

WHS INCIDENT REPORT REGISTER

(injury, incident, near miss, hazard)

Report all serious incidents/injuries immediately to the safety officer and your Whizdom Account Manager - **If safe to do so isolate the area and do not clean up location of injury**

Part A – D Completed by person reporting an injury, incident, issue, near miss in conjunction with immediate Supervisor and the First Aid or Safety Officer. Submit completed form to Whizdom – admin@whizdom.com.au

Part E – F Completed by investigating officer (usually organised by the Whizdom Contractor Care Manager)

State the facts Do not offer opinions on responsibility for the incident

Send completed form to admin@whizdom.com.au

Report for an:

- Hazard
- Injury/ Illness
- Incident
- Near Miss

Part A – Description of Injury, incident, near miss or hazard

Date of occurrence: _____ Time of occurrence: _____

Date Reported: _____ Time Reported: _____

Person reporting: _____ Contact details: _____

Business Address: _____

Location – specifics (e.g. office, on the way to work etc.): _____

Detailed description of the injury, incident, issue or near miss: _____

Near miss, issue, incident action taken (e.g. notified maintenance): _____

Part B (injuries only) – Injured Person Details

Contractor Employee Visitor Client Volunteer

Department: _____ Team: _____

Surname: _____ Given Names: _____

Gender: Male Female Work Role: _____

Date of Birth: _____

Contact Telephone Number(s): _____ Work Phone: _____

Residential or Business Name/Address: _____

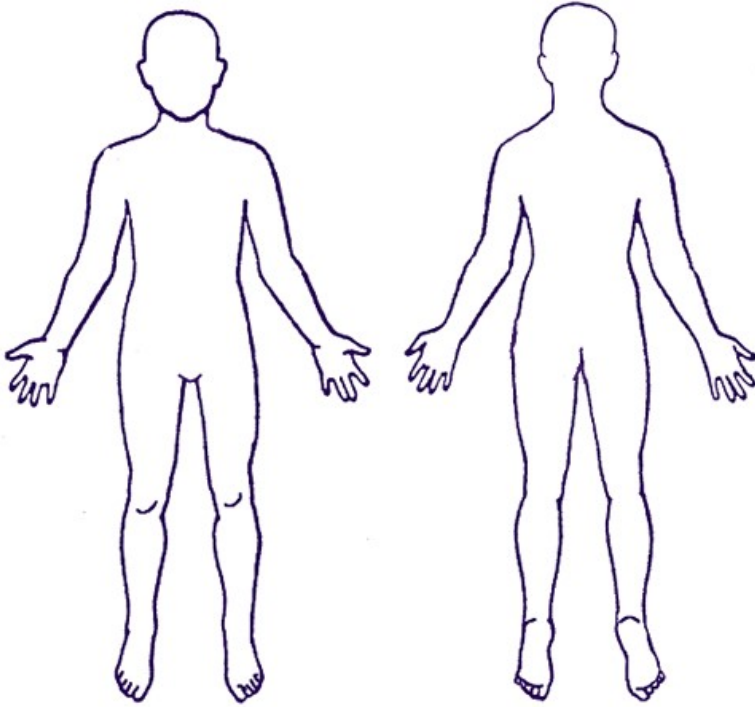
Signature of injured person (if available): _____

Nature of injury

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Sprain, strain of joints and adjacent muscles | <input type="checkbox"/> Superficial injury |
| <input type="checkbox"/> Back injury | <input type="checkbox"/> Internal injury of chest | <input type="checkbox"/> Foreign body in eye, ear, nose or other |
| <input type="checkbox"/> Back injury | <input type="checkbox"/> Poisoning and toxic effects of substances | Other and unspecified injuries (must specify) |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Burns | _____ |

Location of injury

Mark areas of the body impacted by injury:



<input type="checkbox"/>	01	Eye
<input type="checkbox"/>	02	Ear
<input type="checkbox"/>	03	Face
<input type="checkbox"/>	04	Head (other than eye, ear, face)
<input type="checkbox"/>	05	Neck
<input type="checkbox"/>	06	Back
<input type="checkbox"/>	07	Trunk (other than back and excluding internal organs)
<input type="checkbox"/>	08	Shoulders and Arms
<input type="checkbox"/>	09	Hands and Fingers
<input type="checkbox"/>	10	Hips and Legs
<input type="checkbox"/>	11	Feet and Toes
<input type="checkbox"/>	12	Internal organs (located in the trunk)
<input type="checkbox"/>	98	Multiple locations (more than one of above)
<input type="checkbox"/>	99	General and unspecified locations (e.g. skin, disease, mental disorder)

Part C – Injury Treatment and Incident Reporting

Treatment provided to injured/ill person (mark all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Treated by first aid | <input type="checkbox"/> Referred to doctor | <input type="checkbox"/> Unfit for work/returned home |
| <input type="checkbox"/> Returned to work/class | <input type="checkbox"/> Referred to hospital | <input type="checkbox"/> Returned to alternative duties |

Transported to doctor or hospital? Yes
 No

Hospital: _____
 Doctor's Surgery: _____

Description of first aid treatment given: _____

First aid provided by: _____

<p>Injury, incident, near miss or issue reported to:</p> <p>Name: Contact No: Job Title:</p>	<p>Person in Charge of Team/Area:</p> <p>Name: Contact No: Job Title:</p>
<p>Witness:</p> <p>Name: Contact Details: Address:</p>	<p>Witness:</p> <p>Name: Contact Details: Address:</p>

Part D – Additional Information

Next of kin notified? Yes No

Detail of who was notified, time and comments:

Additional comments (witness, details, etc.):

Client Safety Officer contacted: Yes No

Signatures

Person Reporting the Incident

Print Name:

Signature:

Date:

Manager/Director/Supervisor

Print Name:

Signature:

Date:

* Please return the completed WHS Incident report to admin@whizdom.com.au attention Contractor Care Manager

Part E – Investigation Details

WHS Investigation Report

Initial Incident Follow Up	N/A	Yes	No
Person/s involved in the incident/event were:			
Qualified / competent to undertake the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequately supervised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using safe equipment (i.e. not damaged or defective)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearing all necessary personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working as per documented standard methods (i.e. SOPs, JSEA, SWMS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The work environment was:			
Clean, uncluttered and clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequately lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not a confined area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to be easily and safely accessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be completed by the Contractor Care Manager with Client contact (Manager/Safety Officer/HR)

CLASS A - completed by Contractor Care Manager with Client Safety Officer **CLASS B completed by Contractor Care Manager with Client Safety Officer**

Definition
 • Serious injury – fatal or non-fatal
 • Dangerous incident
 • Work caused illness
 • Serious electrical incident

Action
 • Remove/isolate risk/hazard if safe to do so
 • Immediately notify Client and Panel
 • Cordon off area

Definition
 • Significant Injury
 • Significant near miss or issue

Action
 • Investigate within 2 working days
 • Notify Client Safety Officer onsite

CLASS C completed by Contractor Care Manager with Client Safety Officer **CLASS D completed by Contractor Care Manager with Client Safety Officer**

Definition
 • Minor injury or incident
 • Minor near miss or issue

Action
 • Investigate within 3 working days

Definition
 • Psychological-related incident/injury/issue

Action
 • Notify Client and HR Operations for the client
 • Investigation and management of the issue/EAP services to be recommended

Mechanism of Injury

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 01 Fall from height | <input type="checkbox"/> 07 Long term exposure to sounds | <input type="checkbox"/> 13 Exposure to radiation | <input type="checkbox"/> 19 Slide or cave-in |
| <input type="checkbox"/> 02 Fall on same level (incl slips, trips) | <input type="checkbox"/> 08 Exposure to variations in pressure (other than sound) | <input type="checkbox"/> 14 Single contact with chemical or substance | <input type="checkbox"/> 20 Vehicle accident |
| <input type="checkbox"/> 03 Hitting objects with part of body | <input type="checkbox"/> 09 Repetitive movement - low muscle loading | <input type="checkbox"/> 15 Long-term contact with chemical or substance | <input type="checkbox"/> 98 Other and multiple mechanisms of injury |
| <input type="checkbox"/> 04 Exposure to mechanical vibration | <input type="checkbox"/> 10 Other muscular stress | <input type="checkbox"/> 16 Other contact with chemical or substance (includes insect/ spider bites/stings) | <input type="checkbox"/> 99 Unspecified mechanisms of injury |
| <input type="checkbox"/> 05 Being hit by moving objects | <input type="checkbox"/> 11 Contact with electricity | <input type="checkbox"/> 17 Contact/exposure – biological hazards (e.g. sewage) | _____ |
| <input type="checkbox"/> 06 Exposure to sharp, sudden sound | <input type="checkbox"/> 12 Contact/exposure to heat/cold | <input type="checkbox"/> 18 Exposure to mental stress | _____ |

Agency of Injury

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 01 Machinery and fixed plant | <input type="checkbox"/> 07 Non-powered equipment | <input type="checkbox"/> 13 Underground environments | <input type="checkbox"/> 98 Other agencies |
| <input type="checkbox"/> 02 Mobile plant | <input type="checkbox"/> 08 Chemicals | <input type="checkbox"/> 14 Live animals | <input type="checkbox"/> 99 Unspecified agencies |
| <input type="checkbox"/> 03 Road transport | <input type="checkbox"/> 09 Non metal substances (e.g. gas) | <input type="checkbox"/> 15 Non-living animals | _____ |
| <input type="checkbox"/> 04 Other transport | <input type="checkbox"/> 10 Other materials, substances or objects | <input type="checkbox"/> 16 Human agencies | _____ |
| <input type="checkbox"/> 05 Powered equipment, tools, appliance | <input type="checkbox"/> 11 Outdoor environment | <input type="checkbox"/> 17 Biological agencies | _____ |
| <input type="checkbox"/> 06 Non-powered hand tools | <input type="checkbox"/> 12 Indoor environments | <input type="checkbox"/> 18 Non-physical agencies | _____ |

Work Related **Non-Work Related** **Risk Rating: Low/Moderate/High/Catastrophic** **Escalated to Panel: Yes/No**

Investigation Report

A comprehensive investigation for all A and B incidents will be conducted and report submitted to Client and Panel

1. What was happening at the time of the incident/near miss or what was the injured person doing at the time of the incident? (e.g. driving forklift, lifting transmission, typing etc)
2. What happened unexpectedly? (include name of chemical, produce, process or plant/equipment involved – e.g. brakes failed on forklift, slipped on wet floor, jack collapsed, arm started hurting while typing)
3. How did the incident/near miss occur or how was the injury/disease sustained? (include the name of any chemical, product, process or plant/equipment involved – e.g. hit head on cabin of forklift, lacerated knee when landing on ground, arm hurt after long period of typing)
4. Consultation process and persons (include client safety officer, manager, employees and contractors, Whizdom staff etc.)
5. What were the underlying factors which caused the incident, injury or near miss?)

Contributing Factors	Root Causes

Part F – Corrective Actions

Action to be Taken	Timeframe	Accountable person / team	Status of action	Comments

Comments: _____

Investigating Officer: _____

Signature: _____

Position: _____

Date: _____

Completed incident reports will be saved in the Whizdom WHS Reported Incidents file, this information will be kept confidential but may be used for reporting purposes when investigating WHS in the workplace.