

F.08.01 HAZARD, INCIDENT OR NEAR MISS REPORT FORM

This form is to be used to report the event of a hazard, incident or near miss that does not result in the injury of an AVETA staff member or student. In the event that an injury is sustained, an INJURY REPORT FORM F.01.08 should be completed. This form must be completed as soon as it is practicable and submitted to AVETA's CEO.

YOUR NAME:	
SIGNATURE:	DATE:
YOUR RELATIONSHIP TO AVETA: <input type="checkbox"/> STUDENT <input type="checkbox"/> TRAINER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> VISITOR	
DATE FORM COMPLETED:	TIME & DATE OF INCIDENT:
LOCATION OF THE HAZARD, INCIDENT OR NEAR MISS:	
HOW DID THE HAZARD, INCIDENT OR NEAR MISS OCCUR:	
IF A HAZARD EXISTS, PLEASE DESCRIBE:	
WITNESSES TO THE HAZARD, INCIDENT OR NEAR MISS:	

AVETA'S CEO's TO COMPLETE:

INVESTIGATION UNDERTAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
FINDING OF THE INVESTIGATION:	
POSSIBLE SOLUTIONS TO REDUCE THE RISK:	
ACTION TAKEN TO PREVENT FUTURE HAZARDS, INCIDENTS OR NEAR MISSES:	
AVETA CEO SIGNATURE:	DATE: