Incident / Hazard Report

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| **DETAILS OF PERSON INVOLVED** | | | |
| **Given name:**  **Family name:** | | **Position Title:** | Employee  Student  Visiting Student  Agency Personnel  Visitor  Contractor |
| **Employee number / Student ID:** |
| **Address:** | | |
| **DOB:** | **Gender:**  **M**  **F** | **Contact details: BH**       **AH:** |
| **Have you reported this to your Manager / Trainer?**  **Yes**  **No Date notified:**  **Name (please Print):**        **Contact no:** | | | |

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| **INCIDENT / HAZARD DETAILS** | |
| **Act of Violence**  **Injury / Illness\***  **Incident / Near Miss  Hazard  Property Damage**  \*If you are reporting a work related injury / illness please also complete the Injury or Ilness Report | |
| **Area:** (location / room):        **Date hazard observed / incident occured:**       **Time:** | |
| **What were you doing at the time?**  Describe the activity undertaken |  |
| **What happened?**  Describe the hazard / incident as it occurred, in detail |  |
| **What did you do?** Describe what happened next |  |
| **What do you feel caused this hazard / incident?**  Describe in detail |  |

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| **DID ANYONE WITNESS THE INCIDENT/HAZARD? YES**  **NO** | | |
| Name: | Contact Phone number: |  |
| Name: | Contact Phone number: |  |

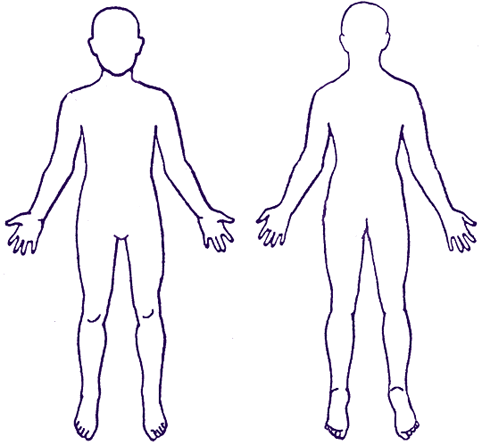
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| **SIGNATURE OF PERSON MAKING REPORT** | | |
| **Name of person making report**  **(please print)** | **Name**  **Signature** | **Date** |
| **Name of staff member confirming receipt of report**  **(please print)** | **Name**  **Signature** | **Date** |

**Injury or Illness Report**

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| COMPLETE ONLY IF INJURY / ILLNESS SUSTAINED | | | | | | | | |
| **Description of Injury / medical condition**    Is this an aggravation of a previous injury or condition?  Yes  No  Not Known | | | | | | | | |
| **Initial Treatment**  Nil  First aid officer  Name: ……………………………………………………… | | | | | | Status of person at time of completing report Resumed full hrs work / study  Ceased work / study  Partial return work / study  Returned to alternate dutiesHas the injury resulted in loss of work hours? Yes  No  **Time lost:**       **hour/s**  **Time lost:**       **days** | | |
| **To be completed by First aid officer** Observations:  Unconscious  Altered Conscious  Conscious **Breathing:**  Slow  Normal  Fast  **Skin Colour:**  Pale  Normal  Flushed  **Other observations:**  **Assessment:** | | | | | |
| **Follow up (if known)**  Medical Treatment by Health Professional  Name / Dr……………………………  Ambulance / Hospital  Inpatient  Outpatient  Name of Hospital ………………………………………… | | |
| **TYPE OF INJURY** | | | | **TYPE OF DISEASE** | | | | |  |
| Amputation  Bruise  Burns  Cut / Laceration  Dislocation  Foreign body  Fracture  Grazes, scratches/  abrasions | Head injury  Heat stress / exhaustion  Internal injury  Poisoning / toxic effects  of substance  Sprains / strains  Other (please specify)  …………………………….. | | | Allergic reaction  Dermatitis / Exzema  Disease of circulatory system  Disorders of the muscles,  tendons & soft tissues  Eye Disorders  Hearing loss  Hernia | | | | Infectious / Parasitic  Loss of consciousness –  fainting, seizure  Psychological  Respiratory irritation / disease  Other diseases (please specify)  ………..………………………… |
| **BODILY LOCATION OF INJURY - Indicate left or right as appropriate as L or R next to body part** | | | | | | | | |
| Head  Face  Eyes  Ear  Nose  Mouth  Head – multiple  locations | Neck  Back upper  Back lower  Chest  Abdomen  Groin / pelvic region  Trunk – multiple locations | | Shoulder  Upper arm  Elbow  Forearm  Wrist  Hands, fingers & thumb  Upper limb – multiple  locations | | | | Hip  Leg upper  Knee  Leg lower  Ankle  Foot / toes  Lower limb – multiple  locations | |
| **Name of injured person**  **(please print)** | | **Name**  **Signature** | | | **Date** | | | |
| **Name of staff member confirming receipt of report**  **(please print)** | | **Name**  **Signature** | | | **Date** | | | |

***Indicate any injuries using below diagram***

***(Please use RED pen)***



**Investigation & Control Report**

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| **INCIDENT INVESTIGATION – TO BE UNDERTAKEN BY OH&S OFFICER** | | | | | | | | | | | |
| If the incident was caused by a criminal act, have the Police been notified ?  Yes  No  N/A | | | | | | | | | | | |
| **What were the factors that may have led to the incident/hazard (there may be more than one). Consider areas below.** | | | | | | | | | | | |
| **System** | No  Yes  see below | | **Plant /**  **Equipment** | No  Yes  see below | | **Environment** | No  Yes  see below | | **People** | No  Yes  see below | |
| Procedures  Workload  Maintenance  Task allocation  Audits  Other  (specify)……………  ……………………... | |  | Size/ weight  Design  Maintenance  Chemicals  Other  specify…………………  ……………………........ | |  | Access  Housekeeping  Lighting  Weather/ Temperature  Floor / ground surface  Other  specify ………………….  …………………….......... | |  | Supervision  Training  Job competency  PPE not used  Other  specify……………  ……………………. | |  |
| **Any other observations / comments from Manager.** | | | | | | | | | | | |
| **RISK ASSESSMENT** | | | | | | | | | | | |
| **Risk Assessment – What are the worst possible consequences of this hazard / incident?**  **What is the likelihood of this occurring?** | | | | | | | | | | | |
| | **RISK RATING** | **LIKELIHOOD** | | | | | | --- | --- | --- | --- | --- | --- | | **CONSEQUENCE** | **Rare**  The event will **only occur in exceptional** circumstances | **Unlikely**  The event is **not likely to occur** in a year | **Possible**  The event **may occur** within a year | **Likely**  The event **is likely to occur** within a year | **Almost Certain**  The event **is almost certain to occur** within a year | | **Catastrophic**  (Accidental death / serious injury) | **Significant Risk** | **Significant Risk** | **High Risk** | **High Risk** | **High Risk** | | **Major**  (Serious injury) | **Low Risk** | **Moderate**  **Risk** | **Significant Risk** | **High Risk** | **High Risk** | | **Moderate**  (Lost time due to workplace injury) | **Low Risk** | **Low Risk** | **Moderate**  **Risk** | **Significant Risk** | **High Risk** | | **Minor**  (Minor workplace injury – no lost time) | **Low Risk** | **Low Risk** | **Low Risk** | **Moderate Risk** | **Significant Risk** | | **Minimal**  (No injury) | **Low Risk** | **Low Risk** | **Low Risk** | **Low Risk** | **Moderate Risk** |   **Risk Rating for this hazard / incident – tick one as appropriate:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **High Risk** |  | **Significant Risk** |  | **Moderate Risk** |  | **Low Risk** |  | | Immediate action required |  | Action required as soon as possible |  | Action required within 1-3 months |  | Monitor the hazard  Minimal action |  | | | | | | | | | | | | |

**Investigation & Control Report Continued…**

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| **RISK CONTROL/S** | |
| **List any short term actions that have been implemented to control the risk of a repeat:** | |
| **What further actions need to be taken to control the risk?**  **(If risk control not relevant please indicate N/A in relevant box)**  **Note:** When identifying appropriate controls, you should start at the top of the hierarchy (try to **eliminate** the hazard first).  If that is not possible, then one of the other control measures or a combination of them will be necessary. | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Risk Control** | | **Action to be taken** | **By whom** | **By when** | | **Least**  **effective**  **Most**  **effective** | **Elimination**  **Eg.** Discontinue use of product, equipment, cease work process |  |  |  | | **Substitution**  **Eg.** Replace with a similar item that does the same job but with a lower hazard level |  |  |  | | **Isolation**  **Eg.** Put a barrier between the person and the hazard |  |  |  | | **Engineering controls**  **Eg.** Change the process, equipment or tools so the risk is reduced |  |  |  | | **Administration controls**  **Eg.** Guidelines, procedures, rosters, training etc to minimise the risk |  |  |  | | **Personal protective equipment**  **Eg.** Equipment worn to provide  a temporary barrier |  |  |  | |  |  |  |  |  | | |
| **Investigation completed by OH&S/WHS Officer** | |
| Print Name: |  |
|  |  |
| Signature: | Date: |