INCIDENT REPORTING AND INVESTIGATION ATTACHMENT 1

***SECTION 3*** *Framework for Health and Safety Management*

HEALTH, SAFETY INCIDENT REPORT FORM

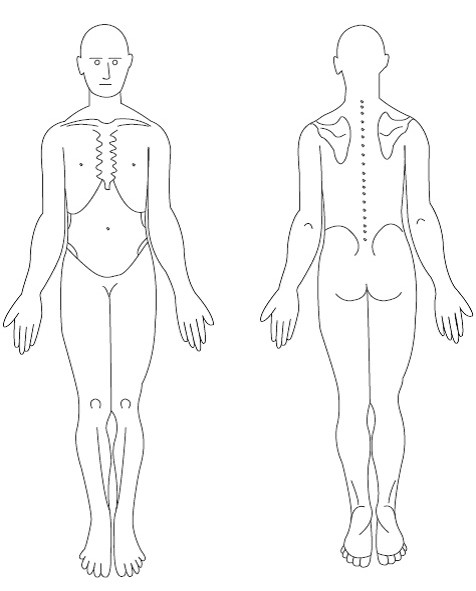
**Incident Outcome and Classification:** (circle one from each row, the incident – including Near Miss, must be rated by the ‘maximum credible potential’, not absolute worst case)

***ATTACHMENT***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Actual (A)** | **1A** | **2A** | **3A** | **4A** |
| **Potential (P)** | **1P** | **2P** | **3P** | **4P** |
| **Injury Outcome:** | **First Aid** | **MTI** | **LTI** | **Near Miss** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time (am/pm)** | | | |
| **Exact Incident Location** |  | | | |
| **Process/Task Description** |  | | | |
| **Incident Description** *(Describe what happened – facts only. Attach additional pages if required)* |  | | | |
| **Immediate Actions Taken** *(Describe what immediate actions were taken – include medical treatment)* |  | | | |
| **Plant/Equipment Involved** |  | | | |
| **Name of person(s) involved in incident/ accident** | **Worker Type** (tick) | | **Name(s)** | **Job Title/Function** |
|  Employee |  Contractor  *Company Name* |  |  |
| **Additional Injured Employee(s)** |  | | | |
| **Witness Name(s)** |  | | | |

**External Medical Treatment Provided**



*(tick and provide details as necessary such as GP visit, specialist, x-ray, scan, ECG, physio etc.)*

 Yes /  No

***SECTION 3*** *Framework for Health and Safety Management*

**Record personal details and mark position on body of any injury and first aid: Date of Birth**

***ATTACHMENT***

**Contact Phone #**

**Length of Employment**

**Hours worked prior to incident**

**Shift**

* Day
* Afternoon
* Night

**Injury Type**

*(cut/internal/sprain)*

**Ensure completed forms are handed to HS Team within 24 hrs. Serious injuries to be notified to manager immediately.**

COMPLETED BY:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | Date |  |
| **Signature** |  | | |
| **Position** |  | Employer |  |
| **External Notification Reqd?**   **Yes /**  **No** | Relevant Authority Notified?   **Yes /**  **No** | Other? ………….....……. | |