

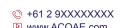
INCIDENT/ACCIDENT REPORT FORM

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

WORKERS SUBMIT FORM TO COLLEGE MANAGER VISITORS/CONTRACTORS/STUDENTS SUBMIT FORM TO STUDENT SERVICES

SECTION 1-6 must be completed by individual affected

STATUS:				
☐ Worker (incl. Contractor)	☐ Student	☐ Visitor	□ Other	
OUTCOME:				
☐ Incident Only (Near Miss)	☐ Accident (injury)	□ Notifiab	le injury	
Where a notifiable injury has occurred	(See Appendix A) the	e College Manager m	ust be immediately notified.	
1. COURSE DETAILS				
NAME:	PHONE (H):		PHONE (W):	
ADDRESS:			_GENDER: M / F	
DATE OF BIRTH:	EMAIL:			
POSITION:	REPORTS TO (IF WO	RKER):		
WORK ARRANGEMENT:				
☐ Full-time	☐ Part-time	☐ Volunteer	□ Casual/Temp	
☐ Contract Academic	□ NA			
2. DETAILS OF WITNESS/ES				
NAME:	PHONE (H):		PHONE (W):	
ADDRESS:				
3. DETAILS OF INCIDENT				
DATE:	TIME:		CAMPUS LOCATION:	
SPECIFIC LOCATION OF INCIDENT / ACCIDENTS:				
DESCRIBE WHAT HAPPENED AND HOW:				









4. DETAILS OF WITNESS/ES

NATURE OF INJURY (e.g. burn, cut, sprain):				
CAUSE OF INJURY (e.g. f	all, slip or t	rip):		
LOCATION ON BODY (e	g. back, lef	t forearm):		
AGENCY (e.g. chair, ano	ther persoi	n, hot water):		
5. DETAILS OF WITNES NATURE OF INJURY (e.g		sprain):		
CAUSE OF INJURY (e.g. f	all, slip or t	rip):		
LOCATION ON BODY (e	g. back, lef	t forearm):		
AGENCY (e.g. chair, ano	ther persor	n, hot water):		
6. INDIVIDUALS SIGNA	TURE			
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 claim generated		☐ Hospitalised		☐ Workers compensation
☐ Returned to norma	duties	☐ Alternative dut	ies required	☐ Rehabilitation required









8. INCIDENT INVESTIGATION (COMMENTS TO INCLUDE CASUAL FACTORS):				
9. RISK ASSESSMENT (I	REFER TO FOLLOWING	PAGE FOR INSTRUCTI	ON ON HOW TO COMI	PLETE THIS SECTION):
RISK ASSESSMENT RA	TING:			
Low / Medium /	High / Extreme			
(medium, high or extre	me require further inve	stigation)		
LIKELIHOOD OF RECU	JRRENCE:			
SEVERITY OF OUTCOM	ИE:			
LEVEL OF RISK:				
(If further investigatio completed form) 10. ACTION TO PREV	n is required please re	efer to the Investigation	on and Action form ar	nd attach
ACTION	BY WHOM	BY WHEN	DATE COMPLETED	SIGNATURE
11. ACTIONS COMPL	ETED			
SIGNED (manager):		NAME:	DATE:	
☐ Feedback provide	ed to person involved	DA	ATE:	
Once you are satisfied and closure.	d all actions are compl	eted, please forward	to College Manager fo	or overall sign-off
12. REVIEW COMMEN	NTS			
COLLEGE MANAGER (Signed):	N/	AME	DATE:
COMMENTS:				









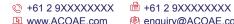
RISK ASSESSMENT

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 A.C.O.A.E. RTO 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.

CONSEQUENCES					
LIKELIHOOD	Insignificant (first aid injury) 1	Minor (Medical Treatment required) 2	Moderate (Lost time injury of 7 days or less, hospitalisation Required)	Major (Lost time injury of 7 days or greater, serious injury)	Catastrophic (Fatality or permanent injury or loss of limb) 5
A (almost certain) (is expected to occur)	н	н	E	E	E
B (likely) (will probably occur)	М	н	н	E	E
C (possible) (might occur some time)	L.	М	н	E	E
D (unlikely) (could occur at some time)	L	L	М	н	E
E (rare) (may occur only in exceptional circumstances)	ı	L	М	н	н









	Risk Points	
E	Extreme Risk	Immediate action required. Must be managed by senior management with a detailed plan. Immediate and urgent action required.
н	High Risk	Senior Management attention needed. Action required immediately
М	Moderate Risk	Management responsibility must be specified. Action required within 1 month.
L	Low Risk	Manage by routine procedures. Action required within 3 months

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

