

INCIDENT AND WORK RELATED ILLNESS/INJURY & INVESTIGATION REPORT

PART A To be completed by employee, sub-contractor or visitor

Status: Employee Contractor Other

Outcome: Near miss Incident Injury

1. DETAILS OF INJURED PERSON – N/A

Name: _____ Phone: (H) _____ (W) _____

Address: _____ Sex: M F

_____ Date of birth: _____

_____ Position: _____

Experience in the job: _____ (years/months)

Start time: _____ am pm

Work arrangement: Casual Full-time Part-time Other

2. DETAILS OF INCIDENT

Date: _____ Time _____

Location: _____

3. DETAILS OF WITNESS

Name: _____ Phone: (M) _____

Address: _____

Employer: _____

Role / Job Title: _____

4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain): _____

Cause of injury (eg fall, trip, machine): _____

Location on body (eg back, left forearm):

5. TREATMENT ADMINISTERED

First Aid given Yes No Did you stop work? Yes No

First Aider name: _____

Treatment: _____

Referred to: _____

Did you receive a Workcover Medical certificate? Yes No

Date Return to Work: _____ Time: _____

I approve the release of the information in this form to approved authorities, which may include medical practitioners, legal representatives, employee associations, insurance companies and Safework NSW

Name: _____ Sign: _____ Date: _____

Privacy Statement

The personal information you provide on this form is protected by the NSW Privacy and Personal Information Protection Act 1998. Access to the information you provide is only available to those persons authorised to access the information in the course of their duties to Proline Building Commercial Pty Ltd.

PART B To be completed by Immediate Supervisor

6. DID THE INJURED PERSON STOP WORK?

Yes No If yes, state date: _____ Time: _____

Outcome:

Treated by doctor Hospitalised Workers compensation claim

Returned to normal work Alternative duties Rehabilitation

7. INCIDENT INVESTIGATION (comments to include causal factors):

Casual Factors - there will always be more than one causal factor, don't be scared to ask WHY to probe

Work Environment (e.g. housekeeping, temp, noise, distractions, weather, etc)

Work Method (e.g. procedures, manual handling, , etc) Was the SWMS being followed?

Plant & Equipment (appropriate for task, maintained & serviceable? Alternatives? Failures?)

Behavioural (e.g. task / equipment training, licences, human factors - pressure, stress, conflict, apathy)

Safety Provisions (e.g. engineered, procedural, PPE, etc)

Have other similar incidents occurred before?

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Systems Manager notified | <input type="checkbox"/> Project Manager notified | <input type="checkbox"/> Managing Director notified | <input type="checkbox"/> General Manager notified |
| <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Notifiable Incident to Safework | <input type="checkbox"/> Non disturbance | <input type="checkbox"/> Serious Incident | |

8. RISK ASSESSMENT

The risk rating of an incident based in a combination of Consequence and likelihood. Please complete the following table by referring to the PBC Management System. Circle one option only in each section below.

| Likelihood | L1 | L2 | L3 | Consequence | C1 | C2 | C3 | Risk Rating | Low | Medium | High |
|-------------------|----|----|----|--------------------|----|----|----|-------------|-----|-----------|------|
| Likelihood | | | | Consequence | | | | | | | |
| | | | | Major = 1 | | | | Severe = 2 | | Minor = 3 | |
| Very Likely = 1 | | | | Very High | | | | High | | Medium | |
| Likely = 2 | | | | High | | | | Medium | | Low | |
| Less Likely = 3 | | | | Medium | | | | Medium | | Low | |

9. ACTIONS TO PREVENT REOCCURENCE

| | |
|------------------------------|--|
| Cause / Reason for Incident: | |
|------------------------------|--|

Complete the following Corrective Action Plan using the following Hierarchy of Rick Controls. Give priority to eliminating the hazard.

1. Eliminate 2. Substitute 3. Engineering control 4. Administrative Control 5. Personal protective Equipment

| Actions recommended to be taken | By Whom | By When | Reviewed For Effectiveness |
|---------------------------------|---------|---------|----------------------------|
| A. | | | |
| B. | | | |
| C. | | | |

