Form

Incident Report - Plant, Equipment & Asset

Date Modified: 04/06/26 - Next Revision Date: 04/06/28

Project name:			
Project location:			
Date of incident:		**Time:**	
Incident reported By:		**Position:**	
Incident reported To:		**Position:**	
Date incident reported:		**Time:**	

INCIDENT CLASSIFICATION				
☐ **Plant Damage**	☐ **Vehicle Damage**	☐ **Fire Damage**	☐ **Fuel Theft**	☐ **Tool Theft**
☐ **Vandalism**	☐ **Break-In / Unauthorised Access**	☐ **Equipment Breakdown / Failure**	☐ **Collision / Impact Damage**	☐ **Environmental Damage to Asset**
☐ **Other – Details:**				

ASSET DETAILS			
Asset / Plant Description:			
Asset Number:		**Registration Number:**	
Operator:			
Hours / Kilometres: (at time of incident)			
Location of Asset at Time of Incident:			
BRIEF INCIDENT DESCRIPTION: (10-15 words)			
HOW THE INCIDENT OCCURRED: (longer description)			
DAMAGE / LOSS DETAILS: (describe damage or loss)			
AFFECTED COMPONENTS:			
IMMEDIATE ACTIONS TAKEN:			
☐ **Plant Isolated**	☐ **Work Stopped**	☐ **Supervisor Notified**	☐ **Client Notified**
☐ **Police Notified**	☐ **Insurance Notified**	☐ **Repairs Arranged**	☐ **Security Measures Implemented**
☐ **Other - Details**			

Persons involved in incident.

Name:	**Position:**	**Role in incident:** (e.g. driver, witness)
PHOTOGRAPHS ATTACHED:	☐ **Yes** ☐ **No**	
Number of Photographs Attached:		

Email completed form and photographs to: **dockets@mckgroup.com.au**

REPORT SIGN OFF

Name: Signature: Email: Date:

ESTIMATED LOSS / DAMAGE	
Estimated Repair Cost	$
Estimated Fuel Loss	$
Estimated Equipment Loss	$
Estimated Other Losses	$

OPERATIONAL IMPACT		
Machine Operational Following Incident	☐ **Yes** ☐ **No**	
Downtime Incurred	☐ **Yes** ☐ **No**	**Estimated Downtime:**
Replacement Plant Required	☐ **Yes** ☐ **No**	

Root Cause / Contributing Factors:				
☐ **Operator Error**	☐ **Theft**	☐ **Vandalism**	☐ **Security Failure**	☐ **Unknown**
☐ **Mechanical Failure**	☐ **Inadequate Maintenance**	☐ **Environmental Conditions**	☐ **Third Party Damage**	☐ **Undetected Obstruction** (Stumps, Rock, Debris etc.)
☐ **Other - Details**				

CORRECTIVE ACTIONS			
Immediate Corrective Action:			
Preventative Action to Prevent Reoccurrence:			
Responsible Person:		**Target Completion Date:**	

MANAGEMENT REVIEW			
Incident Classification:			
☐ **Minor**	☐ **Moderate**	☐ **Major**	☐ **Critical**
Further Investigation Required	☐ **Yes** ☐ **No**		
Insurance Claim Required	☐ **Yes** ☐ **No**		
Client Notification Required	☐ **Yes** ☐ **No**		
Police Report Required	☐ **Yes** ☐ **No**		

Reviewed By:

Name:	Position:	Signature:	Email:	Date:

CLOSE OUT	
Corrective Actions Completed	☐ **Yes** ☐ **No**

Incident Closed By:

Name:	Signature:	Email:	Date: