



FORM

WHS Incident Report

ECM NUMBER: #893728

EFFECTIVE DATE: 28/09/2018

DEPARTMENT: CEO Office

UNIT: Safety and Wellness

***Use this form to report Work Health and Safety Incidents within 24hrs when MYOSH cannot be accessed.**

For A Public Related Incident: Use ECM #1212839		For A Plant or Vehicle Damage Related Incident: Use ECM #1120542			
DEPARTMENT AND SITE LOCATION:	Emerald Depot	MYOSH REF #			
REPORTING PERSON (Supervisor or Other):					
SURNAME:	Judge	FIRST NAME:	Brenton		
PERSON INVOLVED (If more than 1 person is involved, a separate report form is required for each person):					
SURNAME:	Smith	FIRST NAME:	Tyrell		
POSITION:	Stores Labourer	PHONE NO.:	042986745		
EMPLOYER:	CHRC	SUPERVISOR:	Rob Rixon		
WITNESS/ES:	Nil	WORKGROUP HSR:	Kim Willard		
INCIDENT CLASSIFICATION (SELECT ONE ONLY):	☒ Injury or Illness ☐ Near Miss / Improvement Opportunity ☐ Contractor Related Incident ☐ Equipment / Plant Damage (complete form ECM #1120542) ☐ Environmental Impact ☐ Public Incident (complete form ECM #1212839) ☐ Non-Work-Related Injury or Illness ☐ Report Only				
INCIDENT DETAILS:		REGULATORY NOTIFICATION/S REQUIRED:			
DATE REPORTED:	09 / 04 / 2024	WHSQ / ESC:	Date: Time:		
DATE OCCURRED:	09 / 04 / 2024	DES (Environmental Harm):	Date: Time:		
Incident Reported within 24hrs?	☒ YES ☐ NO	NHVR (National Heavy Vehicle Law):	Date: Time:		
TIME OCCURRED:	12:00 AM / PM	POLICE/QFES/AMBULANCE:	Date: Time:		
Brief Description of Incident:	Worker was carrying a 50kg item on it narrow side by twisting the box to load onto a pallet. The worker lost balance of the box and in trying to recover the box developed an injury through an unnatural movement and strain on his back.				
Third Party / Contractor Details (if applicable):	N/A				
Immediate Action Taken to make area/situation safe:	Strict workplace action that no items in excess of 15kg are to be lifted without a risk assessment or swms to complete the task utilising mechanical aid.				
DETAILS OF PERSONAL INJURY/ILLNESS:		LOCATION OF INJURY (MARK BELOW):	OUTCOME OF INJURY/ILLNESS:		
Name of First Aider:	Brad Sure		☐ Return to Work - Normal Duties		
Treatment Given:	Physiotherapist		☐ Return to Work - Suitable Duties		
Name of Medical Facility (if referred):	Tracey Traylor Physio		☐ Ceased Work		
First-aid kit items to be replaced:	Nil		☒ Health & Wellness Advisor Notified		
Part of Body Injured:	☐ Head ☐ Eye ☐ Ears ☐ Nose ☐ Neck ☒ Back ☐ Shoulder ☐ Arm ☐ Hand ☐ Finger ☐ Chest ☐ Abdomen ☐ Hip ☐ Legs ☐ Knees ☐ Ankle ☐ Feet ☐ Skin ☐ Other _____				
Mechanism of Injury:	☐ Slip/trip/fall ☐ Hitting stationary objects ☐ Hitting moving objects ☐ Being hit by moving objects ☒ Muscular Stress ☐ Exposure to environmental heat ☐ Exposure to chemicals, radiation or electricity ☐ Other _____				
INCIDENT SEVERITY* (Tick one level of impact for each actual and potential severity)					
CONSEQUENCE	1 - Insignificant No / Insignificant Injury	2 - Minor First Aid Injury	3 - Moderate Medical Treatment / Lost Time	4 - Major Life Threatening / Fatality	5 - Catastrophic Multiple Fatalities
Actual Impact	☐	☐	☒	☐	☐
Potential Impact	☐	☐	☒	☐	☐
*Refer further to CHRC Risk Matrix					

DETAILS OF ENVIRONMENTAL IMPACT:			
Area affected: ☐ Water ☒ Land ☐ Flora ☐ Fauna ☐ Atmosphere			
Details of Impact: ☐ Biological Hazard ☐ Contamination ☐ Emission ☐ Air ☐ Other			
Caused By: ☐ Accidental Release/Spill ☐ Unauthorised Clearing ☐ Flooding ☐ Fire ☐ Illegal Dumping ☐ Other			
Other Relevant Information:			
DESCRIPTION OF INCIDENT: <i>Sequence of events – what was happening immediately prior to the incident, then the mechanism of the hazard, then what happened unexpectedly? – (Ask Who, What, Where, When, How, Why)</i>			
As above lifting of 50kg object- awkward movement to recover item from falling out of hands resulted in back pain.			
CONTRIBUTING FACTORS: <i>What contributed to the incident? What was present, or absent?</i>			
Human Factors: Not Following Policy or Procedure			
Plant / Equipment Factors: Not utilising available plant / equipment			
Materials / Tooling Factors: Unknown as to whether tripping hazard caused the slip			
Procedure / SWMS / Take 5 - Used: No			
Knowledge / Communication Factors: Nil			
Environmental Conditions: Internal Workshop			
Organisational Factors: Unknown			
REMEDIAL / CORRECTIVE / PREVENTATIVE ACTIONS:			
Action Identified	Person Responsible	Date To Be Completed By	Tick if Action Complete
Manual Handling Refresher Training			☐
Procedure for heavy lifts			☐
Ensuring accessibility of mechanical aids			☐
INCIDENT REPORT AUTHORISED BY:			
DEPT SUPERVISOR:	(print name)	(signature)	Date / /
DEPT COORDINATOR / MANAGER:	(print name)	(signature)	Date / /
SAFETY ADVISOR:	(print name)	(signature)	Date / /

Please also provide supporting Take 5, SOP / SWMS documents, witness statements, photos, etc.
Forward completed form to the Safety and Wellness Team (whs@chrc.qld.gov.au) immediately.