Hi there,

I hope you are well!

Please see below summary/notes re my practical task.

- Internal report form for incident
  - See below
- Regulator report form for incident
  - Please note, I have used a different incident/case study to fill out the incident notification form as the one I've based the rest of my assessment on is not classified as notifiable.
- Incident investigation plan
  - Please refer to my workbook, Activity 2
- Investigation report
  - Please refer to my workbook, Activity 4

INCIDENT / INJURY / ILLNESS REPORT FORM

GENERAL			
Date	10th September 2021		
Submitted by	Joe Worth - Paynters Foreman		
INCIDENT DETAILS			
Notification of	☐ Death	☒ Dangerous incident	☐ Serious injury / illness
Incident date	7:00AM Friday the 10th of September 2021		
Incident location	Ipswich Hospital - ensuite of one of the ward rooms in 6D		
Description of incident	At 7:00AM on Friday the 10th of September 2021, an electrician was drilling a 20mm hole through 15mm of gyprock, to install a light fixture and run a cable up through the wall to the ceiling. The pilot bit of the hole saw struck a live half inch copper water pipe that was in the wall cavity roughly 40mm behind the gyprock sheeting, causing it to begin leaking. The water from the copper pipe then flowed down through the wall cavity and through a fire rated penetration in the floor within the wall cavity. This resulted in water leaking through the ceiling tiles of the birthing suite below. The water was running for roughly 10 minutes after the copper water pipe was drilled into. The subcontractor promptly notified Paynters Forman who organised a plumber to isolate the water. No injury or property damage sustained.		
INJURY / ILLNESS DETAILS			
Injured party name	N/A - no injuries sustained		
Description of injury / illness	N/A		
Treatment given	N/A		
CONTROL MEASURES			

Corrective action required	1. Holes being cut in gyprock wall will be carried out with hand saws moving forward eliminating drills being used. (Immediately) 2. Any workers that plan to penetrate a sheeted and painted wall are to liaise with their respective supervisor who will discuss with other service trades was services are in the area that they intent to drill screw or cut into the walls. (Immediately) 3. Toolbox talk to be carried out with site on the incident and the controls moving forward. Subcontractor to review and toolbox SWMS for the activity. (24 hours)		
Person to action	Subcontractor (Paynters Site Manager/Foreman to validate corrective actions have been completed)	**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'):*

An injury or illness requiring a person to have immediate treatment as an in-patient in a hospital

Incident date, time and location		
Date of incident: 26/07/2021	Incident address: 150 Central Avenue	
Time of incident: 14:45PM	INDOOROOPILLY QLD	Postcode: 4068

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

Building C, Level 2 Concrete Slab, South East corner.

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?*

See attached

(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:

Plumbing & Gas Work. Licences obtained upon induction to site.

Is the workplace a registered major hazard facility? ☑ No ☐ Yes

Person's injury/illness and treatment details *(if required)*

Title: Mr **First name:** Bob **Last Name:** Rust

Date of birth:	11/01/1988	**Contact phone number:**	0477 705 143

Residential address:
Unit/Building No. | Street No. 4 | Street Name Plum Street
Suburb/Town/Locality New Farm | State QLD | Postcode 4005

Occupation: *(main duties)* Plumber - Foreman

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)*
Puncture wound

Body location: *(e.g. wrist, lower back, internal organs):*
Heel of left foot

Did the person receive treatment following the injury/illness?
☐ No ☑ Yes Please describe treatment received: Tetanus injection, cleaned, dressed & antibiotics administered. Remained overnight for observations.

Where was the injured person taken for treatment? *(if applicable)*
The PA Hospital

Details of business or undertaking notifying of the incident

Legal name of business: Paynters Pty Ltd

Trading name of business: Paynters

ABN:	32 060 951 162	**ACN:**	060 961 162

Business address:
Unit/Building No. Level 2 | Street No. 7 | Street Name Baroona Road
Suburb/Town/Locality MILTON | State QLD | Postcode 4064

Contact phone number: Work: 07 3368 5500 Mobile: 0467 701 575

Business email address: hseq@paynters.com.au

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

Toolbox Talk. Re-inducted all electricians into site & their SWMS.

Describe any longer term action proposed to prevent a recurrence:

Subcontractor to undertake a review of their SWMS that reflect use of hand tools, toolbox workers their intended use and not to use body parts as tool implements. Amendment to SWMS to include the work activity of drilling holes through concrete slabs.

Notifier's details

Title: Miss	**First name:** Hannah	**Last Name:** Ockendon	
Position at workplace:	HSEQ Administrator	**Contact phone number:**	0467 701 575
Email:	hannah.ockendon@paynters.com.au		

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:**		**Last Name:**	
Position:		**Contact phone number:**	

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

Description of Incident

Worker was using a 28mm masonry drill bit attached to an electric powered hammer drill to penetrate through concrete slab for the installation of a gas service. The drill bit had penetrated through the 300mm slab and was just protruding through the bottom when the drill bit became lodged in the slab to a point the worker could not release with their hands. The worker decided to use their foot to stomp (using the heel part of the foot) in an attempt to dislodge the drill bit from the concrete and push through the slab. As the worker stomped on the drill bit, the drill bit penetrated through the sole of the workers boot and into the heel of the workers foot.

The worker rang a medical centre where the treating doctor advised the worker should attend hospital to seek further treatment to avoid any potential infection. The worker attended The Wesley hospital at approximately 15:30 on Monday 26th July where it was advised the worker would have the wound cleaned and remain for observations to avoid any potential infection in the wound.