

# INCIDENT/HAZARD REPORT FORM

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

<b>PART A – Occurrence Details</b> <i>(Please tick one or more of the following, if applicable)</i>	<b>Office Use Only</b>
INCIDENT NO:	

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):*

<b>PART B – Injury Details</b> <i>(If not an injury, please go directly to PART C)</i>
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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)? \_\_\_\_\_

<b>PART C – Reporting Details</b>
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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 <b>Can You?</b>	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 / / Report Number

Incident No.  OHS Follow-up required / /