**ACCIDENT / INCIDENT / NEAR MISS REPORT**

Note: This report must be completed within 24 hours of the occurrence.

**SECTION A: Injured person details (Employee/Supervisor to complete)**

|  |  |
| --- | --- |
| Family name: | Given name: |
| Usual work location: | Occupation/Job title: |
| Date of Birth: | Mail/Female: |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode:\_\_\_\_\_\_\_\_ | Telephone Contact: |
| Will there be a WorkCover claim submitted (Yes/No)? | |

**SECTION B: Incident details (Supervisor to fill out) (Note: if not applicable, put “N/A”)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type: | | | | | | | | | | | |
| * Injury to employee/contractor | | | | | | * Injury to member of public | | | | | |
| * Damage to machinery, property, etc | | | | | | * Near miss | | | | | |
| Ownership | | | | | | | | | | | |
| Was damaged machinery, property, etc owned by InsulAction? (Yes/No) | | | | | | | | | | | |
| Details | | | | | | | | | | | |
| Incident date: | | | | | | Incident time: | | | | | |
| Date incident reported: | | | | | | Time incident reported: | | | | | |
| Date ceased work: | | | | | | Time ceased work: | | | | | |
| Name, address and contact telephone of witnesses | | | | | | | | | | | |
| Witness 1: | | | | | | | | | | | |
| Witness 2: | | | | | | | | | | | |
| Machinery, property identification (eg rego, address) | | | | | | |  | | | | |
| Describe incident details (see “useful tips” for guidance) – if insufficient space attach report/diagrams: | | | | | | | | | | | |
| Severity of injury: | | | | | | | | | | | |
| * Near Miss | | | * First aid | | | * Ambulance | | | | * Medical treatment | |
| * Hospital | | | * Lost time | | | * Plant/equip/machinery | | | | * Motor vehicle | |
| Part of body: | | | | | | | | | | | |
| * Head | * Ear | | | * Neck | | | | * Eye | | | * Back |
| * Chest/abdomen | * Shoulder | | | * Hip | | | | * Upper arm | | | * Elbow |
| * Wrist | * Finger | | | * Hand | | | | * Leg | | | * Knee |
| * Ankle | * Foot | | | * Toe | | | | * Multiple | | |  |
| * Other (describe): | | | | | | | | | | | |
| Assessed nature of injury: | | | | | | | | | | | |
| * Concussion | | * Deafness | | | * Eye disease/condition | | | | * Dislocation | | |
| * Sprain/strain | | * Bruising | | | * Laceration | | | | * Fracture | | |
| * Burns/scalds | | * Electric shock | | | * Crushing | | | | * Skin irritation | | |
| * Blood pressure | | * Veins/circulation | | | * Digestive system | | | | * Muscoskel disease | | |
| * Toxic substances | | * Respiratory | | | * Hernia | | | | * Internal organ | | |
| * Multiple | | * Superficial | | |  | | | |  | | |

|  |  |  |
| --- | --- | --- |
| **Contributing factors** | | |
| * Hazard not identified | * Exposure to fumes, mist, vapour, dust | * Contact chemical/poisons |
| * Contact hot/cold substances/object | * Slips, trips, falls from height | * Slips, trips, falls from same level |
| * Striking against object | * Struck by moving object | * Struck by falling object |
| * Caught by stationary object | * Caught by machine or object | * Caught between moving object |
| * Incorrect placement of materials | * Insect/animal bite | * Deficiency of plant/equip |
| * Vehicles | * Manual handling | * Incorrect work method |
| * Insufficient training | * Exposure to noise | * Mental stress |
| * Physical assault | * Verbal assault | * Contact with electrical current |
| * Contact with ionising radiation | * Contact with radiation (other) | * Explosion/Implosion |

**SECTION C: Risk Assessment and Preventative Action(s) (Supervisor to fill out) – see “instructions” for assistance with this.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level of Risk (\* Priority: H=Immediate action / M=Medium term / L=Future Action) | | | | | | | | | | |
| Estimate the probability of the incident/hazard occurring again based on experience and previous incident/hazard data (tick one) | | | | What is the severity of the actual or potential injuries or damage to equipment/machinery/property/etc (tick one) | | | | | | |
| * Low | * Medium | * High | | * Low | | | * Medium | | * High | |
| Recommendations to prevent reoccurrence | | | Priority \* | | | | | Who | | When by |
|  | | | * H | | * M | * L | |  | |  |
|  | | | * H | | * M | * L | |  | |  |
|  | | | * H | | * M | * L | |  | |  |
|  | | | * H | | * M | * L | |  | |  |
|  | | | * H | | * M | * L | |  | |  |
| Media/authorities involved? (Provide details) | | | | | | | | | | |

**SECTION D: Signatories & Distribution of completed form**

|  |  |  |  |
| --- | --- | --- | --- |
| (Print name) |  | |  |
| Manager/Supervisor | (Signature) | | Date |
| (Print name) |  | |  |
| OH&S Representative | (Signature) | | Date |
| After signing & dating, please distribute the completed form as follows: | | | |
| **Original:** Workplace Injury Register folder | | **1st Photocopy:** Regional Manager | |
| 2nd Photocopy: HR Manager | | **3rd Photocopy:** Injured employee | |

**SECTION E: OH&S Manager Inspection**

|  |  |  |  |
| --- | --- | --- | --- |
| Incident No: | | Inspection Date: | |
| Comments: | | | |
| (Print name) |  | |  |
| HR Manager | (Signature) | | Date |