the Manager or some other senior person of Advance Profitplan

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		Pleas	se optain a Re	egistered N	umber from th	ne office.			
REGISTERED NO.:			INITIA	L:	DA	TE:/	/		
		PART A	to be com	pleted by	the person ma	aking the rep	ort.		
					-	· · · · · · · · · · · · · · · · · · ·			
		TYPE OF	INCIDENT / R	EPORT (ple	ease tick one o	<u>r more boxes</u>	<u>)</u>		
ACCIDENT DAMAGE SAFETY/HAZARD NONCONFORMANCE EMERGENCY/SPILLS*				EMENT	COMPLAINT MISCONDUCT HARASSMENT/ D BULLYING SUBCONTRACTO	OR .		EMPLOYEE SUGGESTIO DANGEROUS ELEC. EVI DANGEROUS EVENT * OTHER * OTHER e incidents are Notifial	ENT
Person Making Report:		Name:			Signature	e:		Date://	-
For Attention of:									
Report Details: (Use this page and the n	next to	dagariba tha i				Al	include	e any suggestions /	
recommendations and a you feel was the cause of		tion already tal							
		tion already tal					upport		e /
		tion already tal	en. Attach photo				upport	t the report. List what Action Confirmed (Date	e /
		tion already tal	en. Attach photo				upport	t the report. List what Action Confirmed (Date	e /
		tion already tal	Details	s, documents	and draw / sketch	the incident to s	upport	t the report. List what Action Confirmed (Date	
	or pos	tion already tal	Details	s, documents	and draw / sketch	the incident to s	upport	t the report. List what Action Confirmed (Date Name)	
 you feel was the cause of	or pos	tion already tal	Details	s, documents	and draw / sketch	the incident to s	support	t the report. List what Action Confirmed (Date Name)	
you feel was the cause of	or pos	tion already tal	Details	s, documents	and draw / sketch	the incident to s	upport	Action Confirmed (Date Name)	
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you feel was the cause of	or pos	tion already tal	Details	s, documents	and draw / sketch	the incident to s	upport	Action Confirmed (Date Name)	

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	Details Continued		Action Confirmed (Date / Name)
			Hame)
Sketch of Incident (if it	will assist draw the incident) (if vehicles involve	d this is essential)	
	LVED / WITNESSES (critical if a vehicle accide		
Name	Contact Details (include phone and pos address)	tal Company	How Involved
NON CONFORMANCE:	Issued to Company / Person	l Yes No □	Date://
Client / Subcontractor / C	Company Name:		
Name of Person Issued	to:		
Any Action Required:		n:	
☐ Completed Report S	Submitted to the Manager.		
REVIEW / ACTIONED:	Ç		
Manager	Name	Signature	
Is there a need to comple	ete 'Part B'- Investigation / Corrective Action	□ No □ Yes (attach copy)	
Filing:	Incident File	☐ Copy to Client (if required)	☐ Government Agency Notified
Office Coordinator	Name	Signature	/
	ramo	Oignature	Dato

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IMPROVEMENT REPORT - PART B

	PART B	To be completed by Investigator / Man	ager		
Nam	ne of person investigating:				
			_		
	Signature:Date://				
		CAUSE (Investigator)			
1.	What caused or contributed to	the problem (list / define):	· · · · · · · · · · · · · · · · · · ·		
2.	Did any of the following contrib	oute:			
	,				
	☐ Inexperience (define):				
		define):			
3.	Had the following been carried	out or were they in place?			
	□ Induction Recorded	Site Specific Induction			
	□ Safety Plan	☐ Risk Assessment			
	□ WMS / JSA				
		CORRECTIVE ACTION (Investigator)			
_	Repair	Apply for concession	Date:/		
□ F	Replace	Letter of thanks	Date:/		
	Dispose	☐ Workplace Health & Safety Notified	Date:/		
☐ F	Reorder Date://	Other:	 		
□ F	Rework				
Brief	fly, describe corrective action ta	aken:			

PREVENTATIVE ACTION (to st	top this situa	tion from recurring	- to be completed by Inv	restigator)
☐ Training	☐ Safety	Alert Issued	☐ More detailed inve	estigation required
☐ Procedural Change		d at management	Other (please det	ail)
☐ Specification Change	meetir Audit	ng		
	□ Audit			
Briefly describe preventative acti	on / follow up	action:		
Person authorised to fix the prob	olem:			
r erson authorised to fix the proc	,,e,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	Signature	/ Date
All actions completed	☐ YES		5. 9	
Investigator / Manager: Name:		Signat	ure:	Date://
Should government agency (WH				
		REVIEW BY MANA	GER	
Any additional action required: Details:				
Manager:		Signature:		Date://
COST	OF INCIDENT	Γ (for Advance Prof	tplan internal use only)	
List all costs involved in incident	(Repair/Train	ing/Changes etc.) Att	ach copy of invoices/paym	nents made etc.
\$ Comments	:			
Filing:	on Initiating Repor	rt 🔲 Office -	Central File	nt (if required)

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