INCIDENT REPORT - EQUIPMENT

INCIDENT SUMMARY

Originator: _____

Incident Name: _____

Date Occurred: _____ Job Number: _____

Site: _____

Shift Start: _____ Time Occurred: _____

REPORTED BY

Surname: _____

First Name: _____

Supervisor: _____

Actual Severity: Minor   Major   Write off

Minor	— impact of incident < $5,000
Major	— impact of incident > $5,000
Write off	— asset not justifiably repaired

Potential Severity: Low   Medium   High   Catastrophic

Low	— Low level repairs less than three hours downtime and/or less than $5,000 loss
Medium	— Medium level repairs less than 2 days downtime and/or between $5,000 - $50,000 loss
High	— Serious repairs causing 2-7 days downtime and/or between $50,000 - $100,000 loss
Catastrophic	— Permanent loss of equipment replacement lead time more than 14 days or major repair causing 8 plus days downtime and/or over $100,000 loss

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Mechanism of Incident:

Contact with electricity	Manual Handling	Exposure to Biological Hazards
Exposure to cold	Other	Exposure to Mental Stress
Exposure to heat	Other Muscular Stress	Entrapment
Exposure to noise	Repetitive movement	Vehicle Accident
Exposure to pressure	Strike Against	
Fall at same level	Struck by/against	
Fall from height	Exposure to vibration	
Chemical Exposure	Exposure to Radiation	

Asset Number: _____

Location: _____

Management Notified: Yes   No

Details: _____

Procedure Followed: _____

WITNESSES: Witness 1 _____   Witness 2 _____

Witness 3 _____   Witness 4 _____

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Authorities Notified: Police   Fire   Ambulance   EPA/DECC   Workcover

Date Notified: _____   Time Notified: _____   Who Notified: _____

Advice Received: _____

Client Notified: Yes   No   Who: _____

CORRECTIVE ACTION

Classification: Training   Documentation   Supervision   Malfunction   Environment   Process

Training	— *Inadequate training or awareness of responsibility*
Documentation	— *Inadequate documentation*
Supervision	— *Inadequate supervision / QA*
Malfunction	— *Equipment malfunction*
Environment	— *Unsuitable work environment*
Process	— *Process / System failure*

Solution: _____

Employee: _____   Due Date: _____