



PLEASE PROVIDE YOUR CONTACT DETAILS SO WE CAN GIVE YOU FEEDBACK ON YOUR REPORT AS SOON AS POSSIBLE.

Your contact details:

Name:

Company/ position (if applicable):

Contact number:

Email:

Tick the box relating to the type of report you are making (it can be more than one) and then complete the associated section:

Injury

Illness

Near Miss

Damage

Non-comformance

Environmental Incident

Quality Incident

**COMPLETE SECTION A**

Hazard

**COMPLETE SECTION B**

Improvement Opportunity

Notable Observation

General Feedback

**COMPLETE SECTION C**

**Hazard:** A 'hazard' is anything that could cause injury, illness or harm to people, property or machinery.

**Near Miss:** A 'near miss' is something that has occurred, and although didn't cause any immediate harm, had the potential of doing so.

For assistance with the completion of this form or any other WHS queries, please contact your site safety manager or WHS representative.

To be completed by Bunge administration:

Date received:  Time:

Name:

Position:

Signature:

SECTION C- PROVIDE US WITH YOUR FEEDBACK

Use this section to share with us any notable WHS observations, improvement opportunities or feedback.

Large empty text area for providing feedback.



WORK HEALTH AND SAFETY (WHS) REPORT FORM



**STOP.**

STOP and assess the situation before beginning work or whenever conditions change.



**THINK.**

THINK about the task at hand and plan to do the job safely. Understand the risks and take steps to reduce them.



**PROTECT.**

Protect yourself and others. Follow proper procedures and use the right safety equipment.

**\*\*FOR ANY SERIOUS INCIDENTS, INCLUDING ANY INJURY OR ILLNESS REQUIRING TREATMENT OFFSITE, CONTACT THE BUNGE WHS OFFICER IMMEDIATELY.\*\***

Why use this form?

1. It is a requirement of OHS legislation that all **incidents, injuries, illnesses, near misses & hazards** that occur in the Bunge workplace, or while work is being carried out for Bunge are reported to us as soon as possible.
2. In order to improve and/or maintain a high standard of Work Health and Safety within our company we want to hear from you about any **improvement opportunities, notable observations or general feedback.**

How to use this form:

1. Fill out all applicable components of this form. **Provide as much detail as possible.** Ensure you attach any additional information if it is required (for example: diagrams, photographs, maps).
2. All forms must be emailed or handed to the Bunge WHS Officer without delay. If you don't work for Bunge give the completed form to a Bunge employee or supervisor.

## SECTION A- INCIDENT REPORT

Complete all relevant questions, if required attach extra information including photographs/ maps/ diagrams etc.

1. Date of incident:  2. Time of incident:

3. Location of incident:

4. Who was involved? (provide names, position, company):

5. Were there any witnesses? (provide names, position, company):

6. Describe the incident events in detail:

7. If there was injury and/or damage sustained describe (what, where and how):

## SECTION A- INCIDENT REPORT (CONT.)

8. If injury/illness occurred what (if any) treatment was required? (Circle then provide details):

**NO TREATMENT**    **ONSITE FIRST AID**    **OFF-SITE TREATMENT**

Details:

9. What do you believe were the contributing factors that caused this incident?:

### CORRECTIVE ACTIONS

10. Where there any immediate corrective actions taken, if so what?

11. Are there any corrective actions you think should be taken to prevent a reoccurrence? (If so describe):

## SECTION B- HAZARD REPORT

Complete all relevant questions, if required attach extra information including photographs/ maps/ diagrams etc.

1. Date of observation:  2. Time of observation:

3. Location of hazard:

4. Describe the hazard:

5. Describe the potential risk/s from the hazard:

6. Using the below risk analysis chart calculate the level of risk by determining the likelihood of occurrence and consequence of occurrence.

LIKELIHOOD	CONSEQUENCES (IMPACT)				
	Low	Minor	Moderate	Major	Critical
Almost certain	HIGH (11)	HIGH (16)	EXTREME(20)	EXTREME(23)	EXTREME(25)
Likely	MOD (7)	HIGH (12)	HIGH (17)	EXTREME(21)	EXTREME(24)
Possible	LOW (4)	MOD (8)	HIGH (13)	EXTREME(18)	EXTREME(22)
Unlikely	LOW (2)	LOW (5)	MOD (9)	HIGH (14)	EXTREME(19)
Rare	LOW (1)	LOW (3)	MOD (6)	HIGH (10)	HIGH (15)

What is the level of risk?:

### CORRECTIVE ACTIONS

7. Where there any immediate corrective actions taken, if so what?

8. Are there any corrective actions you think should be taken to prevent a reoccurrence? (If so describe):

### BE AWARE OF THE FIVE HPEs (High Potential Exposures)



CONFINED SPACE



HAZARDOUS ENERGY



HOISTED LOADS



WORKING AT HEIGHTS



MOBILE EQUIPMENT