

# Globe HTH Person & Property Incident Form

Complete and submit this form to Corporate Services Manager, Globe HTH.

**Note:** This form is to be completed when work health & safety incidents occur with person(s) at the premises of Globe HTH or while undertaking work external to the premises or to property owned by Globe HTH.

**Name of person completing this incident form:**.....

Was the incident a “**person**” related incident? If yes, complete PART A

Was the incident a “**property**” related incident? If yes, complete PART B.

## PART A

**Person Incident Details:**     staff     customer     3<sup>rd</sup> party

**If staff, was the staff member working at the time of injury?**     Yes     No

*Note: If **Yes** this may be a **notifiable incident** (see definition below) and will therefore follow due process.*

### What is a ‘notifiable incident’

- the death of a person
- a ‘serious injury or illness’, or
- a ‘dangerous incident’

arising out of the conduct of a business or undertaking at a workplace. ‘Notifiable incidents’ may relate to any person—whether an employee, contractor or member of the public.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Gender:**     Male     Female

**Date of incident:**            /            /

**Were you personally involved in the safety incident?**     Yes     No

*If **No** please provide details of the person(s) involved*

**Gender:**     Male     Female    **Age:**

**At the time of the incident was the person carrying items?**     Yes     No

**Incident description:** use short statements, be precise

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**Did it result in an injury?**  Yes  No

If **Yes** what was the injury? Did it require medical treatment?

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If **No** please specify

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## **PART B**

### **Property (vehicle) Incident Details:**

*Note: Includes fork lifts, trucks, utility vehicles*

**Date of safety incident or near miss:**                    /                    /

**Were you personally involved in the safety incident?**  Yes  No

**At the time of the incident was the vehicle carrying**

Passengers       Stock/customer order       Other

**Is this the first time the person has been involved in a safety incident involving a vehicle at Globe HTH?**  Yes  No

If **No** please briefly describe details of previous incident

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**Incident description:**

Briefly describe what happened. Use short statements, be precise

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Did it result in an injury?  Yes  No

**If Yes go to PART A of this form and complete.**

Where did the vehicle incident occur?  Globe premises  Other

If **other**, what was the exact location?

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Itemise the vehicle damage:

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Name \_\_\_\_\_

Date        /        /

(person that completed form)

Signature \_\_\_\_\_

## Administration

Date received by Globe HTH Corporate Services Manager \ \

Date forwarded to Business Owners \ \

Action taken by Business Owners

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Is any follow up action required? Yes / No

If yes, provide details

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**Name** \_\_\_\_\_ **Date** / /

(Business owner)

New 31.8.16

Last updated 9.3.17

Last updated 10.5.18