Hazard/Near Miss Report
Risk, Health and Safety

This form relates to OHS Procedure - *Incident and Emergency Management*

**Part 1 (To be completed by person reporting Hazard or Near-Miss)**

Date of Report: _____/_____/_____  Name of Person Reporting: _____________________________
Campus: ______________________  Faculty/Directorate: ______________________
Precise Location of Hazard/Near Miss: ____________________________________________________
Name of Management Rep to whom Hazard was reported: ___________________________________
Name of H&S Rep to whom Hazard was reported: ____________________________________________
Description of Hazard/Near-Miss: _________________________________________________________
____________________________________________________________________________________
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**Part 2 (To be completed by Management Representative conducting investigation)**

Name of Management Representative: …………………………………………………………………

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<th>Corrective Action for Hazard / Near-Miss Reported</th>
<th>Person Responsible</th>
<th>Completion Date</th>
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Signature of Person Reporting: ………………………………………….  Date: ………./………./……….
Signature of H&S Representative: ……………………………………….  Date: ………./………./……….
Signature of Management Representative: ……………………………….  Date: ………./………./……….

Original: to Person Reporting Hazard
Copies: (1) H&S Rep, (2) Management Rep, (3) Risk, Health and Safety (ohs@federation.edu.au)

Warning – Uncontrolled when printed. The current version of this document is on the University website.

Authorised by: University Health and Safety Policy Committee  
Document Owner: Manager – Risk, Health and Safety  
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