L&D EARTHMOVING LTD est.1954

INCIDENT REPORT FORM

This form must be completed by the Manager/Supervisor and Employee for all types of incidents, accidents & near misses

1 GENERAL DETAILS

Company Name:		Name	
Address		Date of Birth:	Sex M ☐ F ☐
Suburb	Postcode	Occupation:	Date Employed:

Employment Category: Full Time: ☐ Part Time: ☐ Casual: ☐ Temporary: ☐ Sub-Contractor: ☐ Other: ☐

2 INCIDENT TYPE

Lost Time Injury: ☐ Medical Treatment Injury: ☐ First Aid Treatment Injury: ☐ Damage: ☐ Near Miss: ☐ Other: ☐

3 INCIDENT DETAILS

Day of Incident:	Date	Time AM/PM	***Shift***: Day: ☐ Afternoon: ☐ Night: ☐	
When was the incident first reported?			***Date:***	***Time AM/PM***

To whom was the incident reported? ***Name/Title***

Were you: On Duty? ☐ On Duty and in a Road Traffic Accident? ☐ On a Work Break? ☐
To or From Work? ☐ Doing Something Else? ☐ Please specify:

Were you working alone?: YES: ☐ NO: ☐ If no, gives names of co-workers:

Were you directly supervised at the time of the incident? YES: ☐ NO: ☐

If yes, Supervisors Name:

If no, was the person:	Indirectly Supervised: ☐	Not being supervised: ☐

4 INCIDENT RESULTS

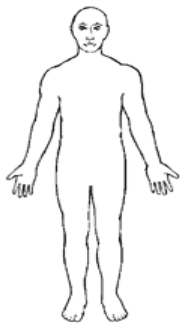
Fatal: ☐ Hospital inpatient : ☐ Doctor: ☐
Nil (Injury/Damage): ☐
Property Damage: ☐
First Aid: ☐ First Aider's Name:

Workers Compensation Form Required: YES: ☐ NO: ☐

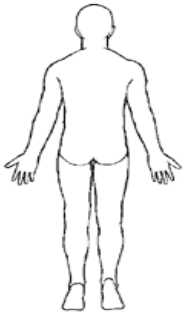
Type of injury/disease:

Bodily location of injury. Indicate where injury occurred.

FRONT VIEW



REAR VIEW



5 DESCRIPTION OF INCIDENT (Attach diagrams, sketches or photographs if necessary)

A) Where did the Incident occur?

B) What was the person doing at this time?

C) What happened unexpectedly?

D) How was the injury or disease sustained?

E) What was the quick fix?

6 DETAILS OF PLANT/EQUIPMENT BEING USED (If involved in Incident)

Make:	Type:
Description of Equipment:	
Employee Signature:	Date:

7. SUPERVISOR IN CHARGE OF WORKERS

What were you doing and what was your location at the time of the incident?

Were instructions given to employee/s prior to the incident? YES: ☐ NO: ☐

If"YES", how? Written: ☐ Verbal: ☐ If "NO", give explanation:

Training Provided	Induction : ☐	Task specific training: ☐	Both of these: ☐	Neither of these : ☐

Did employee/s deviate from instructions YES: ☐ NO: ☐ If "YES", how?		
Supervisor's Name:	Supervisor's Signature:	Date:

8 CONTRIBUTING FACTOR IDENTIFICATION GUIDE

Answer the following questions by a tick in the yes or no in the box.

1	Equipment/Environment	YES	NO
1.1	Did any fault in equipment/tool/work area contribute to the incident?	☐	☐
1.2	Did the design/quality of the equipment tool/work area contribute to the incident?	☐	☐
1.3	Did the location/position of the equipment /tool/ work area contribute to the incident?	☐	☐
1.4	Has the hazardous condition been recognised previously? (e.g. Incident Report)	☐	☐
1.5	Were employee/s informed/aware of the hazardous condition?	☐	☐
1.6	Was there an acceptable standard of housekeeping in the area?	☐	☐
1.7	Was there appropriate protective equipment for the job? (e.g. signs, lights, barricades)	☐	☐
1.8	Was the correct equipment/tools used for the task?	☐	☐
1.9	Was there adequate means of access?	☐	☐
1.10	Was there equipment working within its limitations	☐	☐
1.11	Was there good visibility?	☐	☐
1.12	Was there adequate lighting?	☐	☐
1.13	Was the equipment in a safe condition?	☐	☐

2	Work Systems/Procedures	YES	NO
2.1	Were there written procedures for this task?	☐	☐
2.2	Had employee/s been instructed/trained in the job procedure/s clearly?	☐	☐
2.3	Had employee/s been deemed competent and understood the job procedure/s?	☐	☐
2.4	Were safe working systems observed? (e.g. isolation procedures)	☐	☐

3	Human/Personal Protective Equipment	YES	NO
3.1	Was employee/s physically capable of doing the task? (e.g. good health, no disability, recovering from illness)	☐	☐
3.3	Was appropriate Personal Protective Equipment (PPE) specified for the task? (e.g. respiratory, gloves, goggles)	☐	☐
3.4	Was employee/s wearing specified PPE?	☐	☐
3.5	Was there frequent Supervisor/employee/s contact to discuss/review hazards and job procedures? (e.g. safety meetings, daily pre-shift meetings.	☐	☐
3.6	List other contributing factors…….		

9.ANALYSIS: WHAT CONTRIBUTED TO THE INCIDENT (add additional sheets if required):

10. IS THE RISK? (tick one)

1. Minor	(Attend to straight away)	☐
2. Issue with a regulation/standard/code or guides	(Refer to relevant regulations, standard, code or guides)	☐
3. Other	(Continue)	☐

11.HAZARD DEFINITION AND CONTROL

Define the hazard	Control the Hazard by:	Action taken to prevent recurrence
1. Housekeeping (pallets, Oil Spills, Rubbish)	Elimination Clean up, Remove rubbish	
2. Material or Chemical (used in process)	Substitution Use a safer alternative	
3. Unsafe machines, tools, equipment, environment	Safety engineering & ergonomics (guards, layouts, lighting)	
4. Lack of Personal Protective Equipment	Provide & enforce the use of PPE (Safety glasses, footwear, gloves etc)	
5. Unsafe Procedures	Enforce Safe Operating Procedures (Induct, instruct, train, supervise employee	

12. CORRECTIVE / PREVENTIVE ACTIONS

PROPOSED	Responsibility	Proposed Date	Actual Date	Taken

	Proposed	Taken		
Change to induction training	☐	☐		Change to work environment
Change to ongoing training	☐	☐	Equipment/ machinery maintenance	Proposed ☐ Taken ☐
Equipment/ machinery modifications	☐	☐	Other job redesign	☐ ☐
Change to work procedures	☐	☐	Other preventive action	☐ ☐
Accident Investigated by	**Date:**			☐ ☐
Manager's Signature	**Date:**			☐ ☐
