

ACCIDENT/INCIDENT REPORT FORM

An Incident is an unexpected occurrence which causes **or may have caused** injury and/or damage to people, property and/or equipment. *An Accident* is an incident in which injury to a person and/or damage to property and/or equipment actually **does occur**. The term '**incident**' is used on this form to refer to both incidents and accidents.

A WorkCover or Industrial Relations Incident Notification Form is required to be completed and sent to the department to give notification of any serious incidents within 24 hours of the employers' awareness of any incidents. A duplicate of the form is to be kept on file for company records. Any injuries requiring hospital treatment are to be considered as serious injuries.

When you are required to use this form:

1. To report and make record of any incident, **please complete this form and submit it to the person who is responsible for OHS in the workplace.**
2. Any fires, electrical shocks, spillages of or exposure to Hazardous/toxic substances and failure of load bearing equipment or structures must be reported to the person who is responsible for OHS in the workplace immediately, regardless if there is an injury or not.
3. This form should be completed by the person involved with the incident and sent to the person responsible for OHS in the workplace within 48 hours of any incident or accident.
4. The supervisor or the elected OHS person should complete the form if the person involved in the incident/accident is not available to do so.
5. You may immediately contact your elected Health and Safety Representative to assist with incident investigation if you wish. The Occupational Health and Safety Unit will send a copy of this Form to your Representative.



Details of Person and Incident				
Title	Surname	Given Name	Address	
Miss	Doe	Jane	2 June Street, Stafford QLD 4053	
Position	Home Ph.	Mobile Ph.	E-mail	
Signwriter		0400 000 000	jane@griffithgraphics.com.au	
(please tick) Staff Member		☐ Contractor	☐ Visitor ☐ Other _____	
Date of Birth	Date Commenced Employment	Supervisor	Supervisor's Phone Number	
03/_06_/_79_	_28_/_06_/_23_	Graham Griffith	0400 002 003	
Time of Incident	Date of Incident	Place of Incident		
10 : 00 am	_17/_07/_23_	Griffith Graphics Workshop		
Describe the Incident (Include the name of chemicals, work process, task or equipment involved)				
Whilst handling a metal sign with folded sharp corners it slipped when being placed on work bench.				
What was being done at the time? (e.g. driving a forklift, lifting bags of cement, typing)				
Lifting a sign from one place to another.				
What went wrong? (eg. brakes failed, slipped on wet floor, arm started hurting while typing)				
Lost grip of sign.				

Contributing Causes

Choose the factors that best explain why the incident occurred and write the codes in the box.

A4

A Lack of work organisation
 A1 Lack of physical fitness
 A2 No Personal protection
 A3 Little understanding of task requirements
 A4 Work method
 A5 Tools/equipment
 A6 Personal protection, inadequate
 A7 Lack of Instruction
 A8 Interpersonal relations
 A9 Bad housekeeping
 A10 Deadlines/haste

A11 Work overload/fatigue
 A12 Instructions from Supervision
 B Machine Malfunction
 B1 Machine design fault
 B2 Maintenance fault
 B3 Guards/interlocks
 B4 Ergonomics/furniture
 B5 Warning systems failure
 C Environmental
 C1 Visibility (obstructed view)
 C2 Visibility (lighting)

C3 Footing
 C4 Ventilation
 C5 Noise control
 C6 Temperature control
 C7 Clearances
 C8 Access
 C9 Design problem
 C10 Activities of/by others
 D Footwear
 Z Other/chance

Action taken to correct problem (eg. further job training, maintenance or housekeeping)

Sign corners may be altered to eliminate sharpness.

Others present: (Name/s)

Details of Injury or Illness

Part of body affected, e.g. arm:
 Second finger left hand

Name of illness or description of injury

2cm cut

☒ Left

☐ Right

Initial Treatment Provider:

☐ First Aid Officer

☐ Doctor

☐ Hospital

☐ Ambulance

☐ None

☐ Physio

☐ Chiropractor

☐ Counsellor

☒ Other

Self

Time off

(Actual or expected days)

Signed by (person or supervisor)

The Supervisor must complete the remaining part of this form

WHAT FACTORS CONTRIBUTED TO THIS INCIDENT?

Construction / maintenance problem? No ☒ Yes ☐

Was prevention reasonably practicable? No ☒ Yes ☐

Were correct procedures followed? No ☐ Yes ☒

If caused by Organisation of Work / Human Behaviour(explain):

If Plant / Equipment (explain):

Metal sign with folded sharp corners.

Work area conditions: If any of the following **contributed** to the accident please indicate: *lighting, visibility, footing, ventilation, temperature, noise level, clearances:*

If Environmental (explain):

Underlying causes (eg. training, lack of enforcement of safety rules, maintenance, low safety morale, inappropriate footwear):

Gloves should be used when handling ACM signs.

Additional comments:

ACTIONS PLANNED AND TAKEN IN ORDER TO PREVENT REOCURRENCE

To prevent this happening again something MUST change.

Action should be based on the main contributing factors and any related underlying causes.

Gloves should be used and can taken when lifting signs.

Supervisor Signature:

Date: 17 / 07 / 23