



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:	Chris	FIRST NAME:	Edward		
POSITION:	Contractor - Roof Replacement	PHONE NO.:	0475648902		
EMPLOYER:	Roof Replacement Experts Pty Ltd	SUPERVISOR:	John Lowe		
WITNESS/ES:	Nil	WORKGROUP HSR:			
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 Fatality				
INCIDENT DETAILS:		REGULATORY NOTIFICATION/S REQUIRED:			
DATE REPORTED:	07 / 04 / 2024	WHSQ / ESC:	Date: Time:		
DATE OCCURRED:	07 / 04 / 2024	DES (Environmental Harm):	Date: Time:		
Incident Reported within 24hrs?	☒ YES ☐ NO	NHVR (National Heavy Vehicle Law):	Date: Time:		
TIME OCCURRED:	11:31 AM / PM	POLICE/QFES/AMBULANCE:	Date: Time:		
Brief Description of Incident:	An employee fell through a warehouse roof with a drop of 8m to the floor. The work being undertaken was demolition of the roof on a portion of the warehouse. As the roof panelling was removed it was being replaced with 1.5x2.5m sheets of plywood, attached with a nail gun. The employee picked up the sheet of damaged plywood and headed for the chute, stepped into the opening, ripped through the insulation and fell.				
Third Party / Contractor Details (if applicable):	Yes				
Immediate Action Taken to make area/situation safe:	Stop Work				
DETAILS OF PERSONAL INJURY/ILLNESS:		LOCATION OF INJURY (MARK BELOW):	OUTCOME OF INJURY/ILLNESS:		
Name of First Aider:	Chris Young		☐ Return to Work - Normal Duties		
Treatment Given:	CPR until Ambulance arrived		☐ Return to Work - Suitable Duties		
Name of Medical Facility (if referred):			☐ Ceased Work		
First-aid kit items to be replaced:			☐ 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: 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)			
Plywood was loosely secured and removed by contractor who then stepped into gap in flooring and broke through insulation and fell.			
CONTRIBUTING FACTORS: What contributed to the incident? What was present, or absent?			
Human Factors: Unknown			
Plant / Equipment Factors: Lack of harnesses			
Materials / Tooling Factors: Storage of nail location to nail gun			
Procedure / SWMS / Take 5 - Used: Unknown due to contractor			
Knowledge / Communication Factors: Unknown due to contractor			
Environmental Conditions: Sunny Day			
Organisational Factors: Management of council engaging contractors			
REMEDIAL / CORRECTIVE / PREVENTATIVE ACTIONS:			
Action Identified	Person Responsible	Date To Be Completed By	Tick if Action Complete
Ensure all workers have working at height training			☐
Procedure for exclusion zone, PPE and harnesses when working near heights			☐
			☐
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.