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# Record of action taken– WHS Incident

We suggest you use this form to make notes.

Please DO NOT send this form to SafeWork NSW unless we ask. SafeWork NSW may visit and ask for your notes.

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## The incident

Table 1: Notes about the work health and safety incident

Question	Notes
SafeWork NSW reference number?	
<b>WHAT</b> was the incident?	
<b>WHAT</b> happened?	
<b>WHEN</b> (date and time)?	
<b>WHERE</b> ?	
(if relevant) <b>WHO</b> did it injure or affect?	
(if relevant) <b>WHAT</b> was the injury or effect?	
(if relevant) <b>WHO</b> saw what happened?	
(if relevant) <b>WHAT</b> was the impact on witnesses?	

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## Talk to your staff

Table 2: Notes about consultation with staff on the incident

Question	Notes
<b>MEETING</b> held with staff on: (date and time)	
<b>WHO</b> did you talk to?	
<b>DID</b> your staff think there are work health and safety concerns about the situation or the incident?	
<b>WHAT</b> did your staff say about the situation and the incident?	
<b>WHAT</b> ideas did your staff have to address the situation and the incident?	

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## Take action

Table 3: Notes about the actions that will be taken after the incident

Question	Notes
<b>WHAT</b> actions will you take to reduce the health and safety risks and improve the situation?	
<b>HOW</b> will you stop it happening again?	

Question	Notes
<b>WHAT</b> changes will you make?	
<b>WHO</b> will make the changes?	
<b>WHEN</b> will they do this (date and time)?	
<b>HOW and WHEN</b> will you check the changes were made?	
<b>HOW and WHEN</b> will you check the changes have improved the situation?	
<b>HOW and WHEN</b> will you review the changes to ensure they remain effective?	
<i>(if relevant)</i> <b>WHAT</b> will you do to support the injured worker(s) to manage their injury?	
<i>(if relevant)</i> <b>WHAT</b> will you do to support injured worker(s) to return to suitable duties?	
<b>HOW</b> will you support the mental health of workers and witnesses after this incident	

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## Who completed this form

Table 4: Notes about who completed this form

Item	Notes
Your name	
Your position	
Your signature	
Date	