# 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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 time  May 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. | | | | | | | |