

SCAN ME



SAFETY. MATTERS. EVERYWHERE.

INCIDENT REPORT FORM (HEAT RELATED)

Meeting Safety Standards across Oceania Pacific.

FREE

Your guide to safer, smarter workplaces.

A WHS Compliance Pack is your guide to:

- Identifying and managing workplace hazards
- Meeting legal health and safety obligations
- Developing clear safety procedures
- Training and protecting your team
- Reducing risks and liability

ardp
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Preparation Services

HEATPG082025 - INCIDENT AND NEAR MISS REPORT FORM (HEAT-RELATED) (2025)

Adapted ARDP Compliance 2025 (AU/NZ)

(Adapted from the Queensland Government generic WHS form. Modified to suit both Australia and New Zealand, including coastal communities. Available bilingual via www.ardpcompliance.com)

Why complete this form?

Recording heat-related incidents helps identify risks in extreme temperatures, prevent recurrence, and ensure workers and community members are protected. This is not about blame—it's about learning and improving heat safety in your workplace or community.

How to use this form:

If anyone experiences heat stress, dehydration, sunstroke, or other heat-related illness, fill in this form immediately. Use clear language, tick boxes where applicable, and focus on facts. This helps improve controls (shade, hydration, breaks, PPE) and ensures safer working conditions.

Circle the appropriate response

- Heat Stress / Fatigue
- Dehydration
- Heat Stroke
- Burns (sun/heat contact)
- PPE failure (e.g., cooling vests, hats, hydration packs)
- Delayed medical response due to heat conditions
- Environmental Heat Hazard (e.g., >40°C worksite, confined space, reflective surfaces)
- Emergency Services Attendance (ambulance, paramedic, RFDS)
- Other (specify) _____

Details of Person(s) Involved

Name(s):	
Role (Volunteer / Visitor / Contractor / Community Member):	
Contact Details:	
Residential Address (optional):	

Incident Details

Date:		Time:	
Location (worksite/area):		Temperature recorded (°C):	
Area inspected after incident? (Yes/No):			
Findings:			
First Aid provided? (Treatment):			
Hydration provided? (Yes/No):			
Ambulance requested? (Yes/No):			
Hospital/clinic attended? (Details):			

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Incident Description

Describe what happened in detail: environment (shade, PPE, hydration), sequence of events, symptoms, witnesses, actions taken, emergency services.

Person Completing Report

Name:		Date:	
Position/Role:			
Contact Number:			
Signature:			