

INCIDENT / INJURY / ILLNESS REPORT FORM

GENERAL			
Date	29/10/2020		
Submitted by	Brooke Kennedy		
INCIDENT DETAILS			
Notification of	☒ Death	☐ Dangerous incident	☐ Serious injury / illness
Incident date	28/10/2020		
Incident location	Greenbank Park and Ride – 1 John Street, Greenbank		
Description of incident	During night works, Labourer fell through an opening in a warehouse roof (approx. 8m down) whilst removing (and disposing down a chute) damaged sheets of plywood. Another worker had removed a sheet of damaged plywood; however, he had run out of nails to replace it. The other worker left the damaged plywood unattended and did not advise the workcrew that there was an uncovered opening in the roof. The labourer came to collect the damaged plywood, headed for the chute to dispose of the sheet and fell into the uncovered opening, falling 8m to the floor. It is noted that none of the workers were using fall protection during the works.		
INJURY / ILLNESS DETAILS			
Injured party name	Robert Johnstone		
Description of injury / illness	Death		
Treatment given	Ambulance was called; however Robert had died from the impact of the fall.		
CONTROL MEASURES			
Corrective action required	Corrective actions are as follows: - Any workers that are to be working in locations where there is a risk of falling more than 1.5m, shall receive Working at Heights Training prior to undertaking those works. - Safe Work Method Statements shall be reviewed and updated to include the use of fall protection/ restraint devices for all works at heights greater than 1.5m.		

	3. SWMS will also be amended to include the use of adequate delineation to ensure that any uncovered openings are demarcated as exclusion zones 4. Toolbox will be developed around Working at Heights and the importance of ensuring adequate fall protection/restraint is in place 5. Workers shall be toolboxed on the importance of communicating hazards around the workplace and ensuring that hazards are rectified as soon as practicable 6. Workers will be offered counselling after all catastrophic incidents		
Person to action	Brooke Kennedy	When	☐ Immediately ☐ Within 24 hours ☒ Within 7 days

Form 3 Incident notification form

V15.7.19

*Work Health and Safety Act 2011**Safety in Recreational Water Activities Act 2011**Electrical Safety Act 2002*

Incident details

Incident type

Please refer to the guide to work health and safety incident notification or electrical safety incident notification web page for assistance.

This is to notify of a: ☐ death ☐ serious injury ☐ serious illness ☐ dangerous incident ☐ serious electrical incident
☐ dangerous electrical event

Provide an explanation of the type of incident using the categories on the **guide to work health and safety incident notification or electrical safety incident notification web page** (e.g. a category of 'serious injury' is 'immediate treatment for serious head injury'):

Incident date, time and location

Date of incident:

Incident address:

Time of incident:

Postcode:

Describe the specific location of the incident (e.g. aisle 3, plant operation room, tower crane the Elizabeth Street entrance side of the site.)

Description of the incident Please provide as much detail as possible, for instance: the events that led to the incident; the work being undertaken when the incident happened; the overall action, exposure or event that best describes the circumstances that resulted in the injury, illness, fatality or dangerous incident; the object, substance or circumstance which was directly involved in inflicting the injury, illness, death or dangerous incident; the name and type of any machinery, equipment or substance involved. Was anyone else involved? Was electricity or electrical equipment involved?

(Attach a separate piece of paper if necessary)

Did the incident involve licensed work (e.g. high risk work, electrical work?)

☐ No ☐ Yes Please provide details of the type of licensed work:

Is the workplace a registered major hazard facility? ☐ No ☐ Yes

Person's injury/illness and treatment details *(if required)*

Title:		First name:		Last Name:	
Date of birth:		Contact phone number:			
Residential address:	Unit/Building No.		Street No.	Street Name	
	Suburb/Town/Locality			State	Postcode
Occupation: <i>(main duties)</i>					
Relationship to the entity notifying					
☐ Worker ☐ Self-employed ☐ Member of the public ☐ Labour hire worker ☐ Contractor					
☐ Group training apprentice/trainee ☐ Other <i>(please specify)</i> :					
Description of injury/illness:	<i>(e.g. fracture, laceration, amputation, strain, electrical shock, burn, Q fever)</i>				
Body location:	<i>(e.g. wrist, lower back, internal organs):</i>				
Did the person receive treatment following the injury/illness?					
☐ No ☐ Yes Please describe treatment received: ice pack and taken to Medical Facility (Sonic Health Plus)					
Where was the injured person taken for treatment?	<i>(if applicable)</i>				

Details of business or undertaking notifying of the incident

Legal name of business:					
Trading name of business:					
ABN:			ACN:		
Business address:	Unit/Building No.		Street No.	Street Name	
	Suburb/Town/Locality			State	Postcode
Contact phone number:	Work:		Mobile:		
Business email address:					
Main business activity <i>(e.g. furniture manufacture, domestic construction, steel warehousing, electrical installation)</i>					
Main industry sector					
☐ Accommodation and food services		☐ Rental, hiring and real estate services		☐ Mining	
☐ Agriculture, forestry and fishing		☐ Transport, postal and warehousing		☐ Public administration and safety	
☐ Construction		☐ Administrative and support services		☐ Retail trade	
☐ Electricity, gas, water and waste services		☐ Arts and recreational services		☐ Wholesale trade	
☐ Health care and social assistance		☐ Education and training		☐ Other services <i>(please specify)</i> .	
☐ Manufacturing		☐ Financial and insurance services			
☐ Professional, scientific and technical		☐ Information media and telecommunications			

Describe any actions taken immediately following the incident to prevent recurrence:
Describe any longer term action proposed to prevent a recurrence:

Notifier's details			
Title:	First name:	Last Name:	
Position at workplace:		Contact phone number:	
Email:			
Is this the person that should be contacted for further information? ☐ Yes ☐ No If no, please provide the name and contact details of the appropriate person should further information be required.			
Mr ☐ Mrs ☐ Miss ☐ Ms ☐	First name:		Last Name:
Position:		Contact phone number:	

How to lodge the form

Notification must be by fastest possible means.

Email to whsq.aaa@oir.qld.gov.au.

NOTE: Notification to Workplace Health and Safety Queensland or the Electrical Safety Office is not a notification to WorkCover Queensland. Call 1300 362 128 if you have any questions about filling out the form. Please keep a copy of this form for your own records before submission.

PRIVACY STATEMENT: The Office of Industrial Relations respects your privacy and is committed to protecting your personal information. The information provided on this form is for the purpose of advising Workplace Health and Safety Queensland and/or the Electrical Safety Office of a reportable incident under the *Work Health and Safety Act 2011*, *Electrical Safety Regulation 2002* or *Safety in Recreational Water Activities Act 2011*. This information will be managed within the requirements of the current state government privacy regime. Our office may be required to disclose your personal information to other regulatory agencies such as the Queensland Police Service, WorkCover Queensland and other agencies in accordance with other law enforcement activities which may be conducted as part of an investigation. Further information on our privacy policy is available at www.worksafe.qld.gov.au/Privacy.

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AEU1 18/5166

INCIDENT TYPE: Catastrophic Incident - Fatality

Description:

During night works, labourer fell through an opening in a warehouse roof (approx. 8m down) whilst removing (and disposing down a chute) damaged sheets of plywood. Another worker had removed a sheet of damaged plywood; however, he had run out of nails to replace it. The worker left the damaged plywood unattended and did not advise the workcrew that there was an uncovered opening in the roof. The labourer came to collect the damaged plywood, heading for the chute to dispose of the chute and fell into the uncovered opening, falling 8m.

Immediate Action:

- All works ceased, Supervisor was called and area was made secure
- Ambulance was called to the scene

Root Cause:

- Action of fellow employee: lack of communication and complacency for leaving an opening uncovered
- Failure to follow procedure: exclusion zones were not in place around uncovered openings
- Guarding or protective openings not provided: barricading was not in place at the time of the incident
- Lack of PPE: there was no fall restraint devices being used (harnesses)
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INCIDENT LOCATION: Greenbank Park N Ride – 1 John Street, Greenbank



Lessons Learnt:

- Any workers to be working in locations where there is a risk of falling more than 1.5m shall receive Working at Heights training prior to undertaking those works
- SWMS shall be reviewed and updated to include the use of fall protection/restraint devices for all works at heights greater than 1.5m
- SWMS will be amended to include the use of adequate delineation to ensure that any uncovered openings are demarcated as exclusion zones

Refer to Safe Work Instruction HSE-I-32 (Issue 1 27/07/2016) – Working at Height

WORKING AT HEIGHT

THE HAZARD

Working at height where it is reasonably foreseeable that a person would be injured in a fall

THE RISK

Falling from work area and falling objects causing serious bodily injury

PLANNING

- > When workers are exposed to a fall hazard assessed as having the potential to cause injury, fall protection systems are to be in place
- > Fall protection systems are classified as either primary or secondary
- > Work on vertical walls or surfaces or work overhead which requires the worker to be 2 metres greater from the surface below is only permitted from:
 - » Fixed scaffold platform
 - » Mobile scaffold
 - » Elevated work platform
- > Work on elevated surfaces e.g. on a roof, during erection of hand rails, is only permitted when suitable fall protection systems are in place
- > Training in the use of fall arrest equipment is to be carried out for all workers where required

PRIMARY FALL PROTECTION

- > These methods include:
 - » Standard Guardrails
 - At exposed areas of the hazardous areas
 - Top rail at 0.9 metres, mid rail at 0.5 metres and 100mm kickboard
 - Resist applied force of 0.445KN
 - Refer to local Safety Regulations
 - » Floor Openings/ Holecovers
 - Use either guardrails or secured plywood capable of withstanding potential maximum load
 - » Aerial lifts (boom, scissor, snorkel type)
 - To be used in accordance with manufacturer's operation manual
 - SWL to be clearly marked on lifting unit
 - Personnel to wear fall protection equipment that is attached to lifting unit's anchor point
 - » Personnel Work Platforms
 - To be of an approved type
 - To be lifted by an approved industrial truck
 - » Scaffolding
 - Refer to Safe Work Instructions Using Mobile Scaffold and Using Fixed Scaffold
 - Refer to local Safety Regulations



SECONDARY FALL PROTECTION

- > These methods include:
 - » Safety Harness and Lanyard
 - The arresting force applied to the worker should a fall occur must be less than 6KN using a 2 metre shock absorbing lanyard or a type 2 or 3 fall arrest device
 - Full body harness to be used with shock absorbing lanyard
 - Anchor to be able to withstand 25KN
 - Waist type belts and site harnesses are not to be used
 - Anchor points are not to be below the attachment point of the harness
 - Free fall to be limited to 1.8 metres
 - » Guywire System
 - 10mm wire rope with shock absorbing lanyard
 - Guywire to have minimum breaking force of 60KN
 - Anchor points to be able to withstand 40KN
 - Intermediate supports at 6 metre spacings & able to withstand 40KN
 - Use saddle clips not bulldog clips
 - Competent person to inspect anchoring points
 - Where possible, position guywire at 1.6 – 2.1 metres height relative to worker
 - » Retractable Lifelines
 - Anchor point to be able to withstand 25KN
 - Do not use lanyard with reels
 - » Restraint Systems
 - Limits travel away from fall potential
 - » Safety Nets
 - To be as close as practical to the underside of the work area and extend at least 2.5 metres from the working point
 - To be no greater than 2 metres below the work area
 - To be constructed of material sufficient strength to catch a falling person or debris

WORKSITE CONTROLS

- > Tools and equipment are to be kept away from edges.
- > Tools and equipment are to be kept to a minimum.
- > Positioning of anchorage points is to ensure minimum freefall and prevent pendulum effect.
- > Rings of loose jewellery are not to be worn.
- > "Danger – Work Overhead" sign to be in place beneath the elevated work area.
- > No work is to occur closer than 5 metres to overhead power lines unless approved by management.
- > Don't move or alter incomplete or damaged scaffold.
- > Incomplete or damaged scaffold is to be tagged out of service.
- > Refer also to Safe Work Instruction – Using Mobile Scaffold.
- > Refer also to Safe Work Instruction – Using Fixed Scaffold