[redacted]

# INCIDENT REPORT

*Where no injury was sustained, use Incident Investigation Report

**Date:** 15.12.22 **Day of the Week:** thursday

**Project Name:** USQ SPRINGFIELD

**Job No.:** USQ0204 **Date of Incident:** 15.12.22

**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: Murray

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

[redacted]

7. Was the documented system of work being followed?

☑ Yes ☐ No

If no, please specify;

failed to wear ppe (gloves) whilst doing demolition works.

8. Was appropriate PPE being worn?

☒ Yes ☑ No

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:

11. Time injury occurred: 1:30 (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)

[redacted]

- ☐ Other diseases of the nervous system and sense organs
- ☐ Disorders of muscle, tendons and other soft tissues (includes synovitis, tenosynovitis, bursitis)
- ☐ 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
- ☐ 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).

On B block roof

**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).*

Previous sheet was loose which made me loose my footing and wacked my hand on the edge of the sheet

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

laceration to my right thumb

**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).

hit hand on sheet edge

[redacted]

**Witness**

15. Full Name: [redacted]

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).

6 stitches an on antibiotics

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

17. Injured persons' preferred language:

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 | | |

[redacted]

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

Years: 3 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 16-12-22
2. Permanent alternative duties
3. Normal duties 11-1-23.

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

0 - alternate duties for up to Xmas.

**Preventative Actions**

☐ Proposed ☑ Taken

to wear glove while removing old sheets

[redacted]

**Risk Assessment of preventative actions taken**

Step 1: What is the hazard?

cutting body parts on edge of sheets (roof).

[redacted]

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 ☑

Step 4: Who is going to implement the new control measures and how?

to wear gloves

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

team meeting to check

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

☐ Yes ☑ No

If you answered no, please explain why:

only started back at work
SWMS SHOW GLOVES TO BE WORN

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

☑ Yes ☐ No

If you answered no, please explain why:

[redacted]

## 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.

# SITE HSEQ TOOLBOX TALK

**Project:** USQ Springfield **Job No.:** USQ0204 **Date:** 17.12.22

**Facilitator:** Taylah Cubis **Time:** 07.00

Agenda

1. Incidents/Non-Compliances/Hazards identified in log from previous week.
2. Actions from previous weeks toolbox talk.
3. Activities for the week.
4. Site issues raised and corrective actions required e.g., Safety, Quality, and Environmental.
5. Changes to site e.g. work environment, processes and practices, purchasing decisions, scaffold removal, access, amenities etc.
6. GENERAL e.g. sun protection, dehydration, PPE etc

| Site issues to be considered (place a tick in relevant boxes) | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Access** | ☒ | **Scaffold** | ☒ | **Deliveries** | ☒ | **Cranage** | ☐ |
| **House Keeping** | ☒ | **Manual Handling** | ☒ | **Work at Heights** | ☒ | **Concrete pumping** | ☐ |
| **Haz Subs Use** | ☐ | **Eye Protection** | ☐ | **Hard Hats** | ☐ | **Hi Vis** | ☐ |
| **Excavation Permits** | ☐ | **Hot Works Permits** | ☐ | **Roof Access Permits** | ☐ | **Protection of installed items** | ☐ |
| **Trenches** | ☐ | **Excavations** | ☐ | **Silt barriers** | ☐ | **Barricades** | ☐ |
| **SWMS** | ☐ | **Electrical** | ☐ | **Ladders** | ☐ | **Other** | ☐ |

| | | | |
|---|---|---|---|
| 1.0 | **Actions from Last Meeting** | | |
| | | | |
| 2.0 | **HSEQ Incidents or Near Misses** | | |
| | Incident last week: Worker was removing roof sheets. The previous sheet was loose which made the worker lose their footing, slipping and contacting their right hand on the edge of the roof sheet.<br><br>Laceration to the right thumb. 6 sutures were given, and antibiotics prescribed.<br><br>Worker failed to wear correct PPE (gloves) whilst doing demolition works. SWMS outlined that gloves are supposed to be worn. | **T Cubis** | **17.12.22** |
| 3.0 | **Review of General Safety** | | |
| | Review SWMS and Resigned by all team members | **ALL team members** | **17.12.22** |

**Pre-Start finishing Time:** 07.30

[redacted]

# SITE INDUCTION RECORD FORM

| Induction No. |
|---|
| 127 |

| | | | |
|---|---|---|---|
| **Project:** | USQ Springfield | **Job No.:** | USQ0204 |
| **Name:** | Murray [redacted] | **DOB:** | [redacted] |
| **Address:** | [redacted] | **Contact Phone No.:** | |
| | | **Apprentice:** | Yes ☐ No ☑ |
| **Employed by:** | | **Year Level:** | |
| **Position:** | Roofer | **General Induction Card No:** | [redacted] |
| **Name of Supervisor:** | James | **Next of Kin:** | |
| **Known Allergies:** | Nil | **Next Of Kin Contact No:** | |

| | | 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 and agree to comply with the Paynters Fitness for Work Procedure. | ☑ | ☐ |
| 13. | I agree to adhere to the Commonwealth Government Guidelines for Social Distancing? | ☑ | ☐ |
| 14. | 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 № | |

| | | |
|---|---|---|
| Murray [redacted] | [redacted] | 17.10.22 |
| (Employees Name) | (Signature) | (Date) |
| Taylah Cubis | [redacted] | 17/10/22 |
| (Inductors Name) | (Signature) | (Date) |