# Incident / Accident Report Form

This form is to be completed in the event of any incident whether injury has occurred or not.

**WORKERS SUBMIT FORM TO YOUR MANAGER**

**VISITORS/CONTRACTORS/STUDENTS SUBMIT FORM TO COLLEGE MAIN RECEPTION**

## SECTION 1-6 MUST BE COMPLETED BY INDIVIDUAL AFFECTED

<table>
<thead>
<tr>
<th>Status:</th>
<th>□ Worker (incl. contractor)</th>
<th>□ Student</th>
<th>□ Visitor</th>
<th>□ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome:</td>
<td>□ Incident Only (Near Miss)</td>
<td>□ Accident (Injury)</td>
<td>□ Notifiable Injury</td>
<td></td>
</tr>
</tbody>
</table>

Where a notifiable injury has occurred (See Appendix A) the HR Director must be immediately notified.

## 1. DETAILS OF PERSON DIRECTLY INVOLVED

Name: __________________________________________ Phone: (H) __________________ (W) __________

Address: __________________________________________ Sex: □ M □ F

Date of birth: __________________________

Email Address: __________________________ Position: __________________________

Work arrangement: □ Full-time □ Part-time □ Volunteer □ Casual/Temp □ Contract Academic □ NA

Reports to: (If worker) __________________________

## 2. DETAILS OF WITNESSES/S

Name: __________________________________________ Phone: (H) __________________ (W) __________

Address: __________________________________________

## 3. DETAILS OF INCIDENT

Date: ___________ Time: ___________ Campus Location: __________________________

Specific Location of incident / accidents: __________________________________________

Describe what happened and how: __________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

## 4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) __________________________________________

Cause of injury (eg fall, slip or trip) __________________________________________

Location on body (eg back, left forearm) __________________________________________

Agency (eg chair, another person, hot water) __________________________________________
5. TREATMENT ADMINISTERED

First Aid administered □ Yes (If yes please complete details below) □ No
First Aider name: ___________________________ Referred to: ___________________________
Treatment: ___________________________

6. INDIVIDUALS SIGNATURE

Signature: ___________________________ Date: __________________________
Received by - Name: ___________________________ Signature: ___________________________ Date: __________________________

SECTION 7-12 MUST BE COMPLETED BY EMPLOYER

7. DID THE INJURED PERSON CEASE WORK?

□ Yes □ No If yes, state date: ___________________________ Time: __________________________
Outcome:
□ Treated by doctor □ Hospitalised □ Workers compensation claim generated
□ Returned to normal duties □ Alternative duties required □ Rehabilitation required

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. RISK ASSESSMENT (refer to following page for instructions on how to complete this section)

Risk Assessment rating: (Low, Medium, High or Extreme – medium, high or extreme require further investigation)
Likelihood of recurrence: ___________________________
Severity of outcome: ___________________________
Level of risk: ___________________________

(If further investigation is required please refer to the Investigation and Action form and attach completed form)

10. ACTIONS TO PREVENT RECURRENT

<table>
<thead>
<tr>
<th>Action</th>
<th>By whom</th>
<th>By when</th>
<th>Date completed</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. ACTIONS COMPLETED

Signed (Manager): ____________________________ Name: ______Date: ________________

☐ Feedback provided to person involved Date: ___________________

Once you are satisfied all actions are completed, please forward to state HSE committee chair for overall sign-off and closure.

12. REVIEW COMMENTS

HSE Committee State Chair (signed): ______________ Name: ______Date: ______

Comments: ____________________________________________________________________________

Reviewed by HR Director/Senior HR Advisor - Name: ______ Sign: ______ Date: ______
Risk assessment

A risk assessment needs to be conducted and appropriate corrective actions implemented for all reported incidents/accidents. Hazards/risks are prioritised in accordance with the level of risk determined as follows: See Endeavour’s Risk Management Framework Policy for further information.

To conduct a risk assessment:

1. Estimate the consequences of a similar incident, bearing in mind existing control measures e.g. Q: if the injury reported was a burn from the hot water tap which has no warning signs, what would the likely consequence be if this incident happened again? A: Most likely to be an insignificant injury (nil or first aid treatment)

2. Estimate the likelihood of a similar incident occurring, bearing in mind existing control measures. Q: Based on the above example, what would be the probability of someone else getting burnt by the same tap. Remember there are no warning signs, also consider exposure when determining probability e.g. up to 50 people use this tap on a daily basis. A: Almost Certain that this would happen again

3. Determine risk score (using consequence & likelihood outcomes) and the convergence point in the matrix. Based on the above example the risk rating would be H - High

4. Based on the resulting risk rating, you can determine whether the hazard poses a low, moderate, high or extreme risk which helps determine what type of control measures and how quickly these need to be implemented.

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Insignificant (first aid injury)</td>
</tr>
<tr>
<td>A (almost certain)</td>
<td>H</td>
</tr>
<tr>
<td>(is expected to occur)</td>
<td></td>
</tr>
<tr>
<td>B (likely)</td>
<td>M</td>
</tr>
<tr>
<td>(will probably occur)</td>
<td></td>
</tr>
<tr>
<td>C (possible)</td>
<td>L</td>
</tr>
<tr>
<td>(might occur some time)</td>
<td></td>
</tr>
<tr>
<td>D (unlikely)</td>
<td>L</td>
</tr>
<tr>
<td>(could occur at some time)</td>
<td></td>
</tr>
<tr>
<td>E (rare)</td>
<td>L</td>
</tr>
<tr>
<td>(may occur only in exceptional circumstances)</td>
<td></td>
</tr>
</tbody>
</table>
Legend

<table>
<thead>
<tr>
<th>Risk Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Extreme Risk</td>
</tr>
<tr>
<td>H</td>
<td>High Risk</td>
</tr>
<tr>
<td>M</td>
<td>Moderate Risk</td>
</tr>
<tr>
<td>L</td>
<td>Low Risk</td>
</tr>
</tbody>
</table>

Appendix A

A notifiable injury is one that results in any of the following: death, serious illness or injury of a person, a dangerous event.

A serious injury or illness is defined as the person requiring:
- Immediate treatment as an in-patient in a hospital; or
- Immediate treatment for any of the following; the amputation of any part of his or her body; a serious head injury; a serious eye injury; a serious burn; the separation of his or her skin from an underlying tissue; a spinal injury; the loss of a bodily function or serious lacerations; or
- Medical treatment within 48 hours of exposure to a substance