

## What is the risk rating of the near miss or hazard?

This is the level of risk or potential level of risk to people or property from the near miss or hazard. This determines how 'urgent' the issue is. The risk rating for a near miss or hazard would be determined by: what would be the consequence if the near miss or hazard actually caused an incident? eg What would be the consequence if someone actually tripped and fell on the uneven pavers?

- Insignificant**—no or basic first aid required
- Minor**—medical or ambulance treatment
- Moderate**—hospitalisation
- Major**—permanent impairment/disability or loss of life
- Catastrophic**—multiple fatalities

### PART A: NEAR MISS/HAZARD DETAILS

Date of **near miss/hazard**:  /  /  Time of **near miss/hazard**:   am /  pm

Location (Sippy Downs, Gympie etc.):

Building/floor/room:

Other (eg grounds or off campus):

Brief description of the **near miss/hazard**: (If additional space is needed please attach another sheet)

Were you able to undertake any corrective actions to minimise or eliminate the hazard?  No  Yes → If yes, give details:

### PART B: DETAILS OF PERSON REPORTING NEAR MISS/HAZARD

Are you:  USC Staff →  Full-time  Part-time  Casual/sessional  
 USC Student  Visitor  Volunteer  Contractor  School student  Member of public

Is the **near miss/hazard** sports related?  Yes  No

Full name:

Telephone:

Email:

USC Work Area/Department:

Name of Supervisor/Manager:

Address (if not USC employee):

→ If you are a contractor, name of person who engaged your services:

→ Save this form, then email it to your Supervisor with a copy (cc) to [WHS@usc.edu.au](mailto:WHS@usc.edu.au)

## PART C: USC SUPERVISOR/MANAGER TO COMPLETE (WITHIN 24 HOURS OF RECEIPT)

Please contact the Health, Safety and Wellbeing Representative (HSWR) for your area.

Name of HSWR:	Date contacted:
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Please fill out the following information relating to the injured worker.

Time in current position:

Have they completed the following USC training?  WHS for staff  WHS for Students, Visitors and Volunteers  
 Manual handling  Emergency procedures  Job/task specific training (provide details):

What was the immediate cause of the **near miss/hazard**? (eg uneven pavers, hit by vehicle, hazardous chemical splash/spill)

Were there any contributing factors? eg insufficient light, poor cleaning, existing illness or condition, person unfamiliar with task being performed, inadequate supervision for task being performed—provide details:

Corrective actions (for each of the above listed causes and contributing factors):

Cause/contributing factor	Corrective action	Person responsible	Target completion date

If corrective action has required a MexOps, please record reference number here:

Supervisor/ Manager's name:	Signature:	Date:
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## LODGEMENT DETAILS

- Please email this form to your Cost Centre Manager, or person who contracted your services (if you are a contractor) and email a copy (cc) to [WHS@usc.edu.au](mailto:WHS@usc.edu.au) within 24 hours. If you have no supervisor (eg visitors) please email the form directly to [WHS@usc.edu.au](mailto:WHS@usc.edu.au)
- If unable to email please send completed form to: **Attn: Human Resources**  
 HR Officer (WHS)  
 University of the Sunshine Coast—Locked Bag 4  
 MAROOCHYDORE DC QUEENSLAND AUSTRALIA 4558

## PART D: WORK, HEALTH AND SAFETY RESPONSE

Date received:

Name of Work Area HSWR:

Involved in investigation?  Yes  No

Is this a notifiable incident?  No  Yes → If yes, date notification provided to QWHS:

Follow-up:

If further investigation is required, please see attached report.

Name of HR Officer (WHS):	Signature:	Date:
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