



Health, Safety and Environment Event Form

Incident Title: (Short Description)										
When Did Event Occur?	Date Occurred: / / Time: hrs. mins	Date Reported: / /								
Location of Event:			Responsible Manager/Supervisor							
Reported By										
Feedback provided	Person involved has received feedback	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Signature:					
HSE Event Type (may tick more than one box)										
<input type="checkbox"/>	Near Miss	<input type="checkbox"/>	Personal Injury	<input type="checkbox"/>	Damage*(machinery /equipment)	<input type="checkbox"/>	Environment	<input type="checkbox"/>	Incident	
If injured what treatment was required?										
<input type="checkbox"/>	Nil treatment	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Medical Treatment	<input type="checkbox"/>	Hospital Admission			
Enter a full description of the incident (include plant number, container number, vessel name, grid, area of yard).										
Potential Severity (please tick one)										
<input type="checkbox"/>	Very Low	<input type="checkbox"/>	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>	Very High	
Immediate Actions and Recommendations:										
<input type="checkbox"/>	Yes, actions taken:			<input type="checkbox"/>	Feedback Provided:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes, person involved has received feedback (at the time)			<input type="checkbox"/>						Signature:
<input type="checkbox"/>	No, requires further investigation/action:									
Post Incident test:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				If no, please state reason:
Supervisor Signature										
Office Use	ER Number:									

* Must be reported on Operations Report/or directly to Workshop Supervisor.



IDEAS FOR WORKING MORE SAFELY, SUSTAINABLY AND SMARTER

Name:		Date:		Work area:	
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TYPE OF COMMUNICATION (circle appropriate box)

Ki te Taumata	Feedback	Environmental	Positive Recognition	Hazard	Health, Safety or Environmental Event (turn over to complete event report)
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If you would like to nominate someone for an ASPIRE award go to -Gateway Aspire Nominations.

HAVE YOUR SAY – Let us know how you think improvements can be made

WHO SHOULD RECEIVE THIS INFORMATION

Name of Shift Supervisor/Manager	
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DOES THIS NEED TO BE ESCALATED FURTHER? (tick as many as necessary)

Environmental Officer		H&S Advisor		Health & Safety Reps		Senior Management	
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