**SRC Incident/Hazard Report**

**Please email this completed form to the WHS Officer Laura Kitsos (**[**admin.assistant@src.usyd.edu.au**](mailto:admin.assistant@src.usyd.edu.au)**) and CC the SRC President (**[**president@src.usyd.edu.au**](mailto:president@src.usyd.edu.au)**)**

|  |  |
| --- | --- |
| Date of incident: |  |
| Time of Incident: |  |
| Date of Report: |  |
| Reported by (Name & Position) |  |
| Reporters Contact No: |  |
| Person/Persons Affected: |  |
| Affected Person’s Position: |  |
| Location (include SRC room number if applicable): |  |
| Occurred During:  (Delete As Appropriate) | * normal work hours 8am-6.30pm * lunchtime * before or after hours * travelling during work |
| Describe Accident & Injury in detail: |  |
| Photos of incident/hazard (please insert if applicable) |  |
| Treatment given: |  |
| Preventative Measures:  (Delete As Appropriate) | * replace/repair equipment. * improve design. * improve housekeeping. * use safer materials. * install safety device. * provide training. * outsource task. * establish safe work procedures. * improve signposting. * consult with workers involved.   other (specify) |
| **WHS OFFICER USE ONLY** | **WHS OFFICER USE ONLY** |
| Date report was emailed to President: |  |
| Date reported to Exec (via secretary to council): |  |
| Work Request number if applicable: |  |
| Follow Up Date: (ensure works have been completed) | Please see WHS tracking log for more info |

Signed by reporter and person effected…