**INCIDENT & INVESTIGATION REPORT FORM**

**Incident Report – Part 1**

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| **Notifiable Incident** – Certain Work-Related Injuries and Dangerous Occurrences |
| Work Health & Safety Act 2012 notifiable incident means:1. The death of a person; or
2. A serious injury or illness of a person; or
3. A dangerous occurrence
 |
| * **Is this accident / incident / near miss a Notifiable Incident?**
 |  | **Yes** | **[ ]**  | **No** | **[ ]**  |
| * **If Notifiable has CSaIM been contacted (8210 8101, after hours 0417 534 020)**
 |  | **Yes** | **[ ]**  | **No** | **[ ]**  |
| * **Has the Worksite Officer been notified**
 |  | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **The person with management or control of a workplace must so far as is reasonably practicable, preserve the incident site until an inspector attends the site or directs otherwise.** |
| 1. **Report Type**
 |
| **Harm was caused** | **[ ]**  | **No harm caused** | **[ ]**  |
| 1. **Incident Type**
 |
| **Injury/ Illness/ Incident – Worker** | **[ ]**  | **Property Damage** | **[ ]**  |
| **Environment** | **[ ]**  | **Injury/ Illness/ Incident - Other** | **[ ]**  |
| 1. **Incident Title (short title of incident)**
 |
|       |
| 1. **Incident Date & Time**
 |
| **Date of Incident** |       | **Time of Incident** |       |
| 1. **Report Date & Time**
 |
| **Date Reported** |       | **Time Reported** |       |
| 1. **Select Organisation**
 |
| Please select where you work even if the incident happened off site. |
| **Sector** |       | **Site** |       |
| **Location** |       |
| 1. **Worksite Location**
 |
| Please select where you work even if the incident happened off site. |
|       |
| 1. **Specific Location**
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|       |
| 1. **What Happened**
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|       |

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| **Incident Investigation Report – Part 2** |
| 1. **Witnesses (attach statements)**
 |
| **Name** |       | **Email Address** |       |
| **Comments** |       |
| **Name** |       |  | **Email Address** |       |  |
| **Comments** |       |
| 1. **Injury/ Illness (if required)**
 |
| **Name of Person** |       |
| **Severity of Injury** | First Aid | **[ ]**  | Medical Treatment | **[ ]**  | Lost time | **[ ]**  | Fatality | **[ ]**  |
| **Treatment Provided** |       |
| **Description of Injury/ Illness** |       |
| **Body area affected** | Head/ Neck**[ ]**  | Respiratory**[ ]**  | Right Arm**[ ]**  | Left Arm**[ ]**  | Torso/ Back**[ ]**  | Right Hand**[ ]**  | Left Hand**[ ]**  |
| Right Hip**[ ]**  | Left Hip**[ ]**  | Right Leg**[ ]**  | Left Leg**[ ]**  | Right Foot**[ ]**  | Left Foot**[ ]**  |  |
| **Injury Type** | Allergic Reaction/ Rash**[ ]**  | Bruise/ Contusion/ Swelling**[ ]**  | Burn**[ ]**  | Cut/ Abrasion/ Laceration**[ ]**  | Foreign Object**[ ]**  |
| Fracture/ Dislocation**[ ]**  | Sprain/ Strain**[ ]**  | Bites/ Infectious Disease**[ ]**  | Other      |
| **Mechanism of Injury** | Bite/ Sting**[ ]**  | Electricity**[ ]**  | Slip/ Trip/ Fall**[ ]**  | Hit by Object**[ ]**  | Injured by Other**[ ]**  | Muscle Stress**[ ]**  |
| Mental Stress**[ ]**  | Noise Exposure**[ ]**  | Heat/ Cold Exposure**[ ]**  | Biological Factors**[ ]**  | Chemical or Substance**[ ]**  | Vehicle Accident**[ ]**  |

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| 1. **Investigation**
 |
| What tasks/ activities were being performed at the time of the incident?Provide as much detail as possible. Include any other evidence (ie photos, documents, etc) |
|       |
| What was the specific problem? |
|       |
| 1. Why did that happen? |
|       |
| 2. Why did that happen? |
|       |
| 3. Why did that happen? |
|       |
| 4. Why did that happen? |
|       |
| 5. Why did that happen? |
|       |
| Detail the Root Cause |
|       |

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| 1. **Review**
 |
| **Is this a Notifiable Incident?** | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **Has the regulator or governing body been reported to?** | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **Provide details** |       |
| 1. **Potential Risk of Incident**
 |
| **Seriousness that could occur from the incident** | **Likelihood of the incident occurring** |
| **Insignificant** | First aid treatment | **Rare** | May happen in exceptional circumstances |
| **Minor** | Medical Treatment | **Unlikely** | Could happen at some time  |
| **Moderate** | Short term non-permanent injury | **Possible** | Might occur occasionally  |
| **Major** | Serious long term injury | **Probable** | Will probably occur in most circumstances |
| **Catastrophic** | Death / Permanent disabling injury | **Almost Certain** | Expected to occur in most circumstances |
| **Risk Assessment Matrix** | **SERIOUSNESS** |
| **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **LIKELIHOOD** | **Almost Certain** | **Medium 11** | **Medium 16** | **High 20** | **High 23** | **High 25** |
| **Probable** | **Low 7** | **Medium 12** | **Medium 17** | **High 21** | **High 24** |
| **Possible** | **Low 4** | **Low 8** | **Medium 13** | **Medium 18** | **High 22** |
| **Unlikely** | **Low 2** | **Low 5** | **Low 9** | **Medium 14** | **Medium 19** |
| **Rare** | **Low 1** | **Low 3** | **Low 6** | **Low 10** | **Medium 15** |
| **Risk Level** | **Risk Score** | **Timeframe for Implementation of Control Measures** |
| **High** | **20 - 25** | Act Immediately or within 24 hours to lower the risk to an acceptable level or as low as reasonably practicable. |
| **Medium** | **11 - 19** | Act within 21 days to reduce the risk to an acceptable level or as low as reasonably practicable. |
| **Low** | **1 - 10** | Act within 60 days to reduce the risk to an acceptable level or as low as reasonably practicable. |
| **Note**: a higher risk number means a higher priority within that risk level (e.g., a Low 10 is higher priority than a Low 1). |
| 1. **Actions**
 |
| **Title** | **Description** | **Assigned To** | **Due Date** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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**Please forward this Incident Report to your WHS Coordinator, Risk & Compliance Officer, or delegated personnel for further Investigation.**