WHS Incident, Hazard or Risk (IHR) Notification Form

1.	Date, Time and Place of Incident, Hazard or Risk
	Date of IHR: Time of IHR:
	Place Where IHR Occurred:
2.	Category of Any Person Involved
	Public Resident Contractor Visitor Other
	Not Applicable
3.	Details of Any Injured Person Involved
	Name:
	Is Reference to Other IHR Reports Required? Yes No
	Name(s) of Other Person(s) Injured:
4.	Injury Details (if appropriate)
	Bodily Location of Injury (e.g. finger):
	Noture of Injury or Discours
5.	Nature of Injury or Disease:
J.	Name of Any Witness(s):
3.	Incident. Hazard or Risk Particulars
, .	What Work / Activity, if any, was Being Carried Out at the Time of the IHR?:
	virial violity, if arry, was being carried out at the Time of the ITTE.
	What Occurred?
	What Do You Consider Caused the IHR?:

7.	Recommended Preventative Actions		
То	be Taken By Whom?: By When?		
Re	porting Person's Name?:		
Sig	nature: Date:		
Ма	naging Agent: Blandfordia Real Estate		
Sig	nature: Date:		
Note: a copy of this form must be sent to the OC and Managing Agent within 24 hours of th accident / IHR.			
	This Accident / IHR Reportable to WorkCover/WorkSafe ACT? Yes No		
(Se	ee http://www.ors.act.gov.au/)		
Mu	st Report When:		
A p A p A p The A s The Ele Ser Nea The An The	ere is the death of a person; or person requires medical treatment within 48 hours of exposure to a substance; or person requires immediate treatment as an in-patient in a hospital; or person requires immediate medical treatment for any of the following— ere amputation of any part of his or her body erious head injury erious eye injur		
No	otes ·		