INDIGO SAFE

INDIGO SHIRE COUNCIL

Hazard Incident and Injury Report Form

Name:	**Hazard Incident and Injury Report Form**
Safety Manual Reference Number:	**3.6.2**
Version:	**10**

This form is to be used in all instances where injury or damage or a near miss has occurred. After completing this form, **hand the form to your Supervisor/Manager within 12 hours of incident /injury**, if unavailable hand form into main offices at Yackandandah or Beechworth.

PERSONAL DETAILS OF THE PERSON FILLING IN THE FORM			
Name:		**Contact No:**	
Address:			
Email			

1. Incident Details						
Incident Type	☐ Near Miss	☐ Hazard	☐ Damage	☐ Injury (if yes, also fill out injury record page)		
Involving?	☐ Plant/Fleet	☐ Building	☐ Employee	☐ Contractor	☐ Volunteer	☐ Public
Location Details						
Date of Incident		Time of Incident	am / pm			
Date Reported		Time Reported	am / pm			
Reported to						
How was it reported: ☐ In Person ☐ E Mail ☐ Fax ☐ By Phone ☐ Third Party ☐ Other: ……..						

2. Plant & Equipment / Fleet / Buildings / Other Assets Involved?		
Item Description	Plant / Fleet No / Registration / Address	Task at the time of the Incident

3. People Involved – Include witnesses and attach additional statements as necessary		
Name	Employee / Contractor / Public / Volunteer	Task at the time of the Incident

INDIGO SAFE

INDIGO SHIRE COUNCIL

4. Description of Incident / Hazard – What Happened or Could Happen?
Task being undertaken/SWMS being followed:
Were any services called to the incident?
☐ No ☐ Yes ☐ Police ☐ Ambulance ☐ Fire ☐ Other (please specify):

4a. Diagram of Incident / Hazard *(if applicable, please provide sketch showing location and how incident occurred)*
(attach additional sheets if required)

5. Immediate Safety Controls *(Please describe any immediate action taken to make situation safe or reduce hazard)*

Action Taken	By Whom?	When?

6. Any Suggestions to prevent reoccurrence? *(open to all involved)*

Suggestion	Suggested By?	Reviewed By?

For any Injuries please complete the injury report form attached.

- **Supervisor Manager to complete 3.6.2.1 Hazard Incident and Injury Report form**
- **Supervisors Managers Actions and attach it to the back of this incident report**

INDIGO SAFE

Fill in ONLY if an injury occurs

PERSONAL DETAILS OF INJURED PERSON (Section 7.0 of Hazard, Incident and Injury Procedure)

Full Name of Injured Person:		Male ☐	Female ☐
Phone:		Date Of Birth	
Address:			

Status: ☐ Full Time Employee of Indigo Council ☐ Part Time Employee of Indigo Council

☐ Casual Employee of Indigo Council ☐ Contractor/Subcontractor of Indigo Council

☐ Volunteer of Indigo Council ☐ Member Of Public

☐ Other (please specify) _____

If Employee, Hours Normally worked for Indigo Council (from/to): Days Usually Worked: S S M T W T F

Department:Section:		Position:	

NATURE OF SUSPECTED INJURY: (Try and work out what type of injury has occurred. To be filled in by a designated Indigo Shire Council First Aider if possible)

Description of injury/illness: (e.g. 2cm cut to left hand palm)

Describe first aid treatment given: (e.g. Placed bandage over cut)

Treatment: None ☐

Refused ☐

First Aid ☐ By Who:_____

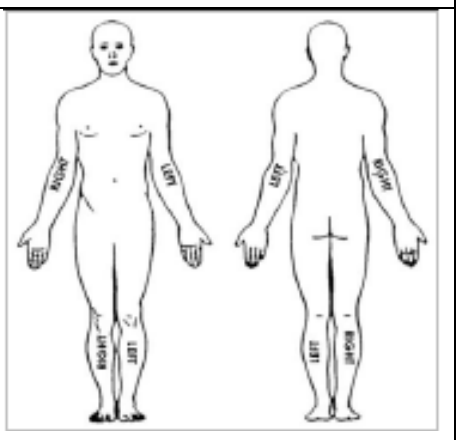
Doctor ☐ **(Specify):** _____

Hospital ☐ **(Specify):** _____

Returned to Normal Duties Yes No

Time Off Work Yes No From: _____**am/pm**

To: _____**am/pm**



Show Injury Location on diagram

TRIM REF.	VERSION NUMBER	PREPARED. BY.	DATE CREATED	CHANGES SINCE LAST	ENDORSED BY:	ENDORSED DATE:	APPROVED DATE:	CEO INITIALS	AUDIT FREQUENCY:
INTERNAL09/311	11	A CUDARS	16.10.2011	26/6/2018	OHS COM	5/2/2015			36 MONTHS

INDIGO SAFE

INDIGO SHIRE COUNCIL

Supervisor /Managers Incident Review

Please refer to the 3.6.1 Hazard, Incident and Injury Procedure (INTERNAL09/804) to assist in completing this form

INITIAL INVESTIGATION INTO WHY THE INCIDENT OCCURRED. LOOKING FOR ROOT CAUSE.			
For all causes identified please include an action to correct that cause in the action Section.			
Design	**Behavior**	**Environment**	**Management**
☐ Lighting ☐ Ventilation ☐ Noise ☐ Tools, machine, equipment etc ☐ Manual Handling ☐ Malfunction or defect in machine, tool or equipment ☐ Safety clothing ☐ Equipment Maintenance ☐ Confined Space ☐ Working at Heights	☐ Fatigue/Stress ☐ Physical Disability ☐ Culpable act ☐ Skylarking or misconduct ☐ Possible personal problems ☐ Inexperience/training ☐ Failure to use prescribed safety equipment (PPE) ☐ Work method used ☐ Alcohol or drugs ☐ Fraudulent Behavior ☐ Lack of concentration	☐ Ambient conditions (wind, dust, rain etc) ☐ Terrain/Surface ☐ Temperatures ☐ Housekeeping ☐ Building surface conditions (stairs, floors etc) ☐ Storage/stacking of material ☐ Exposure or contact with chemicals or other agents ☐ Exposure to infectious sickness/disease ☐ Visibility ☐ Animals/Insects ☐ Vegetation ☐ Working near water	☐ Work Procedures ☐ Supervision ☐ Prescribed safety equipment or clothing ☐ Training provided ☐ Plant or equipment maintenance ☐ Suitable plant/ equipment ☐ Instructions or information ☐ Poor Fraud controls ☐ Working Alone
Other/Comments:			

Were the works being conducted under a SWMS/ Procedure	☐ YES	☐ NO	☐ NA
If not is a SWMS required	☐ YES	☐ NO	☐ NA
Were the employees following the existing SWMS/Procedure	☐ YES	☐ NO	☐ NA
Does an Existing SWMS / Procedure need Reviewing	☐ YES	☐ NO	☐ NA
Level of Risk (Section 5.0)	☐ Extreme/High	☐ Medium	☐ Low
Does the Incident/Injury Require reporting to WorkSafe (Hazard, Incident and Injury Procedure, Section 7.0) Contact OHS Officer if in doubt	☐ YES	☐ NO	

INDIGO SAFE

INDIGO SHIRE COUNCIL

Supervisor /Managers Incident Actions

Is an detailed Investigation Required(Section8.0) ☐ YES ☐ NO	**Is a Risk Assessment Required (Section8.0)** ☐ YES ☐ NO
Has a Workcover for Employees Kit been issued to the Employee ☐ YES ☐ NO	
Early Medical Intervention Required: **Is the injury directly related to an incident at work?** ☐ YES ☐ NO Was the injured party sent directly from work to the doctor/emergency department for treatment? ☐ YES ☐ NO Has the injured person obtained a Certificate of Capacity off the treating doctor? ☐ YES ☐ NO **Do you the supervisor/manager wish to request to cover the costs of early medical intervention**? ☐ YES ☐ NO	
Supervisor / Foreman / Managers Details	
Name:	
Position:	Department:
Signature:	Date:
If work related please state the name of the Health and Safety Representative (HSR) for the area that was consulted.	HSR's Name:

Actions To Prevent a Reoccurrence: (Section 9.0) For all causes identified above please include an action to correct that cause.	**By Who**	**Due Date**
All corrective actions are to be recorded in Elumina in the Task section of the incident record		
Entered Into Conquest/Merit ☐ YES ☐ NO Reference No_____		

REPORTING PROCESS ONCE FORM IS COMPLETED

Reporting System	Name	Signature	Date
1. Supervisor/Coordinator/Direct Manager			
2. TRIM Give original/Scan/Email /Fax to Records Department to TRIM, **Assignee to relevant Manager where incident occurred** **Original of TRIMED report to OHS Officer**			

INDIGO SAFE

INDIGO SHIRE COUNCIL

TRIM REF.	VERSION NUMBER	PREPARED. BY.	DATE CREATED	CHANGES SINCE LAST	ENDORSED BY:	ENDORSED DATE:	APPROVED DATE:	CEO INITIALS	AUDIT FREQUENCY:
INTERNAL09/311	11	A CUDARS	16.10.2011	26/6/2018	OHS COM	5/2/2015			36 MONTHS