**INCIDENT & INVESTIGATION REPORT FORM**

**Incident Report – Part 1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. **Workplace** | | | | | | | | | | | | | | | | |
| Please select where you work even if the incident happened off site. | | | | | | | | | | | | | | | | |
| **Sector** |  | | | | **Site** | | |  | | | | | | | | |
| **Location** |  | | | | | | | | | | | | | | | |
| 1. **Specific Location** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **What Happened** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |

|  |
| --- |
| 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 |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | |
|  | | | | |  | | | | |  | | | | |  | | | |
|  | | | | |  | | | | |  | | | | |  | | | |
|  | | | | |  | | | | |  | | | | |  | | | |
|  | | | | |  | | | | |  | | | | |  | | | |

**Please forward this Incident Report to your WHS Coordinator, Risk & Compliance Officer, or delegated personnel for further Investigation.**