Incident / Hazard Report Form

Please email all incident forms to whs@bond.edu.au within 24hrs
INCIDENT REPORT TO BE COMPLETED BY EMPLOYEE

Date Report Received:

I AM A BOND UNIVERSITY: *(Please mark appropriate box)*					
EMPLOYEE	☐	STUDENT	☐	NEAR MISS	☐
VISITOR	☐	CONTRACTOR	☐	HAZARD	☐

PLEASE COMPLETE ALL AREAS THAT ARE APPLICABLE TO YOU

SECTION A Incident Details (please print or type)

Full Name of injured person ……

Dept. ……

Details of person involved in the Incident

Gender ☐ Male ☐ Female Date of birth / / Contact phone number: ____

Address _____.

Occupation (Job title) : …… **Status** (Tick one): ☐ Full Time, ☐ Part time, ☐ Casual

Period of Employment: ☐1st Week , ☐1st Month, ☐1 – 6 Months, ☐ 6 – 12 Months , ☐1 – 5 Years , ☐5 Years plus

Details of the Incident *(please include in detail events leading up to the incident if applicable (eg. What were you doing at the time) – and affix additional paper if required*

Exact Location of Incident: (be specific) . ……

Time and Date of Incident: (if illness date reported) / / , am/pm

Time and Date Incident was Reported: / / , am/pm

First Reported To: ……

Describe the incident

……

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……

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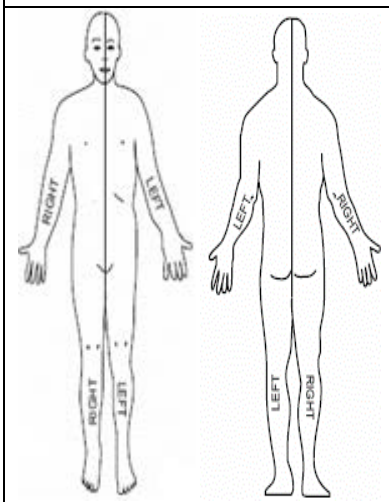
Witness Family name …… Given names ……

Contact Phone. ……Address ……



Part of Body Injured

Head
☐eye ☐ear ☐nose ☐face ☐skull ☐mouth/teeth

Trunk
☐neck ☐hip ☐chest ☐groin ☐back ☐stomach

Internal
☐heart ☐lungs ☐systemic

Arm
☐left ☐right ☐shoulder ☐elbow ☐upper arm ☐forearm ☐wrist

Hand
☐left ☐right ☐thumb ☐fingers ☐palm

Leg
☐left ☐right ☐knee ☐thigh ☐lower leg

Foot
☐left ☐right ☐heel ☐big toe ☐toes ☐ankle

Specify other

Nature of Injury

☐Amputation
☐Burn
☐Concussion
☐Contusion / Bruise
☐Crush Injury
☐Dislocation
☐Effects of Chemicals
☐Electric shock
☐Fracture
☐Foreign Body
☐Injury to spinal cord
☐Injury from weather
☐Internal Injury
☐Laceration
☐Medical Condition (including Heart Attack)
☐Muliple Injuries
☐Open Wound
☐Sprains / Strains
☐Superficial Injury
☐traumatic shock

☐aggravation of previous injury or medical condition
(please describe)……

……

NAME OF INJURED PERSON:	NAME of person completing form:
Signature: …… Date *if possible*	Signature: …… Date

SECTION B - INVESTIGATION & CORRECTIVE ACTION

(a) Describe task being performed at time of incident.

Is there a risk assessment for this task? ☐ Yes ☐ No

(b) Description of Events. (Provide clarity to the sequence of events if required, consider events prior and following incident)

Facts related to incident. (Eg. Note condition of floor, lighting, footwear, training records etc.) **Attach photos if possible.**

(c) Have any witnesses been interviewed as part of the incident investigation?	☐ Yes Names of those interviewed → ☐ No	*(Attach witness statements if applicable.)*

(d) Identify the behavioural causes of the incident

Did any of the following behaviours contribute to the cause of the incident? (Choose below)

Performing task:

- ☐ Without authority
- ☐ At unsafe speed
- ☐ In unfit state to work
- ☐ With improper technique
- ☐ Without PPE
- ☐ Without correct PPE

(PPE = Personal Protective Equipment)

- ☐ Failure to warn of hazard
- ☐ Failure to secure hazardous item
- ☐ Using unsafe equipment
- ☐ Unsafe placement of equipment
- ☐ Unsafe Manual Handling Technique
- ☐ Unsafe acts of others

- ☐ Assault
- ☐ Not applicable
- ☐ Other

(Specify)……

……

Identify the physical causes of the incident

Did any of the following physical conditions contribute to the cause of the incident?

- ☐ Inadequate guarding
- ☐ Poor workstation design
- ☐ Poor condition of equipment
- ☐ Design of plant or equipment
- ☐ Unsafe storage of equipment
- ☐ Unsafe walking surface
- ☐ Unsafe lighting
- ☐ Unsafe shoes
- ☐ Poor ventilation
- ☐ Temperature control
- ☐ No fall protection
- ☐ No warning system
- ☐ Inadequately controlled use of chemicals/substance
- ☐ other *(please describe)*.....

What are the management systems (procedural) deficiencies that led to the unsafe conditions?

- ☐ No hazard identfication
- ☐ No Risk Asssessment
- ☐ PPE not available
- ☐ Inadequate operator training
- ☐ Inadequate supervisor training
- ☐ No workplace inspection
- ☐ Unrealistic scheduling
- ☐ Not applicable

☐ other *(please describe)*……

(e) Prevention of incident/near miss recurrence

☐ Is there any corrective action that can be implemented that will prevent reoccurrence.

Immediate action

Long term action

Corrective Action Completed: Date / /

Interruption to work

Reported only	☐ Yes	☐ No
Time off work required	☐ Yes	☐ No

TREATMENT - Medical Action Taken (if any – please provide details below)

☐ First aid	☐ Doctor visit	☐ Ambulance	☐ Hospital
☐ other *(please describe)*			

Details of action performed:

MANAGER NAME:	**WHS MANAGER:**
Signature: …… Date	Signature: …… Date