



PINNACLE COLLEGE

ACCIDENT/HAZARD FORM

This form is to be completed following an accident or for a hazardous situation.

1. Staff Name: _____ Date: / /

Date of Accident: / / Period / Time of Accident: _____

Describe the Accident /Hazard – include area and task, equipment, tools and people involved.

Possible solutions / how to prevent recurrence – Do you have any suggestions for fixing the problem or preventing a repeat?

2. OH&S Representative: Name: _____

Explain what caused the accident. _____

What can be done to prevent the accident from recurrence? _____

Signature: _____ Date: / /

3. Principal/Deputy Principal (Admin): Name: _____

Action(s) taken

No.	Action	Responsibility	Completion Date
3.1	_____	_____	/ /
3.2	_____	_____	/ /
3.3	_____	_____	/ /

Feedback has been provided to person who reported the hazard/accident

Copy given to the Principal

Signature: _____ Date: / /