[redacted]

INCIDENT REPORT

*Where no injury was sustained, use Incident Investigation Report

Date:	**28.09.2022**	**Day of the Week:**	**Tuesday**
Project Name:	**QAL Occupied Building Program**		
Job No.:	**RITW0201**	**Date of Incident:**	**27.09.2022**

Incident Type *(please refer to page 9 – 'Definitions')*

☐ FTI ☒ MTI ☐ LTI ☐ Dangerous Event (near miss)

Personal Details of the Injured Worker

1. Surname: [redacted]

   Given Names: Matthew

2. Gender: ☒ Male ☐ Female

3. Date of Birth: [redacted]

Job Details

4. Employer: [redacted]

5. Occupation or Job Title:

☐ Concreter	☐ Labourer	☐ Steel Fixer	☐ Plumber
☒ Carpenter	☐ Electrician	☐ Renderer	☐ Sprinkler Fitter
☐ Site Forman	☐ Apprentice	☐ Scaffolder	☐ Plasterer
☐ Formworker	☐ Demolisher	☐ Roofer	☐ Water Proofer
☐ Carpet Layer	☐ Reo Fixer	☐ Blocklayer	☐ Bricklayer
☐ Client/Visitor	☐ Sheet Metal Worker	☐ Landscaper	☐ Lift Installer
☐ Boilermaker/Welder	☐ Cabinetmaker/Joiner	☐ Civilworker	☐ Plant Operator
☐ Dogger	☐ Rigger	☐ Airconditioning Installer	☐ Tiler
☐ Painter	☐ Mechanical Installer	☐ Other	

6. Was there a documented system of work (Safe Work Method Statement)?

   ☒ Yes ☐ No # 11 -Cutting And Shaping of Fibre Cement board

[redacted]

7. Was the documented system of work being followed?

☐ Yes ☒ No

If no, please specify;

Incorrect cutting Tool used , No Gloves Donned, Inadequate cutting station height / Not following Procedure

8. Was appropriate PPE being worn?

☐ Yes ☒ No - No Gloves Donned

9. Training Provided?

☐ Induction Training ☐ Tasks specific Training

☒ Both of the above ☐ Neither of the above

Details of the Injury or Illness

10. Date injury occurred or illness reported: 27.09.2022

11. Time injury occurred: 1245 (24-hour clock)

12. Nature of injury or illness: (*additional selections overleaf*)

☐ Fractures (excluding of vertebral column)	☐ Facture of vertebral column with or without mention of spinal cord lesion
☐ Dislocations	☐ Sprains and strains of joints and adjacent muscles (include acute trauma sprains and strains only)
☐ Intracranial injury, including concussion	☐ Internal injury of chest, abdomen and pelvis
☐ Traumatic amputation, including enucleation of eye (loss of eyeball)	☒ Open wound not involving traumatic amputation
☐ Superficial injury (including lacerations)	☐ Contusion with intact skin surface and crushing injury, excluding those with fracture
☐ Foreign body on external eye, in ear or nose or in respiratory, digestive or reproductive systems (include choking)	☐ Burns
☐ Injuries to nerves and spinal cord without evidence of spinal bone injury	☐ Poisoning and toxic effects of substances
☐ Effects of weather, exposure, air pressure and other external causes not elsewhere classified (includes bends, drowning, electrocution)	☐ Multiple injuries (only to be used where no principal injury can be identified)
☐ Damage to artificial aids	☐ Other and unspecified injuries
☐ Deafness	☐ Eye disorders (non-traumatic)
☐ Other diseases of the nervous system and sense organs	☐ Disorders of muscle, tendons and other soft tissues (includes synovitis, tenosynovitis, bursitis)

[redacted]

- ☐ Other diseases of the musculoskeletal system and connective tissue
- ☐ Dermatitis and other eczema
- ☐ Other diseases of skin and subcutaneous tissue
- ☐ Hernia
- ☐ Other diseases of the digestive system
- ☐ Infectious and parasitic diseases
- ☐ Diseases of the respiratory system (include asthma, legionnaires disease, asbestosis, pneumoconiosis)
- ☐ Diseases of the circulatory system (include heart disease, hypertension, hypotension, varicose veins)
- ☐ Cancers and other neoplasms
- ☐ Mental disorders
- ☐ Other diseases

13. Bodily Location of Injury or Illness:

- ☐ Eye
- ☐ Ear
- ☐ Face
- ☐ Head (other than eye, ear and face)
- ☐ Neck
- ☐ Back
- ☐ Trunk (other than back and excluding internal organs)
- ☐ Shoulders and Arms
- ☒ Hands and Fingers (Left)
- ☐ Hips and Legs
- ☐ Feet and Toes
- ☐ Internal Organs (located in the trunk)
- ☐ Multiple locations (more than one of the above
- ☐ General and unspecified locations

14. Description of occurrence of injury or illness:

Mechanism of Injury / disease

- ☐ Falls from a height
- ☐ Falls on the same level (including trips and slips)
- ☒ Hitting objects with a part of the body
- ☐ Exposure to mechanical vibration
- ☐ Being hit by moving objects
- ☐ Exposure to sharp sudden sound
- ☐ Long term exposure to sounds
- ☐ Exposure to variations in pressure (other than sound)
- ☐ Repetitive movement with low muscle loading
- ☐ Other muscular stress
- ☐ Contact with electricity
- ☐ Contact or exposure to heat and cold
- ☐ Exposure to radiation
- ☐ Single contact with chemical or substance (excludes insect and spider bites and stings)
- ☐ Long term contact with chemical or substance
- ☐ Other contact with chemical or substance (includes insect and spider bites and stings)
- ☐ Contact with, or exposure to, biological factors
- ☐ Exposure to mental stress factors
- ☐ Slide or cave-in
- ☐ Vehicle accident
- ☐ Other and multiple mechanisms of injury
- ☐ Unspecified mechanisms of injury

[redacted]

Cause of the Injury / disease

☐	Machinery and fixed plant	☐	Mobile plant
☐	Road transport	☐	Other transport
☐	Powered equipment, tools and appliances	☒	Non-powered hand tools
☐	Non-powered equipment	☐	Chemicals
☐	Non-metallic substances	☐	Other materials, substances or objects
☐	Outdoor environment	☐	Indoor environment
☐	Underground environment	☐	Live animals
☐	Non-living animals	☐	Human agencies
☐	Biological agencies	☐	Non-physical agencies
☐	Other agencies	☐	Unspecified agencies

In which part of the workplace did the injury or illness exposure occur? (eg. machine shop, freezer room).

Central Workshop Building level one

How exactly was the injury or illness sustained? *(provide a detailed description of the incident that led to the injury or illness and the action taken).*

1. Matthew [redacted] (MT) was inducted on the 26/09/22 by Taylah Cubis to work as a carpenter with [redacted]
2. MT was tasked with installing soffit sheeting on the Central Workshop Extension building.
3. MT was working outside on the top level of scaffold. It was sunny and about 25 degrees.
4. Prior to the incident MT was cutting 6 mm soffit sheets with a Stanley knife at the Central Workshop Building level one
5. MT had Set up a work area, including tools, and equipment
6. MT was Measuring, cutting, and installing the soffit sheets
7. MT had Installed approximately 70 lineal meters of soffits sheets, with approximately 20 meters left to be installed
8. Every sheet was required to be cut. Each sheet was approximately 2.4m in length
9. The Stanley knife blade was changed to a new blade, the task continued
10. MT Proceeded to cut the 6 mm cement sheet with the Stanley knife and used a straight edge to – score and snap the board
11. The incident occurred at Approximately 12:45
12. The Stanley Knife was in MT right hand to score sheets
13. MT had commenced to cut with the Stanley knife blade. No Gloves donned
14. The Stanley knife blade had snagged the straight edge board, causing it to dig into the straight edge , changing the path of travel of the Stanley Knife.
15. The Stanley Knife Blade had continued to follow the path up over the straight edge, causing the blade to travel into the direction of the left hand, contacting the workers left hand on the thumb and index finger.
16. The left hand received two lacerations. The left thumb and the left index finger.
17. MT proceeded to egress from the upper-level scaffold.
18. MT reported to his supervisor- [redacted] (JC) who had arrived at the Central Workshop Building and met MT downstairs.
19. JC went to the Site Office and explained to Josh [redacted] and Taylah Cubis that a worker had cut his hand deeply and needed First Aid.
20. Josh [redacted] immediately grabbed the first aid kit and used sodium chloride solution to cleanse the wound before applying gauze and bandages around the fingers.

Paynters

21. Josh [redacted] instructed Taylah Cubis to contact Lee [redacted], Shane [redacted] and Daniel [redacted]
22. Josh [redacted] identified that the worker may need sutures for the wound and instructed that JC to drive him to the Gladstone Hospital Emergency Department.
23. MT was sent for x-rays. No tendon damage was identified .
24. MT received two Sutures in the left thumb & five sutures in the left index finger. A tetanus injection was administered as a precaution.
25. MT did not leave the Gladstone Emergency department until approximately 8.00 pm
26. MT returned to work on the Wednesday 28.09.2022 for suitable duties.

Provide a description of the injury or illness sustained (eg. exact bodily location, size, severity)

Laceration to the left thumb and Left Index finger

Two sutures in the left thumb & five sutures in the left index finger. A tetanus injection was administered as a precaution.

Include the name of any chemical, product, process or equipment involved (eg. hit head on cabin of forklift truck, lacerated knee when landing on ground, arm hurt after long period of typing).

The Stanley knife blade had snagged the straight edge board, causing it to dig into the straight edge , changing the path of travel of the Stanley Knife.

The Stanley Knife Blade had continued to follow the path up over the straight edge, causing the blade to travel into the direction of the left hand, contacting the workers thumb and index finger.

Witness

15. Full Name: No Witnesses

    Address:

    Employer:

16. What medical attention was administered?

    ☐ Doctor ☒ Hospital

    ☐ Dangerous event ☐ Lost time injury

    (i) Treatment (Please give details eg. eye wash, cleaned and bandaged, ice applied, limb immobilised).

    X-rays , seven sutures , tetanus injection

    (ii) Sent to hospital / Medical Centre / Own Doctor Attended (please give details ie. name and address of Hospital / Medical Centre and Doctor attended).

    Gladstone Emergency Department

17. Injured persons' preferred language: English

18. Type of Employment:

    ☐ Full-time permanent ☐ Part-time permanent

☐ Full-time casual ☒ Part-time casual

19. Type of Employee:

☐ Paynters direct employee (other than Apprentice / trainee
☐ Paynters direct Apprentice / Trainee
☐ Supplementary labour direct to Paynters
☒ Direct Employee of subcontractor to Paynters
☐ Contractor engaged by a subcontractor to Paynters

20. Trade:

☐ Paynters Direct Labour
☐ Paynters Supplementary Labour
☐ Concrete / Reo / Formwork
☐ Structural Steel
☐ Brick / Blocklaying
☐ Metalwork
☒ Carpenter / Joiner
☐ Roofer
☐ Hydraulic Services
☐ Plasterer
☐ Tiling
☐ Paint and Applied Finishes
☐ Excavation / Site Works
☐ Demolition
☐ Landscaping
☐ External Paving
☐ Underpinning
☐ Fire Protection
☐ Electrical Services
☐ Air Conditioning
☐ Floor Covering
☐ Furniture and Fittings
☐ Kitchen / Bar Construction
☐ Lifts / Escalators
☐ Other

21. Injured persons' experience in task being carried out when injury or illness occurred:

Years: Months:

22. Proportion of shift worked:

☐ 25% or less ☐ 26% to 50% ☒ 51% to 75% ☐ 76% to 100% ☐ Overtime

Lost Time Injury / Illness

Additional questions to be answered for cases which result in a fatality or permanent disability, or where there was time lost from work of one or more days/shifts. These questions should be completed as soon as possible after the injury or illness is reported.

23. Date of resumption of work on (enter each date when applicable)**:**

	Actual Resumption	Initial Estimate of Resumption
1. Short term alternative duties	28.09.2022	28.09.2022
2. Permanent alternative duties		
3. Normal duties		

24. Total number of working days lost (should be completed only when the workers has resumed permanent duties)**:**

Preventative Actions

☐ Proposed ☒ Taken

Review workstation – Posture Wear the appropriate PPE -gloves Use the correct tool Villa Board Knife Follow Procedures

[redacted]

Risk Assessment of preventative actions taken

Step 1: What is the hazard?

Stanley knife / No Gloves donned / Posture of working height

Step 2: What is the level of risk? (use Risk Matrix)

High (18 - 25)	☐
Significant (10 - 17)	☐
Moderate (6 - 9)	☐
Low Risk (1-5)	☒

Step 3: New control measures (to be decided upon by using the hierarchy of risk controls):

Control measures are to be chosen in accordance with the following hierarchy 1 being the desirable form of control.

1.	Elimination	☒
2.	Substitution	☐
3.	Isolation / Separation	☐
4.	Engineering Controls	☐
5.	Administrative / Personal Protective Equipment	☐

Paynters

[redacted]

Step 5: How are the new control measures going to be monitored and reviewed for their effectiveness?

Task Observation / Safe Work Method Statement review

Has a New Work Method Statement been written for the work activity?

☒ Yes ☐ No

If you answered no, please explain why:

Has a toolbox talk been held with persons affected by the new procedures for the work activity?

☒ Yes ☐ No [redacted] Team completed Toolbox talk 28.09.2022

If you answered no, please explain why:

DEFINITIONS

FTIs (First Aid Treated Injury) – Those occurrences which are not lost time injuries and for which first aid is administered by a first aider.

MTIs (Medically Treated Injury) – A work-related occurrence that results in treatment by, or under the order of, a qualified **medical** practitioner but does not result in the loss of a full day/shift. Do not report first aid treated injuries in this category.

The following would normally be considered medical treated:

- Treatment of partial or full thickness burns
- Insertion of sutures
- Removal of foreign bodies embedded in eye
- Removal of foreign bodies from a wound if the procedure is complicated by the depth of embedment, size or location
- Surgical debridement
- Admission to a hospital or equivalent for treatment or observation
- Application of antiseptics during second or subsequent visits to medical personnel
- Any work injury that results in a loss of consciousness
- Treatment of infection
- Use of prescription medications (except a single dose administered on the first visit for minor injury or discomfort)

The following on their own would not normally be considered medical treatment:

- Administration of tetanus shots or booster
- Physiotherapy
- Diagnostic procedures such as X-rays or laboratory analysis, unless they lead to further treatment

LTIs (Lost Time Injury) – A work related occurrence that results in a permanent disability or injury resulting in time lost from work one day/shift or more. An injury includes physical injuries (ie. cuts, burns, fractures).

Environmental Harm – is any adverse effect, or potential adverse effect (whether temporary or permanent and of whatever magnitude, duration or frequency) on an environmental value and includes environmental nuisance.

Paynters SITE INDUCTION RECORD FORM

Induction No. 427

Project:	QAL Occupied Buildings Program	**Job No.:**	RITW0201
Name:	MATTHEW [redacted]	**DOB:**	[redacted]
Address:	[redacted]	**Contact Phone No.:**	[redacted]
		Apprentice:	Yes ☐ No ☑
Employed by:	[redacted]	**Year Level:**	12
Position:	CARPENTER	**General Induction Card No:**	[redacted]
Name of Supervisor:	JADE	**Next of Kin:**	[redacted]
Known Allergies:	N/A	**Next Of Kin Contact No:**	[redacted]

Covid-19 Vaccinated: Yes ☑ No ☐ **Paynters supervisor witnessed:** Yes ☑ No ☐

*Required on all occupied Residential Aged care, QLD Hospitality, QLD Health & QLD School projects

Signature: [signature]

		Yes	No
1.	Have you read, been trained in and agreed to comply with my employer's work method statements?	☑	☐
2.	Do you understand and agree to comply with Paynters HSE Management Plans and Site Rules?	☑	☐
3.	My employer has provided me with relevant PPE and trained me in its use and maintenance.	☑	☐
4.	Where my role requires, I have a Fit test certificate for Respiratory Protective Equipment?	☑	☐
5.	I have been trained and assessed and have the relevant high risk work licence/VOC to undertake the work I have been asked to undertake and I am capable of doing this work.	☑	☐
6.	I will co-operate and comply with all safety instructions given by my Supervisor, Safety Officer, representative or Supervisor in control of the workplace and immediately report any unsafe conditions, acts or incidents to the Paynters representative before leaving the project or workplace.	☑	☐
7.	Do you understand the site emergency procedures and where to obtain first aid?	☑	☐
8.	Do you understand the dispute resolution Process?	☑	☐
9.	Do you have any physical conditions or disabilities that restrict your work in any way? i.e. old injuries	☐	☑
10.	Do you understand the environmental risks associated with this project?	☑	☐
11.	Do you know where the emergency equipment is located, including spill kits?	☑	☐
12.	I understand my right to freedom of association.	☑	☐
13.	I understand and agree to comply with the Paynters Fitness for Work Procedure.	☑	☐
14.	I agree to adhere to the Commonwealth Government Guidelines for Social Distancing?	☑	☐
15.	I will maintain my personal hygiene at all times and adhere to Paynters Infection Control Guidelines?	☑	☐

High Risk Work Licences

Type:		Cert/Permit/Licence №	
Type		Cert/Permit/Licence №	
Type:		Cert/Permit/Licence №	

MATTHEW [redacted]	[signature]	26.9.22
(Employees Name)	(Signature)	(Date)
[redacted] Taylah Cubis	[redacted]	26/09/22.
(Inductors Name)	(Signature)	(Date)

[redacted]

Toolbox Talk

Conducted weekly by most senior site staff. Completed form to be emailed to [redacted] with the original copy retained on site for duration of project.

Date: 29/00/22	Location: [redacted]	Completed by: [redacted]

Item	Details	Action By	Action When
1.0	**Actions from Last Meeting**		
2.0	**HSE Incidents or Near Misses from Last Week with Corrective Actions taken**		
	Discussion during safety reset: Worker sustained laceration to left hand index finger. Worker was not wearing correct PPE and was using the incorrect tool for the task. Another worker found completing tasks requiring gloves to be worn. Worker was not wearing gloves. SWMS Update and resign	[redacted]	29/09/22
3.0	**Review of General Safety**		
3.1	All SWMS reviewed and resigned (ALL)		
4.0	**Review of Quality Controls**		
4.1	Selected task (ITC) reviewed _____		
5.0	**Issues /Concerns Raised by Workers**		
	None		
6.0	**Issues /Concerns Raised by Managing Contractor**		
6.1	If any material is provided, retain printed copies with this record and provide staff with access to information.		
7.0	**Other Business**		
	None		

[redacted]