

 PO Box 299 Oberon NSW 2787 ABN 98 107 506 208	Version	Author	Reviewed	Reference
	A – R1	SMS Work party	Committee	IM-003
	30/05/2018			
	Notifiable Occurrences Minor Incident Form			

Document Status

Version	Date	Revision	Prepared	Reviewed	Approved
A – R0	Feb 2016	0	SM	CEO/TM	
A - R1	30/05/2018	1	SMS Working Party	Committee	30/05/2018

Revision Record

Revision	Date issued	Description of Changes
1	30/05/2018	Format change, removal of 'Non-Injury'

Notifiable Occurrence Minor Incident Form IM-003  
**Hazard / Minor Incident Report Form**

1. **Name of Person Reporting Problem:** ..... (PRINT)

Time: ..... Date: ..... Signature: .....

2. **To which Manager are you reporting?** (e.g. Ops Manager, Track Manager etc.)

3. **What is the Problem?** (Location: .....)

4. **What have you done to rectify the problem?**

Time: ..... Date: .....

5. **What further action needs to be taken?** (e.g. review of safe working procedures, training etc)

6. **Further action is required:** (completed by you or by the manager in section 2 above)

What action? .....

By when? ..... By whom? .....

**CONCLUSION** Action taken Attach page if necessary.

Signed: ..... Position: .....

Date: .....

Send to DOCUMENT CONTROLLER Copy sent to Sec for monthly meeting. Yes / No