# Incident/ accident report form

This form is to be completed in the event of an accident or incident or if there is considered need for a review for Duty of Care

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| **1. Incident**  |
| **Date of Incident:****Time of Incident:****Incident Investigation Date:** |  |
| **Location:**  |
|  |
| **2. Persons Involved in the Investigation** |
| **Position** | **Name** |
| Name of person conducting investigation: (CEO) | **Luke Fay** |
| Year Coordinator |  |
| Other: |  |
| Other: |  |
| Other: |  |
| **Name of person(s) who were injured/ for which there was an issue** |
|  |
| **3. Injury(s) Sustained** |
|  |
| **Description of Incident –** (*Provide a brief description)* |
|  |
| **Has a similar incident/near miss occurred previously?** ❑ Yes ❑ No |
| **Were there procedures in place to minimise the risk?** ❑ Yes ❑ No |
| **Has a Risk Assessment for the task been completed/reviewed (if applicable)** ❑ Yes ❑ No  |
| **5. Medical Treatment** – (*Please provide a brief explanation of the medical treatment or first aid that was applied)* |
|  |
| **Was an ambulance called?** ❑ Yes ❑ No |
| **6. Key Contributing Factors –** (*Provide a brief description of the circumstances that led to the incident/injury occurring and the immediate cause)* |
| **Design of equipment/workplace (e.g. defective or unsuitable equipment, workplace layout) – not necessary if there was no accident****Environment (e.g. lighting, ventilation, noise, temperature)****Human (e.g. fatigue, lack of understanding)****Work methods and systems (e.g. training, unclear work procedures, flow of information)** |
| **Other comments:** |
| **7. Documents Collected -** *(e.g. interviews, photos, Safe Work Procedures, and risk assessments*). |
| **Name of Document** | **Attached** |
|  | ❑ Yes ❑ No |
|  | ❑ Yes ❑ No |
|  | ❑ Yes ❑ No |
|  | ❑ Yes ❑ No |
|  | ❑ Yes ❑ No |
|  |  |
| *)***8. Corrective Actions -** *(Provide a detailed description of what actions are to be taken to reduce the risk of the incident/injury from occurring again – refer eduSafe Action Plan if applicable)* |
| **Actions** | **Completion Date** | **Person Responsible** | **Actions Completed** |
|  |  |  | ❑ Yes ❑ No  |
|  |  |  | ❑ Yes ❑ No  |
|  |  |  | ❑ Yes ❑ No  |
|  |  |  | ❑ Yes ❑ No  |
|  |  |  | ❑ Yes ❑ No  |

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| **9. Risk Management –** *Evaluate the likelihood, consequences and level of risk*  |
| **Likelihood** |
| **Descriptor** | **Level** | **Definition** |
| **Rare** | **1** | May occur, sometime (“once in a life time / once in a hundred years”) |
| **Unlikely** | **2** | May occur somewhere within DEECD over an extended period of time |
| **Possible** | **3** | May occur several times across DEECD or a region over a period of time |
| **Likely** | **4** | May be anticipated multiple times over a period of timeMay occur once every few repetitions of the activity or event |
| **Almost****Certain** | **5** | Prone to occur regularly Is anticipated for each repetition of the activity  |
|  |
| **Consequence** |
| **Descriptor** | **Level** | **Definition**  |
| **Insignificant** | **1** | No injury |
| **Minor** | **2** | Injury/ ill health requiring first aid |
| **Moderate** | **3** | Injury/ill health requiring medical attention |
| **Major** | **4** | Injury/ill health requiring hospital admission |
| **Severe** | **5** | Fatality |
|  |
| **Risk Level** |
| **Likelihood** | **Consequence** |
| **Insignificant** | **Minor** | **Moderate**  | **Major** | **Severe** |
| **Almost Certain** | Medium | High | Extreme | Extreme | Extreme |
| **Likely** | Medium | Medium | High | Extreme | Extreme |
| **Possible** | Low | Medium | Medium | High | Extreme |
| **Unlikely** | Low | Low | Medium | Medium | High |
| **Rare** | Low | Low | Low | Medium | Medium |
|  |  |  |  |  |  |
| **Key** |
| Extreme: | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken immediately. Cease associated activity. |
| High: | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken within 48 hours of notification |
| Medium: | Notify **Nominated employee, HSR / OHS Committee**. Nominated employee, OHS Representative / OHS Committee is to follow up that corrective action is taken within 7 days. |
| Low: | Notify **Nominated employee, HSR / OHS Committee**. Nominated employee, HSR / OHS Committee is to follow up that corrective action is taken within a reasonable time. |