FORM

INCIDENT REPORT FORM – MINE SITE CLEANERS (BHP WAIO)

Incident Reports must be completed immediately by the person(s) involved in the Incident or Near Miss, with your Supervisor, and after the person(s) involved are safe and the related work area is also safe.

INCIDENT INFORMATION			
Name(s) of Person(s) Reporting the Incident		**Incident No.** (Completed by i24s Management)	
Hazard Type (Tick the relevant boxes)	☐ Incident	☐ Injury / Illness	☐ Accident
	☐ Environmental Impact	☐ Cultural Heritage Impact	☐ Near Miss
Date of Incident		**Time of Incident**	
Location of Incident			
Name of Supervisor			

Add details about the Incident or Near Miss (e.g. what happened, how it happened, work area, person(s) involved, impact on you, other person/s, any injuries, any damage to property, etc.).

GENERAL DESCIRPTION OF THE INCIDENT OR NEAR MISS

If an injury occurred, i24s management will contact you and will complete an i24s Injury Report Form (with the injured person(s).

DAMAGE			
Was any damage to property sustained during the incident?		☐ Yes	☐ No
IF YES, the information below must be completed.			
Damage Sustained	**Type of Property(ies) Damaged**		
	Owner of the property(ies) damaged		

WITNESS(ES) &/OR THIRD PARTY(IES)				
Witness 1	Name		Mobile	
	Email			
Witness 2	Name		Mobile	
	Email			
Third Party 1	Name		Mobile	
	Email			
Third Party 2	Name		Mobile	
	Email			

INITIAL RISK RATING					
Incident Category	☐ Insignificant	☐ Minor	☐ Moderate	☐ Major	☐ Catastrophic
Likelihood Reoccurrence Probability	☐ Almost Certain	☐ Likely	☐ Possible	☐ Unlikely	☐ Rare
Risk Rating	(To be completed by i24s Management)				

CHECKLIST		
Preserved work area (to be safe).	☐ Yes	☐ No
Reported incident or near miss to Supervisor.	☐ Yes	☐ No
Completed Incident Report Form (with as much detail as possible).	☐ Yes	☐ No
Attached photos and/or other documentation.	☐ Yes	☐ No
Taken copy of Form and supporting documentation for my records.	☐ Yes	☐ No
Supervisor checked Form and submitted to i24s Management.	☐ Yes	☐ No

I confirm the information provided in this Incident Report is true and accurate to the best of my knowledge. I consent to this information being provided to i24s Management and the other party(ies) involved, for the purposes of treatment, insurance and continuous improvement of i24s' Health, Safety & Environmental (HSE) Management System.

Acknowledgement	Cleaner Signature		Date	
	Supervisor Signature		Date	

Email the completed Form to the Resources Coordinator and i24s Management.

INVESTIGATION			
Person(s) Receiving Incident Report		**Date**	
		Date	
Person Investigating Incident		**Date**	
Investigation Action(s) and Outcome(s)			

Insert information about what action(s) and control(s) could be taken to correct and prevent similar harm and/or environmental or cultural heritage impacts.

CORRECTIVE & PREVENTION ACTIONS			
What corrective action(s) could be implemented?			
What type of control(s) could be implemented to reduce risk?	☐ Elimination	☐ Substitution	☐ Isolation
	☐ Engineering	☐ Administrative	☐ PPE
What preventative action(s) could be implemented?			

INVESTIGATION SIGN-OFF		
Investigator's Name		**Date**
Investigator's Signature		
Director's Name		**Date**
Director's Signature		