

INCIDENT/HAZARD REPORT FORM

An Incident can be an event resulting in a personal injury, property damage or a hazardous situation or environment

PART A – Occurrence Details <i>(Please tick one or more of the following, if applicable)</i>	Office Use Only
INCIDENT NO: <input style="width: 100px;" type="text"/>	

Personal Injury
 Motor Vehicle Accident
 Hazard/Other
 Property/Environmental Damage

Brief description of occurrence/hazard *(For example, slippery steps in wet weather, frayed electrical cord etc):*

Location *(include Building No. & Room No. where applicable):*

PART B – Injury Details *(If not an injury, please go directly to PART C)*

Employee
 Student
 Visitor
 Contractor/Other
 EMPLOYEE NO/STUDENT NO:

SURNAME of injured/ill person:

FIRST NAME/S:

RESIDENTIAL ADDRESS:

P/CODE:

DATE OF BIRTH: GENDER: Male Female

DEPARTMENT: OCCUPATION:

What were you doing at the time? *(if necessary use additional sheets as well)*

Description of **Injury/Illness**. For example, cut to left index finger, strain to lower back etc.

Details of Treatment and Work Status *(for injury/illness situations)*

Treatment provided: None First Aid Ambulance Hospital Doctor Other

Name of First Aider (where First Aid rendered):

Did you cease work? YES/NO If yes, date you ceased work:

Name of treating Doctor (if known)?

PART C – Reporting Details

Date of Incident: Date Incident/Hazard Reported:

NAME of the person you reported this to:

POSITION of the person you reported this to:

Name of person reporting this incident/hazard:

Once you have completed page 1, hand to the Tutor/ First Aid Officer/ Campus Manager IMMEDIATELY

AFTT Reception: 02 9281 2400

AFTT After Hours Emergency No: Head of Production, Andrew Williams, 0408 242 215

PART D – Incident Response (To be completed by Supervisor with involvement of ill/injured person where possible)

i) Please **describe** the immediate response to the incident/hazard (eg. spill was cleaned up)

ii) Please **list** the **factors** contributing to the incident/hazard (eg. wet or oily paths, faulty equipment, procedural failure)



iii) Please conduct a **risk assessment** using this Risk Priority Chart and determine an overall **Risk Priority**.

Severity (How severely could it hurt someone or how ill could it make someone?)	Likelihood (How likely is it to be that bad?)			
	Very likely Could happen at any time	Likely Could happen sometime	Unlikely Could happen, but very rarely	Very unlikely Could happen, but probably never will
Result in permanent disability, long term ill health or death	1	1	2	3
Serious injury or illness preventing employee from performing their normal duties for 7 days or more	1	2	3	4
Medical attention required and where employee unable to perform their normal duties for less than 7 days	2	3	4	5
First aid needed	3	4	5	6

1/2 = High Priority 3/4 = Medium Priority 5/6 = Low Priority - Monitor
 ▶ Action required immediately ▶ Action required this week ▶ May not need immediate attention

RISK PRIORITY



iv) **Determine** appropriate **controls** for this risk, with priority being the elimination of the hazard/s contributing to the incident. Complete the following corrective action plan.

Hierarchy of Controls Can You?	ACTION TAKEN/RECOMMENDED	WHO	WHEN
Eliminate – (Remove the Hazard) <i>If no</i> _			
Substitute – (Use an Alternative) <i>If no</i> _			
Isolate – (Reduce Exposure) <i>If no</i> _			
Redesign – (Change to Equipment or Process) <i>If no</i> _			
Administration – (Change of Practices – Training) <i>If no</i> _			
Personal Protective Equipment – (e.g. Gloves)			



v) **Check** that **control measures** have been **effective**

Supervisor Signature:

Date:

NOTIFY RETURN TO WORK COORDINATOR (HR UNIT) IMMEDIATELY BY 'PHONE OR E-MAIL AND FORWARD COMPLETED FORM AS SOON AS POSSIBLE

OFFICE USE

Relevant External Party Notified / /
 Incident No.

Report Number
 OHS Follow-up required / /