



WHS REPORT FORM

Please email this form marked as urgent to operations@rarekind.com.au with WHS Report Form in the subject line.

То:	Work	Work Health & Safety Coordinator							
Employee Nam	e:								
Client Site / Div	ision:								
Date:									
Reason for Rep	oort:	: Safety Co			Near Miss				
		Injury			Incide	ent			
		Other							
Please provide	a brief desc	ription of yo	our concerr	1:					
Have you repor / Supervisor / M		ern to you	r Consultan	t	Yes		No 🗆		
lf yes, please co	omplete the	following: \	Who did yo	u report	t it to?				
How did you report it?		Email		Tele	phone				
		Verbally		This	form				
		Other							
Newcastle	Western Sy	/dnev	Central Coa	ast	Hunt	ter Valley		Brisbane	
02 4935 3500	02 4725 6800	-	02 4356 4300			72 6700		07 3607 2700	
14 Honeysuckle Dr Newcastle NSW 2300	The Henry, Shop 1/91 Lord Sheffield Cct Penrith NSW 2750		3 Amy Cl Wyong NSW 2259			2/162 John St Singleton NSW 2330		223 Leichardt St Spring Hill QLD 4000	

Date Reported:

Outcome:

Do you have any recommendations on how this should be actioned?

Thank you for this information.

Rarekind is committed to your safety and will assess the concern you have identified. A Work Health & Safety Coordinator will contact you throughout the resolution process.

Rarekind

rarekind.com.au