



## BF5.1 Incident, Accident, Near Miss and Hazard Report Form

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### Instructions

To be completed by the Driver or another relevant staff member when required within 24 hours after an incident, accident, near miss or hazard.

1. Complete all sections of the form in blue/black ink.
2. Have the Driver sign the form at Section 5.
3. If possible, have the Other Party sign the form at Section 5.
4. If possible, have any witness/s sign the form at Section 5.
5. Attach a copy of any relevant information (e.g., staple a copy of the Police report to the form).
6. Submit a copy of the form to the Operations Manager or email it to:  
[hawgoodhaulage@outlook.com](mailto:hawgoodhaulage@outlook.com)



## BF5.1: Incident, Accident, Near Miss and Hazard Report Form

(complete as per above instructions)

### Section 1 - Incident details:

Report No: _____	Date: _____
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Employee's Name: .....	Job Description: .....
Address: .....	
D.O.B. ....	Age: .....

Site / Area where Incident occurred:

\_\_\_\_\_

Incident refers to: Tick Appropriate box

Employee: ☐    Vehicle: ☐    Property: ☐    Fatigue related: Yes ☐    No: ☐

Personal injury Details:

.....

Date of Injury: ..... Time: ..... am / pm

Nature of Injury:

.....

Part of Body Injured:

.....

Treatment Given:

.....

Name of First Aid Attendant:

.....

Was Further treatment required: ..... Yes: ☐    No: ☐

If Yes Give Details:

.....

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**BF5.1: Incident, Accident, Near Miss and Hazard Report Form**  
**(complete as per above instructions)**

Were Police called: ..... Yes: ☐ No: ☐

Police Officer's Name & Rank:

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Police Station:

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Motor Vehicle / Property / Other damage details:

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Possible Cause:

.....

Total number of hours worked: .....

Total number of hours rested: .....

Total number days off in last 14 days: .....

Supervisor / Managers action taken to prevent recurrence:

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Signature of person making report: .....Date: .....