

# Volunteer Incident Report Form

Date Reported: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Location: \_\_\_\_\_

Project Manager Responsible: \_\_\_\_\_

Describe the incident (what happened? How did it happen?)

---

---

---

---

---

*Please attach a map of location of incident if required (e.g. motor vehicle accident)*

Were there any injuries / near misses?

---

---

---

---

---

Contributing factors (what caused or contributed to the hazard)

---

---

---

---

---

**Risk Assessment** (to be completed in consultation with the person involved in the incident)

Consequence	Probability	Severity	Risk Priority
<input type="checkbox"/> Catastrophic	<input type="checkbox"/> Frequent	<input type="checkbox"/> Extremely Serious	<input type="checkbox"/> Urgent
<input type="checkbox"/> Critical	<input type="checkbox"/> Occasional	<input type="checkbox"/> Very Serious	<input type="checkbox"/> High
<input type="checkbox"/> Marginal	<input type="checkbox"/> Remote	<input type="checkbox"/> Serious	<input type="checkbox"/> Medium
<input type="checkbox"/> Negligible	<input type="checkbox"/> Improbable	<input type="checkbox"/> Not Serious	<input type="checkbox"/> Low
		<input type="checkbox"/> None	<input type="checkbox"/> None

Corrective Action (what corrective action has been taken to address the hazard)

---

---

---

---

---

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Person involved in the incident

*Noted by person involved in the incident (provide additional comment if required)*

---

---

---

---

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chairperson**

*Confirm corrective action taken (provide additional comments if required)*

---

---

---

---

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_