INCIDENT REPORT

Incident Time and Location:					
Division (please check box):	Name of Division	Name of Division			
On what date did the incident occur?		**Time:**		**Date Reported:**	
Site/Location:		**State:**			

Incident Description…please provide some information about what happened

Incident Type:	Health	Safety	Community	Environment
Incident Category:	Hazard Near Miss Illness Injury Security Vehicle Damage/Loss Spill Other______________________________			
Treatment Provided: (if medical treatment required then immediately notify Managing Director, Divisional Manager and QHS Manager)	None/NA	First Aid	Medical Treatment	Hospital Treatment
Was this a contractor Incident?	YES NO	**Was the incident an LTI (1 or more shifts off work)?**		YES NO
What is your assessment of the incidents potential? *Select one cell that best describes how severe the incident* ***WAS*** *or* ***COULD HAVE BEEN.***	Minor/Low *Minor Injury/Illness or damage*	Moderate *Serious Illness, Injury or Damage / MTI*	Major *Major Injury/Illness or Damage / LTI*	Critical *Life Threatening Injury/Illness*
Description: *Describe the sequence of events before and after the incident.* *The description should include who, what, where, how and when of the incident.* *People and equipment involved* *Attach any photos if relevant*				
Immediate Action Taken:				

Injury Details

Mechanism: (More than one box can be checked)			**Agency:** (More than one box can be checked)		
Animal bite/stings	Contact with chemicals	Fall from height	Animal	Human agencies	Non-powered equipment/hand tools
Assault by person	Exposure to mechanical vibration	Hitting object with part of the body	Chemical	Insect	Powered equipment
Being hit by moving objects	Exposure to mental stress factors	Lifting and carrying	Dust/fibre	Manual handling	Workstation
Caught between (crush)	Exposure to noise	Repetitive movement	Electrical	Microbiological	
Contact or exposure (heat, cold, electricity, biological factors)	Fall at the same level (trip, slip)	Slide or cave-in	Environmental Conditions	Mobile plant	
Not on list (contact QHS Manager)		Vehicle accident	Not on list (contact QHS Manager)		

INCIDENT REPORT

Nature of Injury / Illness: (More than one box can be checked)	Abrasions / bruising / crush Amputation Asphyxiation / gassing Burns / scalds	Cuts / lacerations / bites Electrocution Eye injury Foreign bodies	Fracture / dislocation Head injury / concussion Hearing loss Hernia	Infection Internal injury (torso) Poisoning / toxic effects Psychological	Respiratory system Skin rash Spinal injury Sprain / strain

				Left	Right		Left	Right
Parts of Body Injured (left/right): (More than one box can be checked)	Skull / head	Upper back	Eye			Thumbs		
	Face	Lower back	Ear			Hip		
	Nose	Abdomen	Shoulder			Upper leg		
	Mouth	Groin	Upper arm			Knee		
	Teeth	Nervous system	Elbow			Lower leg		
	Throat	Skin	Lower arm			Ankle		
	Neck		Wrist			Foot		
	Chest / lungs		Hand			Toes		
			Fingers					

People involved…please provide names of all persons involved in the incident either directly or as a witness – Include additional pages if required.

Persons Involved	Name	Position	Person Type (Select one only)
Reporting Person:			Employee External Person
Injured Person/s:			Employee External Person
			Employee External Person
			Employee External Person
Witness/es:			Employee External Person
			Employee External Person
			Employee External Person
			Employee External Person
Supervisor/Manager			Employee External Person

Signed (Reporting Person)		Signed (Supervisor/Manager)		*Sign-off by Workplace Supervisor must occur before forwarding to HO*
Date:		Date:		

Received by:		Signed by:
Date:		

INCIDENT REPORT

Government Agency / Regulator Notification:	Notifiable to Government Agency / Regulator? Yes No			
	Work Safe EPA DMPR Office of Energy Other Agency:			
	Name of person contacted:	Date notified:	Time notified:	Report #:
	Name of person:			

Investigation Team:	
	Team Leader:
	Team Member:
	Team Member:
	Team Member:

Timeline of Events:	Date / Time	Event	Date / Time	Event

Immediate Causes: (more than one box can be checked) (Any items ticked need to be addressed in corrective actions)			
	Information error or omission	Influence of alcohol / drugs	Inadequate PPE
	Failure to follow rules / procedures	Inadequate equipment / tools	Incorrect use of PPE
	Inadequate warning / safety devices/ barriers	Misuse of equipment / tools	Inadequate access
	Failure to observe / use warning / safety devices	Work environment	External factors (third party, weather)
	Improper manual handling	Untidy work area	Loss of containment

Underlying Causes: (more than one box can be checked) (Any items ticked need to be addressed in corrective actions)			
	Controls	Communication	Procedures
	Training	Housekeeping	Design
	Equipment	Human	Maintenance management
	Conflicting goals	Organisation	Error enforcing conditions
			Purchasing

INCIDENT REPORT

Summary and Analysis of Findings:	

Corrective Actions:	Action	By Whom	By When

	Name	Signature	Date
Management Sign-Off:	Injured person:	Signature:	
	Investigation Team Leader:	Signature:	
	QHS Manager:	Signature:	
	Supervisor / Manager:	Signature:	
	Divisional Manager:	Signature:	
	Managing Director:	Signature:	