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 ProfessionalName / Dr……………………………[ ]  Ambulance / Hospital[ ]  Inpatient [ ]  OutpatientName 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 WorkloadMaintenanceTask allocationAuditsOther (specify)…………………………………... | [ ] [ ] [ ] [ ] [ ] [ ]  | Size/ weightDesignMaintenanceChemicalsOther specify………………………………………........ | [ ] [ ] [ ] [ ] [ ]  | AccessHousekeepingLightingWeather/ TemperatureFloor / ground surfaceOtherspecify ………………….…………………….......... | [ ] [ ] [ ] [ ] [ ] [ ]  | SupervisionTrainingJob competency PPE not usedOther 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?** |
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| **RISK RATING** | **LIKELIHOOD** |
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| **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:**

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| **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 hazardMinimal action | **[ ]**  |

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**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.  |
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| **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 |       |       |       |
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| **Investigation completed by OH&S/WHS Officer**  |
| Print Name:  |  |
|  |  |
| Signature:  | Date:  |