Northern Territory Airports

ACCIDENT, INCIDENT or NEAR MISS REPORT FORM

When to Use this Form

1. To report any Accident, Incident or Near Miss.
2. This form should be completed by the person involved, forwarded to their immediate supervisor or the supervisor of the area where the hazard has been identified or the incident occurred for review and action. A report is required for each injured party if more than one person is injured
3. The supervisor should complete the form if the person involved is not available to do so.

Part A: INCIDENT LOCATION

Work Area:	**Report–Accident\Incident\Near Miss**	Location: (Circle Location)	Darwin Alice Springs Tennant Creek
Business Unit:		Department:	
Area/Project:		Detailed Description	

Match information provided above to the available filters when entering into RMSS. If no suitable filter is available contact HSE Department - Ext 969

Date of Incident	Time of Incident	Incident Type	Incident Severity
		Accident\Incident\Near Miss Report	Low Medium High Extreme

Incident Outcomes ☐ Injury ☐ Vehicle Incident ☐ Environmental Incident

Part B: REPORTED BY

First Name		Last Name
Phone Number:	Mobile Phone Number:	Email Address:
Occupation/Place of Employment		

Part C: INCIDENT DETAILS

Attach sheets if insufficient space

Actual Location?	

Activity at Time? (e.g. driving a forklift, lifting bags of cement, typing)

Describe the Incident. (Include the name of chemicals, process or equipment involved)

Contributing Factors? (e.g. brakes failed, slipped on wet floor, arm started hurting while typing)

What Actions Were Taken Immediately?

If No Injury, Illness, Environmental Impact or Motor Vehicles Are Involved Proceed to Page 4

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Part D: INJURY/ILLNESS DETAILS

This section must be completed if an injury has occurred

Injured Person Details

Title	First Name	Last Name

Home Phone Number:	Mobile Phone Number:	Email Address:

Additional Comments:

Injury Classification
(please tick one (1) only)
☐ Slip/Trip/Fall ☐ Hit by Moving Object ☐ Cut/Abrasion ☐ Electric Shock/Electrocution ☐ Crush Injury
☐ Sprain/Strain ☐ Chemical Exposure ☐ Inhalation ☐ Bite ☐ Burn ☐ Fracture or Broken Bones ☐ Other

If other please specify

Nature of Incident - Briefly describe the nature of the injury ie Slip, Burn Crush etc. (If unsure leave blank)

Match information provided above to available filters when entering into RMSS. If no suitable filter is available contact HSE Department - Ext 969

Agency of Incident - Briefly describe what object or item caused the injury ie. Machinery, Chemicals, Stairs etc. (If unsure leave blank)

Match information provided above to available filters when entering into RMSS. If no suitable filter is available contact HSE Department - Ext 969

Mechanism - Classify the injury causes ie. Muscle Strain, Fall from Height, Exposure to Radiation etc. (If unsure leave blank)

Match information provided above to the available filters when entering into RMSS. If no suitable filter is available contact HSE Department - Ext 969

How were the Injuries Sustained

Injured Members Occupation:
(please tick one (1) only)
☐ ADG - Staff ☐ ADG Tenant- Staff ☐ ADG - Contractor ☐ Member of the Public
☐ ADG - Visitor ☐ ADG Tenant - Visitor ☐ ADG Tenant -Contractor ☐ Other

If other please provide details:

Treatment Outcome Details:
(please tick one (1) only)
☐ No Treatment ☐ Medical Treatment Injury - MTI ☐ Fatality
☐ First Aid Injury - FAI ☐ Lost Time Injury - LTI

Treated By:
☐ Doctor ☐ Hospital ☐ Home
☐ Restricted Duties ☐ Return to Work

First Aid Details

First Aiders Name		Contact Ph
Doctors Name	**Surgery/Hospital**	**Contact Ph**

Location of Injury/s
(i.e. Left Hand, Left Foot, Neck)

Match information provided above to the available image in RMSS. If no suitable filter is available contact HSE Department - Ext 969

Any Additional Injury Details

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Part E: Environmental Incident

This section must be completed if "Environmental Damage" occurred due to the incident

A spill reporting form **MUST** also be completed if this section is used

Nature of Impact (What Happened)

(please tick one (1) only) ☐ Spill ☐ Loss of Containment ☐ Dust ☐ Sabotage
☐ Gas Release ☐ Grass or Bush Fire ☐ Illegal Dumping ☐ Other

If other please provide details:

Aspect Effected (Where To)

(please tick one (1) only) ☐ Seal Surface ☐ Broken Ground ☐ Atmosphere
☐ Creek or Waterway ☐ Storm Water Drain ☐ Ground Water ☐ Other

If other please provide details:

Impacting Agent (What)

(please tick one (1) only) ☐ Diesel ☐ Jet A1 ☐ Herbicide ☐ Pesticide ☐ Poisons ☐ Coolant ☐ ULP
☐ Avgas ☐ Engine Oil ☐ Hydraulic Oil ☐ Sewage ☐ Other (please specify below)

If other please provide details:

How much was spilt (Approximate Quantity)		Unit of Measure	
Area effected (Approximate Area)		Unit of Measure	

Further Details

Part F: DRIVER & VEHICLE DETAILS

This section must be completed for a motor vehicle incident

Road Type (please tick one (1) only) ☐ Sealed ☐ Unsealed

Road Quality (please tick one (1) only) ☐ Very Good ☐ Good ☐ Average ☐ Poor

Visibility (please tick one (1) only) ☐ Very Good ☐ Good ☐ Average ☐ Poor

Weather (please tick one (1) only) ☐ Dry & Sunny ☐ Light Showers ☐ Heavy Showers ☐ Cyclone
☐ Dry & Overcast ☐ Moderate Showers ☐ Storms or Squalls

Have the Police Been informed Police? ☐ Yes ☐ No

Vehicle Type (please tick one (1) only) ☐ Car (C Class) ☐ Ute (C Class) ☐ Motor Cycle ☐ Wagon or Van (C Class)
☐ Truck (LR Class) ☐ Truck (MR Class) ☐ Truck (HR Class) ☐ Articulated Vehicle (HC or MC Class)

Vehicle Make/Model	Vehicle Rego No	Expiration Date

Drivers Details

Title	First Name	Last Name	Home Phone Number:

Mobile Phone Number:	Email Address:	Gender: ☐Male ☐ Female	Date of Birth:

Drivers License Type (What "Class" of License)	Drivers License No & Expiration Date	Issuing State
	/ /	

Describe the damage to the vehicle/s

Is the vehicle Drivable ☐ Yes ☐ No | Where any passengers in the vehicle at the time of the incident? ☐ Yes ☐ No

Title	Passenger Surname	Passenger Given Name/s	Contact Ph
Title	Passenger Surname	Passenger Given Name/s	Contact Ph
Title	Passenger Surname	Passenger Given Name/s	Contact Ph

Was another vehicle involved? ☐ Yes ☐ No | Is the other vehicle drivable ☐ Yes ☐ No

Vehicle Registration No.	Vehicle Make/Model	Vehicle Registration Expiration Date
		/ /

Describe the damage to the vehicle/s

Was the incident reported to the Police? ☐ Yes ☐ No | Police Report No.

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ADG Staff please sign below then forward this form to your supervisor for completion.
All other members please sign below and give to ADG Customer Service Manager or the HSE Coordinator:

I declare the information provided in this form to be a true account of the Hazard/Incident. I acknowledge that Airport Development Group may need to disclose details of this report, including personal details, to relevant third parties.

Signed		Date:	/ /

WORK AREA MANAGER IS REQUIRED TO ENTER INCIDENT DATA ONTO RMSS & TO FORWARD A COPY TO HSE DEPARTMENT UPON RECEIPT OF COMPLETED FORM:

All Data entered onto RMSS Incident Reporting Module

Investigation Assigned to:	Name:	Date:
Signed		Date: