INCIDENT / INJURY / ILLNESS REPORT FORM

GENERAL			
Date	17/10/2020		
Submitted by	Brooke Kennedy		
INCIDENT DETAILS			
Notification of	☐ Death	☐ Dangerous incident	☒ Serious injury / illness
Incident date	16/10/2020		
Incident location	McIlwain Civil Head Office – Yard/Workshop		
Description of incident	IP (Injured Person) was moving boxes (50kg each) onto a pallet. The boxes were approximately 150cm x 30cm x 30cm each. To move the boxes towards the pallet, IP stood the box upright on its end and was rotating it to move it. The box began to fall over as IP was moving it closer to the pallet. IP attempted to restrain the box as it was falling and by doing so, has suffered a back injury. It is noted that the IP was trained in proper lifting techniques.		
INJURY / ILLNESS DETAILS			
Injured party name	Greg Smith		
Description of injury / illness	Back injury		
Treatment given	IP was given an ice pack as temporary relief and was taken by ambulance to hospital.		
CONTROL MEASURES			
Corrective action required	Corrective actions are as follows: 1. SWMS to be updated to include the use of 2-person lift or mechanical lift for all loads over 20kg 2. All workers to be retrained in proper lifting techniques/manual handling 3. Toolbox Talk to be developed and sent to the entire workforce on the importance of manual handling/lifting techniques		
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'):*

Serious injury or illness - immediate treatment for a spinal injury

Incident date, time and location	
Date of incident: 16/10/2020	Incident address: 1283 Lytton Road,
Time of incident: 9.40am	Hemmant QLD Postcode: 4174

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

Yard/Workshop

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?*

Injured Person (IP) was moving boxes (50kg each/ 150x30x30cm) onto a pallet. To move the boxes towards the pallet, IP stood the box upright on its end and was rotating it to move it. The box began to fall over as the IP was moving it closer to the pallet. IP attempted to restrain the box as it was falling and by doing so, has suffered a serious back injury.

(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: Mr	**First name:** Greg	**Last Name:** Smith	
Date of birth:	18/07/1978	**Contact phone number:**	0412 345 678
Residential address:	Unit/Building No.	Street No. 5	Street Name Rocket Place
	Suburb/Town/Locality Littleton	State Qld	Postcode 4200
Occupation: *(main duties)*	Assets and Logistics Manager		

Relationship to the entity notifying

☑ Worker ☐ Self-employed ☐ Member of the public ☐ Labour hire worker ☐ Contractor

☐ Group training apprentice/trainee ☐ Other *(please specify):*

Description of injury/illness:	*(e.g. fracture, laceration, amputation, strain, electrical shock, burn, Q fever)* Bulged Disc in Spine
Body location:	*(e.g. wrist, lower back, internal organs):* Lower Back

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?	*(if applicable)* Sonic Health Plus

Details of business or undertaking notifying of the incident

Legal name of business:	McIlwain Civil Engineering Pty Ltd		
Trading name of business:	McIlwain		
ABN:	90 123 456 178	**ACN:**	123 456 178
Business address:	Unit/Building No.	Street No. 1283	Street Name Lytton Road
	Suburb/Town/Locality Hemmant	State Qld	Postcode 4174
Contact phone number:	Work: 07 3381 8182	Mobile: 0478 159 356	
Business email address:	brooke.kennedy@mcilwain.com		

Main business activity *(e.g. furniture manufacture, domestic construction, steel warehousing, electrical installation)*

Civil Construction

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 *(please specify)*.
☐ Manufacturing	☐ Financial and insurance services	
☐ Professional, scientific and technical	☐ Information media and telecommuncations	

Describe any actions taken immediately following the incident to prevent recurrence:

The rest of the boxes were loaded onto the pallet using a 2 person lift.

Describe any longer term action proposed to prevent a recurrence:

Work instruction to be developed on lifting techniques/manual handling. Pre Task Assessment/JHA to be done for all tasks to ensure assessment is complete for the hazards and risks in all activities. Toolbox Talk to be developed and rolled out to entire workforce on the importance of manual handling techniques.

Notifier's details

Title: Mrs	**First name:** Brooke	**Last Name:** Kennedy	
Position at workplace:	Safety Administrator	**Contact phone number:**	0434017117
Email:	brooke.kennedy@mcilwain.com		
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:** Leon		**Last Name:** Krelle	
Position:	Systems Manager	**Contact phone number:**	0434017117

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.**

AEU1 18/5166

INCIDENT ALERT

INCIDENT NUMBER: 1111

DATE OF INCIDENT: 16/10/2020

INCIDENT TYPE: Medical Treatment Injury – Back Injury

INCIDENT LOCATION: McIlwain Head Office – Yard/Workshop – 1283 Lytton Road, Hemmant

Description:
Injured Person (IP) was moving boxes (50kg each) onto a pallet. The boxes were approximately 150cm x 30cm x 30cm each. To move the boxes towards the pallet, IP stood the box upright on its end and was rotating it to move it. The box began to fall over as IP was moving it closer to the pallet. IP attempted to restrain the box as it was falling and by doing so, has suffered a back injury.

Immediate Action:

- IP was seated in a comfortable position and given an ice pack for temporary relief
- Ambulance was called and took IP to the hospital for treatment

Root Cause:

- Complacency - IP disregarded the proper lifting techniques he was trained in and was moving items too large by himself

Lessons Learnt:

- SWMS shall be updated to include the use of 2-person lift or mechanical lift for all loads over 20kg
- All workers need to be retrained in manual handling/lifting techniques

TOOLBOX TALK

PROPER LIFTING TECHNIQUES/MANUAL HANDLING

26/10/2020

Manual Handling refers to any activity requiring a person to use any part of their muscular or skeletal system in their interactions with their work environment. This includes:

- **Lifting**
- **Pushing**
- **Pulling**
- **Carrying; and**
- **Holding**

Before performing a manual handling task, think about the hazards and their associated risks.

- Identify hazardous manual handling:
  - The tasks that could cause injury
  - Use a PTA to nominate hazard which may be present when conducting manual handling
- Assess the risk:
  - Postures
  - Movements
  - Forces
  - Duration and frequency
  - Environmental factors
- Control the risk – eliminate or reduce the risk:
  - Altering the workplace or environmental conditions
  - Altering the systems of work
  - Changing the objects used
  - Using mechanical aids

General rules to remember:

- Use mechanical aid where required
- Assess whether it is a two-person lift
  - Either mechanical or 2-person lift to be used where items are over 20kg
- If assessed as a single person lift, ensure you have the correct PPE to undertake the lift and use the correct lifting techniques.