

# RADAR INCIDENT FORM



Please use this form to document an incident, injury, illness or near miss and hand it to your supervisor so it can be entered into Radar.

Your name

Date of the incident

Time of the incident

/ / 20	AM / PM
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Today's date

Time now

/ / 20	<input type="checkbox"/> Same as "date of the incident" above	AM / PM	<input type="checkbox"/> Same as "date of the incident" above
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Your business unit

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Site/location where this incident occurred

Where on the site the incident occurred e.g. carpark, lunchroom etc. (be as specific as you can)

What happened? (write a short, one line summary of the incident)

Detailed description (provide as much detail about the incident and if you need more space please write on the back )

  
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Immediate action taken (describe the actions taken immediately after the incident occurred)

  
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Who is your supervisor responsible for managing this incident? (hand this form to that person)

Please list and attach any supporting material, e.g. documents or photos about this incident

  
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