

REF NO: _____

INCIDENT REPORT

PLEASE COMPLETE SECTION 1 OF FORM, PLACE IN AN ENVELOPE AND RETURN TO THE HALL HIRING SECRETARY AT THE END OF HIRING

1. Name _____ Event _____

What happened/ what is the hazard?

2. To be completed by the Management Committee

Further Action	_____

Person Responsible	_____
Estimated Completion Date	_____
Actual Completion Date	_____

Has the problem been rectified? **YES** **NO** [Please circle your choice]

How was it rectified _____

If NO, why not _____

Has the originator been informed of the results **YES** **NO** [Please circle your choice]

Date informed: _____

SAFETY MANAGER:

Any additional comments _____

Signed _____ Date _____