



## Grid Group Incident / Accident Report

Where an event has occurred causing injury and/or damage to equipment, personnel and/or property

Please complete the information below along with the **Grid Group Risk Assessment Response** form using the **Grid Group Risk Assessment Matrix** and submit to [admin@gridgroup.com.au](mailto:admin@gridgroup.com.au) within 24 hours.

Site: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Contact No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Details of Occurrence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contributing Factors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a vehicle involved: Yes / No \_\_\_\_\_

Drivers Name: \_\_\_\_\_ Drivers Licence No: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Registration No: \_\_\_\_\_ Owner of Vehicle: \_\_\_\_\_

Date received by Grid Group: \_\_\_\_\_

Grid Group Risk Assessment Response Received: Yes / No \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_