

ACCIDENT/INCIDENT REPORT FORM

Date of this report

Incident Number

Incident = An unplanned event which causes **or could have caused** injury and/or damage to property and/or equipment.*Accident* = An incident in which injury and/or damage **does occur**.In accordance with convention in OHS literature the term '**incident**' is used on this form to refer to both incidents and accidents.**When to Use this Form**

- To report any incident, **please send this completed form to the Injury Management Administrator (IMA)**.
- All **fires, electrical shocks**, spillages of or exposure to **toxic substances**, failure of **load bearing equipment or structures** must be reported to the OHS Consultative Group Chair (Phone: 02 96225419) immediately even if there is no injury.
- This form should be completed by the person involved and sent to the IMA within 48 hours of any incident.
- The ASM / supervisor should complete the form if the person involved is not available to do so.
- You may immediately contact the IMA to assist with incident investigation if you wish.

Details of Person and Incident

Title	Surname	Given Name	Host / Workplace
	Home Ph.	Mobile Ph.	E-mail
(please tick) <input type="radio"/> Apprentice/Trainee <input type="radio"/> Contractor <input type="radio"/> Visitor			
<input type="radio"/> Office Staff Member <input type="radio"/> Other _____			
Date of Birth ____/____/____	Date Commenced Employment ____/____/____	Position / Trade	ASM / Supervisor
Time of incident ____ : ____ am/pm	Date of incident ____/____/____	Place of incident (Workshop, area, site, TAFE College etc)	
Describe the incident (Include the name of chemicals, process or equipment involved)			
What was being done at the time? (eg. driving a forklift, lifting bags of cement, welding)			
What went wrong? (eg. brakes failed, slipped on wet floor, back started hurting while lifting)			
Contributing Factor Codes			
Choose the factors that best explain why the incident occurred and write it in the box <input type="checkbox"/>			
A Work organisation	A8 Interpersonal relations	B3 Guards/interlocks	C5 Noise control
A1 Physical fitness	A9 Housekeeping	B4 Ergonomics/furniture	C6 Temperature control
A2 Personal protection, absence of	A10 Deadlines/haste	B5 Warning systems	C7 Clearances
A3 Understanding	A11 Overload/fatigue	C Environment	C8 Access
A4 Work method	A12 Supervision	C1 Visibility (obstructed view)	C9 Design problem
A5 Tools/equipment	B Machine	C2 Visibility (lighting)	C10 Activities of/by others
A6 Personal protection, inappropriate	B1 Machine design	C3 Footing	D Footwear
A7 Instruction	B2 Maintenance	C4 Ventilation	Z Other/chance
Action taken to correct problem (eg. further job training, maintenance or housekeeping) – <i>Continue overleaf if required</i>			
Others present: (Name/s)		Their position & contact no.:	
Details of Injury or Illness			
Part of body affected , eg. Arm: <input type="radio"/> Left <input type="radio"/> Right		Name of illness or description of injury	
Initial Treatment Provider: <input type="radio"/> First Aider <input type="radio"/> Doctor <input type="radio"/> Paramedical Services <input type="radio"/> Hospital <input type="radio"/> Ambulance <input type="radio"/> None <input type="radio"/> Physio			
<input type="radio"/> Chiropractor <input type="radio"/> Other _____ Name of treatment provider _____ Phone _____			
Time off (Actual or expected) _____ /days		Signed by (person or workplace supervisor)	

Please send to: IMA

The ASM / Supervisor must complete the next part of this form

WHAT FACTORS CONTRIBUTED TO THIS INCIDENT?		
Construction / maintenance problem?	No <input type="radio"/>	Yes <input type="radio"/>
Was prevention reasonably practicable?	No <input type="radio"/>	Yes <input type="radio"/>
Were correct procedures followed?	No <input type="radio"/>	Yes <input type="radio"/>
Organisation of work / Human Behaviour <i>(explain)</i> :		
Plant / Equipment <i>(explain)</i> :		
Work area conditions: If any of the following contributed to the accident please indicate: <i>lighting, visibility, footing, ventilation, temperature, noise level, clearances</i> :		
Environmental <i>(explain)</i> :		
Underlying causes <i>(eg. training, lack of enforcement of safety rules, maintenance, low safety morale, inappropriate footwear)</i> :		
Additional comments:		
ACTIONS TAKEN OR PLANNED TO PREVENT RECURRENCE To prevent this happening again something <u>MUST</u> change. Action should be based on the main contributing factors and any related underlying causes.		
ASM / Supervisor Signature:	Date: / /	

The IMA will provide a copy of this form to the OHS Consultative Group.

The section below will be completed by OHS Consultative Group

INCIDENT REPORT – Review
Date: ___/___/___
<i>Issues to consider:</i>

Please send to: IMA