

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) Notifiable injury

Where a notifiable injury has occurred (See Appendix A) the College Manager must be immediately notified.

1. COURSE DETAILS

NAME: _____ PHONE (H): _____ PHONE (W): _____

ADDRESS: _____ GENDER: **M / F**

DATE OF BIRTH: _____ EMAIL: _____

POSITION: _____ REPORTS TO (IF WORKER): _____

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. fall, slip or trip):

LOCATION ON BODY (e.g. back, left forearm):

AGENCY (e.g. chair, another person, hot water):

5. DETAILS OF WITNESS/ES

NATURE OF INJURY (e.g. burn, cut, sprain):

CAUSE OF INJURY (e.g. fall, slip or trip):

LOCATION ON BODY (e.g. back, left forearm):

AGENCY (e.g. chair, another person, hot water):

6. INDIVIDUALS SIGNATURE

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 normal duties Alternative duties required Rehabilitation required

8. INCIDENT INVESTIGATION (COMMENTS TO INCLUDE CASUAL FACTORS):

9. RISK ASSESSMENT (REFER TO FOLLOWING PAGE FOR INSTRUCTION ON HOW TO COMPLETE THIS SECTION):

RISK ASSESSMENT RATING:

Low / Medium / High / Extreme
(medium, high or extreme require further investigation)

LIKELIHOOD OF RECURRENCE:

SEVERITY OF OUTCOME:

LEVEL OF RISK:

(If further investigation is required please refer to the Investigation and Action form and attach completed form)

10. ACTION TO PREVENT RECURRENCE:

ACTION	BY WHOM	BY WHEN	DATE COMPLETED	SIGNATURE

11. ACTIONS COMPLETED

SIGNED (manager): _____ NAME: _____ DATE: _____

 Feedback provided to person involved _____ DATE: _____

Once you are satisfied all actions are completed, please forward to College Manager for overall sign-off and closure.

12. REVIEW COMMENTS

COLLEGE MANAGER (Signed): _____ NAME _____ 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) 3	Major (Lost time injury of 7 days or greater, serious injury) 4	Catastrophic (Fatality or permanent injury or loss of limb) 5
A (almost certain) (is expected to occur)	H	H	E	E	E
B (likely) (will probably occur)	M	H	H	E	E
C (possible) (might occur some time)	L	M	H	E	E
D (unlikely) (could occur at some time)	L	L	M	H	E
E (rare) (may occur only in exceptional circumstances)	L	L	M	H	H

	Risk Points	
E	Extreme Risk	Immediate action required. Must be managed by senior management with a detailed plan. Immediate and urgent action required.
H	High Risk	Senior Management attention needed. Action required immediately
M	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