

## INCIDENT INFORMATION

Please complete and send to [info@hireandrental.com.au](mailto:info@hireandrental.com.au)

The following information is requested to assist industry to gather data on or of incidents that affect or may have affected health and safety for the hire industry.

- Please provide facts relating to what happened and how.
- Please do not provide information that attempts to attribute fault or why the incident occurred.
- Please do not assume or speculate and avoid opinions.

Date \_\_\_\_\_

A. Type of work activity/environment (Please tick all that apply)	
1. Loading/Unloading/Transporting	
In hire yard	<input type="checkbox"/>
During transportation to customer	<input type="checkbox"/>
Onsite (customer's location)	<input type="checkbox"/>
Other (Please specify):	<input type="checkbox"/>
2. Construction	
In hire yard	<input type="checkbox"/>
During transportation to customer	<input type="checkbox"/>
Onsite (customer's location)	<input type="checkbox"/>
In hire yard	<input type="checkbox"/>
During transportation to customer	<input type="checkbox"/>
Other (Please specify):	<input type="checkbox"/>
3. Electrical	
Erection/Rigging	<input type="checkbox"/>
Maintenance/Inspection	<input type="checkbox"/>
Other (Please specify):	<input type="checkbox"/>
4. Surveying/Inspection	
5. Other (Please specify):	
6. Events	
7. Environment	
Indoor	Outdoor
Congested/Cluttered	e.g. Weather Conditions:
Man-Holes	Rain
Other (please specify):	Wind
	Fog
	Other (please specify):

B. Person(s) involved (Please tick all that apply)			
Persons		Severity	
Operator		Near Miss	
Other Occupant(s)		Minor (e.g. cut, laceration, light bruising)	
Ground Personnel(s)		Significant (e.g. fractures)	
3rd Party		Fatality (i.e. Death)	
None		Environmental Incident	
C. Equipment/Product			
Type		Make	
General hire		Model No.:	
Access Equipment		Date of Manufacture:	
Events			
Other (Please specify):			
D. Please provide a brief description of the incident/accident scene and other known facts.			
Please do not provide any names of individuals, please include where relevant: Configuration of machine, Operation or movement when incident/accident took place.			
E. Possible contributing factors (if known)		F. Training/Qualifications (please tick)	
Please only provide established facts		Please list training competencies	
Control failure		High Risk Work Licence	
Mechanical failure		EWPA Yellow Card	
Operator Error		HRIA COR online course	
Soft Ground		Other:	
Lack of/ obscured visibility		Was a completed JSA or SWMS in place?	
G. Type of Incident (please tick)		H. Fall from Work Platform (please tick)	
Fall		Exiting/entering platform when lowered	
Electrical		Exiting/entering platform while elevated	
Crushing/trapping		Catapult/ejection	
Overturning		Other (Please describe)	
Falling object		J. Crushing/Trapping (please tick)	
Collapse		Against controls	
Collision with other vehicle		Against guardrails	
Collision with other structure		Between machine parts (Please describe)	
Other (Please specify)		Other (Please specify)	
L. Electrical/Electrocution (please tick)			
Contact with overhead power lines			
Contact with on board power supply			
Other (Please describe)			