Safety Report – Form SMS 2

Incident/Hazard Report			Part 1
To be completed by the person identifying the hazard or event			
Name of Reporter Best phone #		Date	
Location of event/hazard		Time	
Is this Report CONFIDENTIAL? - YES – or – NO (cross out not applicable)			
Describe the event or hazard, include environmental conditions at the time.			
Any suggestions on how to prevent a similar event/hazard?			
In your opinion what is the likelihood of such an event happening again?			
Extremely Improbable	to		Frequent
1	2	3	4	5
What do you consider the worst possible consequence if this did happen?			
Negligible	To		Catastrophic
1	2	3	4	5
Is this a Immediately Reportable Matter (IRM)? YES / NO	IF YES submit the report to the SO		

Email to the SEQSAC Safety Officer - safety@kilcoyairfield.club