Incident Notification & Investigation Form

(Mark X) ☐ Workplace Injury ☐ Incident ☐ Near-miss
***Please Note All fields on this form are still required to be completed for a Near-miss Incident.*

Office Use Only: Incident No:

☐ LTI	☐ MTI	☐ Property Damage	☐ No medical attention needed

Injured Workers Gender: ☐ Male ☐ Female	Injured Workers Age:	Employers Name:
Name of injured person (print):	**Person completing this form (print):**	

Injury / Incident date:	Date reported:	Today's date:	Reported to:	Time Of Injury/ Incident:

Project site location/address where incident occurred:

Location of Incident (i.e. workshop, site, admin office etc.:

Name & contact phone number of any witness(s) to the incident:

(Attach witness report as applicable)

Proportion of Shift Worked:
☐ 25% or less ☐ 76% - 100%
☐ 26% - 50% ☐ Overtime
☐ 51%- 75%

Breakdown agency of Incident:
(The main event that initiated the incident)
☐ 1. Machinery and fixed plant
☐ 2. Mobile plant and transport
☐ 3. Powered equipment, tools and appliances
☐ 4. Non-powered hand tools, appliances and equip
☐ 5. Chemical and chemical products
☐ 6. Materials and substances
☐ 7. Environmental agencies
☐ 8. Animal, human and biological agencies
☐ 9. Other and unspecified agencies

High Risk Construction category (if applicable):
(The most significant risk category, if any, that relates to the incident)
☐ 1. Where there is a risk of a person falling two metres or more
☐ 2. Use of mobile plant
☐ 3. Use of crane
☐ 4. Use of scaffolding
☐ 5. Tilt up construction work
☐ 6. Involving the use of explosives
☐ 7.. On or near pressurised gas distribution mains and consumer piping
☐ 8. On or near chemical, fuel or refrigerant lines
☐ 9. On or near energised electrical installations and services
☐ 10. In an area that may have a contaminated or flammable atmosphere
☐ 11. In or adjacent to roadways or railways used by road or rail traffic

Worker's occupation:
(select one only)
☐1. Labourers
☐ 2. Tradesmen
☐ 3. Professional
☐ 4. Transport workers
☐ 5. Managers and admin
☐ 6. Clerical
☐ 7. Other

Location of injury:
(select one only)
☐ 1. Head
☐ 2. Neck
☐ 3. Trunk
☐ 4. Upper limbs
☐ 5. Lower limbs
☐ 6. Multiple locations
☐ 7. Systemic location
☐ 8. Non-physical location
☐ 9. Unspecified locations

Nature of Injury:
(select one only)
☐ A. Intracranial injuries
☐ B. Fractures
☐ C. Wounds, lacerations, amputations & internal organ damage
☐ D. Burns
☐ E. Injury to nerves and spinal cord
☐ F. Traumatic joint/ligament & muscle/tendon injury
☐ G. Other injuries
☐ H. Diseases and conditions

Mechanism of injury:
(select one based on main cause)
☐ 1. Falls, trips and slips of a person
☐ 2. Hitting objects with part of the body
☐ 3. Being hit by moving objects
☐ 4. Sound and pressure
☐ 5. Body stressing
☐ 6. Heat, electricity and other environmental factors
☐ 7. Chemical and other substances
☐ 8. Biological factors
☐ 9. Mental stress
☐ 10. Vehicle incidents and other

Working days/shifts expected/actually lost:
(Select the appropriate duration)
☐ A. 1 day to less than 3 days
☐ B. 3 days to less than 1 week
☐ C. 1 week to less than 2 weeks
☐ D. 2 weeks to less than 1 month
☐ E. 1 month to less than 3 months
☐ F. 3 months or more

Working days/shifts where a significant change to normal duties is made/expected:
(Select the appropriate duration)
☐ A. 1 day to less than 3 days
☐ B. 3 days to less than 1 week
☐ C. 1 week to less than 2 weeks
☐ D. 2 weeks to less than 1 month
☐ E. 1 month to less than 3 months
☐ F. 3 months or more

Rehabilitation/return to work required? ☐ Yes ☐ No If yes complete return to work program

Does this incident/injury need to be notified to any authorities? (WorkSafe, Western Power, Energy Safety, FSC)
☐ Yes ☐ No ***If yes, attach copy of report, including details of to whom submission was made and when.***

What training has been provided to the worker? (Sight Copies)
☐Blue/White Card
☐Company Induction training
☐Site Specific Induction Training
☐Work Activity Training (SWMS/JSA/SOP)
☐All of the above
☐None of the above

Was the worker wearing the correct PPE at the time of the Incident?
☐ Yes ☐ No **If NO, why not? If YES, list PPE worn.**

_____

_____

_____

What was the worker doing at the time of the incident? (e.g. Lifting bags of cement, Driving the forklift)

_____

_____

Incident Description (What happened? Include the name of any chemical, product, process or equipment/tools involved such as brakes failed on forklift, slipped on wet floor, grinding disk exploded)

_____

_____

_____

_____

_____

Did any person contribute to the incident by an unsafe action or failure to comply with procedures?

Operating without authority	Yes / No	Failure to isolate	Yes / No
Failure to properly secure	Yes / No	Took unsafe position / posture	Yes / No
Failure to warn / signal	Yes / No	Horseplay	Yes / No
Failure to wear PPE	Yes / No	Failure to complete pre-start	Yes / No
Failure to follow procedures	Yes / No	Used equipment unsafely	Yes / No
Effected by drugs / alcohol	Yes / No	Effected by illness or injury	Yes / No

Corrective Actions:.....

.....

By whom?..... **Due by date:** ..... **Completed: Yes / No**

What are the reasons for the person's actions? ONLY ANSWER IF THERE IS A "YES" ANSWER ABOVE

Unaware of job hazards	Yes / No	Influence of emotions	Yes / No
Inattention	Yes / No	Fatigue	Yes / No
Unaware of procedure	Yes / No	Assessed as competent	Yes / No
Physical incapatability	Yes / No	Exsting injury or illness	Yes / No
Impaired by drugs/alcohol	Yes / No	Perceived workload	Yes / No
Accepted standard	Yes / No	Lack of supervision	Yes / No

Corrective Actions:.....

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By whom?..... **Due by date:** ..... **Completed: Yes / No**

Did work conditions or procedures contribute to the incident?

Inadequate guarding	Yes / No	Safety device failure	Yes / No
Inadequate storage	Yes / No	Congested work area	Yes / No
Tool / equipment failure	Yes / No	Controls inadeqaute	Yes / No
Lighting	Yes / No	Housekeeping	Yes / No
Inadequate equipment	Yes / No	Fire / Explosiion / Atmosphere	Yes / No
The weather	Yes / No	Lack of fall protection	Yes / No

Corrective Actions:.....

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By whom?..... **Due by date:** ..... **Completed: Yes / No**

What caused the unsafe conditions? ONLY ANSWER IF THERE IS A "YES" ANSWER ABOVE

Maintenance Failure	Yes / No	Design Failure	Yes / No
Inattention	Yes / No	Deliberate abuse	Yes / No
Lack of supervision	Yes / No	Failure to review pre-starts	Yes / No
Hazard not identified	Yes / No	Previous history ignored	Yes / No

Corrective Actions:.....

.....

By whom?..... **Due by date:** ..... **Completed: Yes / No**

ASSESS THE RISK of a recurrence with the corrective actions

☐ **Low** ☐ **Moderate** ☐ **High** ☐ **Extreme** **(Use Preferred Order of Control Measures to Eliminate or Reduce Risks)**

RISK MATRIX

Likelihood	Consequences				
	Insignificant	**Minor**	**Moderate**	**Major**	**Severe**
Almost certain	M	H	H	E	E
Likely	M	M	H	H	E
Possible	L	M	M	H	E
Unlikely	L	M	M	M	H
Rare	L	L	M	M	H

If the risk falls into 'high' or 'extreme', based on your view of how likely it is someone will get hurt and what level of injury could happen, then you need to stop work and fix it straight away. If it is lower down in the table – medium or low – then plan when you will fix it.

Reviewed by Responsible Manager:

_____ _____ _____

Name *Signature* *Date*