

# Safety Communication Form

## Purpose

Use this document to record information that is shared with employees (and shared others where applicable, such as contractors) about health, safety and wellbeing that requires their attention.

Subject

Date (DD/MM/YYYY)

## What happened

<describe the situation or event that requires their attention>

## What was the outcome

<describe the actual or potential consequences of the situation described above. Images can be included>

<insert image>

<insert image>

## What immediate and preventative actions are required

<Provide instructions or advise to the team members as to what is required of them immediately and / or on an ongoing basis>

## Need further help

<Provide details about who should be contacted in the event more information is required>

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