
	<h2 style="margin: 0;">Incident / Near Miss Report and Investigation Form</h2>	Version No:	10.0
		Issued:	16 April 2010
		Reviewed:	19 February 2015
		Next Review:	19 February 2017

Report Number: _____ (To be allocated from Incident Register)

COMPLETE REPORT WITHIN 24 HOURS OR AS SOON AS POSSIBLE FOLLOWING INCIDENT/NEAR MISS
Refer to sections 2 & 3 for immediately notifiable incidents

1 Incident Overview		
1.1 Incident Type	1.2 Incident Occurrence	
<input type="checkbox"/> Near Miss <input type="checkbox"/> Harm - Person <input type="checkbox"/> Harm - Environment <input type="checkbox"/> Harm – Council Property <input type="checkbox"/> Harm – Private Property <input type="checkbox"/> Harm – Plant/equipment	<input type="checkbox"/> At work <input type="checkbox"/> Vehicle Incident whilst working <input type="checkbox"/> During a break <input type="checkbox"/> Journey to or from work <input type="checkbox"/> Attending approved study or training <input type="checkbox"/> On Council property (not work related)	
1.3 Date & Time	1.4 Location	
Time: ____:____ am/pm Date: ____/____/20____ Day of Week (<i>circle</i>): Mon Tues Wed Thur Fri Sat Sun	Department: <i>Include address if known. If unknown, describe landmarks.</i>	
1.5 Injured Person (if applicable, otherwise go to Section 1.6)		
<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> General Public		
Name of injured person: _____		
Telephone number: _____ (home) _____ (mobile)		
Postal address: _____		
1.6 Incident Description		
_____ _____ _____ _____		
1.7 Immediate corrective/preventative action(s) taken		
<i>(e.g. isolation, lock-out, barricading, evacuation – provide details)</i> _____ _____ _____		
1.8 Witnesses		
Name:	Name:	Name:
Address:	Address:	Address:
Telephone:	Telephone:	Telephone:
1.9 Reported by (person completing sections 1 – 4)		
Name:	Signature:	
Date: ____/____/20____	Time: ____:____ am/pm	

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2 Injury Details

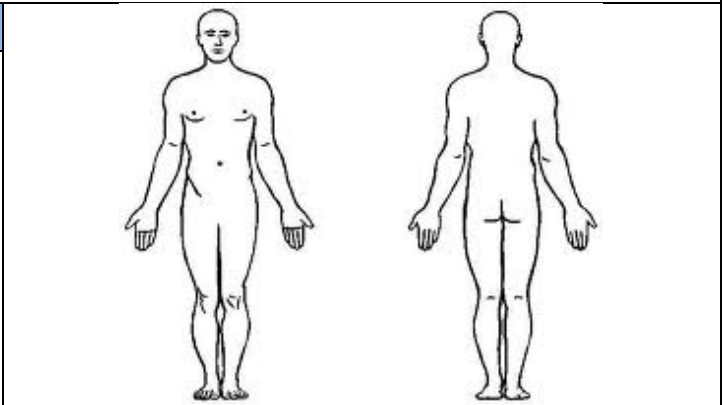
If no injury was sustained, go to Section 3

2.1 Part of Body Injured

<input type="checkbox"/> Skull	<input type="checkbox"/> Upper arm	<input type="checkbox"/> Lower Back	<input type="checkbox"/> Ankle: Left <input type="checkbox"/> Right <input type="checkbox"/>
<input type="checkbox"/> Face	<input type="checkbox"/> Fore arm	<input type="checkbox"/> Stomach	<input type="checkbox"/> Foot: Left <input type="checkbox"/> Right <input type="checkbox"/>
<input type="checkbox"/> Ear: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Elbow: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Heel: Left <input type="checkbox"/> Right <input type="checkbox"/>
<input type="checkbox"/> Eye: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Wrist: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Toes: Left <input type="checkbox"/> Right <input type="checkbox"/>
<input type="checkbox"/> Nose	<input type="checkbox"/> Hand: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Hip: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Heart
<input type="checkbox"/> Mouth	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Neck	<input type="checkbox"/> Fingers: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Upper Leg	<input type="checkbox"/> Nervous
<input type="checkbox"/> Shoulder: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Ribs	<input type="checkbox"/> Lower Leg	<input type="checkbox"/> Psychological
<input type="checkbox"/> Arm: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Upper Back	<input type="checkbox"/> Knee: Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> Other

2.2 Nature of Injury

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Cut – minor	<input type="checkbox"/> Laceration
<input type="checkbox"/> Bite/sting	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Abrasion
<input type="checkbox"/> Bruising	<input type="checkbox"/> Fracture	<input type="checkbox"/> Poison
<input type="checkbox"/> Burn	<input type="checkbox"/> Heat stress	<input type="checkbox"/> Sprain/strain
<input type="checkbox"/> Needle stick – was the object /sharp saved? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Stored at: _____		
<input type="checkbox"/> Other (Please specify): _____		



<h4 style="background-color: #4F81BD; color: white; padding: 5px;">2.3 Treatment</h4>	<h4 style="background-color: #4F81BD; color: white; padding: 5px;">2.4 Serious injury or illness</h4>
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<input type="checkbox"/> No treatment required
<input type="checkbox"/> No treatment sought
<input type="checkbox"/> First aid only
<input type="checkbox"/> Visit to doctor
<input type="checkbox"/> Visit to hospital (outpatients)
<input type="checkbox"/> Admitted to hospital **
<input type="checkbox"/> Fatality **

<input type="checkbox"/> Serious burn **	<input type="checkbox"/> Serious eye injury **
<input type="checkbox"/> Spinal injury **	<input type="checkbox"/> Serious laceration **
<input type="checkbox"/> Serious head injury **	<input type="checkbox"/> Medical treatment within 48 hours of exposure to a substance **
<input type="checkbox"/> Amputation of a part of the body **	
<input type="checkbox"/> Loss of bodily function **	

ALL INJURIES/ILLNESSES MARKED ** ARE NOTIFIABLE INCIDENTS AND MUST BE REPORTED TO SAFEWORK SA IMMEDIATELY ON 1800 777 209. DO NOT DISTURB SITE.

3 Dangerous Incidents

Go to Section 4 if no actual incident occurred, (i.e. near-miss)

<input type="checkbox"/> An uncontrolled escape, spillage or leakage of a substance <input type="checkbox"/> An uncontrolled escape of a pressurised substance <input type="checkbox"/> The collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the WHS regulations <input type="checkbox"/> An uncontrolled escape of gas or steam <input type="checkbox"/> The collapse or partial collapse of a structure <input type="checkbox"/> An electric shock	<input type="checkbox"/> The fall or release from height of any plant, substance or thing <input type="checkbox"/> An uncontrolled implosion, explosion or fire <input type="checkbox"/> The collapse or failure of an excavation or of any shoring supporting an excavation <input type="checkbox"/> The inrush of water, mud or gas in workings, in an underground excavation or tunnel <input type="checkbox"/> The interruption of the main system of ventilation in an underground excavation or tunnel <input type="checkbox"/> Any other event prescribed by the WHS regulations
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IF YOU HAVE TICKED ANY OF THE ABOVE DANGEROUS INCIDENTS, YOU MUST NOTIFY SAFEWORK SA IMMEDIATELY ON 1800 777 209. ANY INCIDENT INVOLVING ELECTRICITY OR ELECTRICAL SHOCKS MUST BE ADVISED TO THE OFFICE OF THE TECHNICAL REGULATOR ON 1800 558 811.

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4 Insurance

At the time of completing this form, is this a Worker's Compensation claim? Yes No
 If yes, LGAWCS Injury Management Information Kit must be completed

At the time of completing this form, is this a property damage claim? Yes No
 At the time of completing this form, is this a public liability claim? Yes No

Name of person handling claim: _____

5 Incident Investigation

This section to be completed by the Manager or Supervisor undertaking investigation, with assistance from Health & Safety Representative (if applicable) and any other investigator(s) deemed appropriate.

5.1 Facts

Describe in detail what happened; attach sketches (including measurements) or photographs of the site & surrounds if possible.

5.2 Witnesses or other people present or involved


Provide names & telephone numbers of all others present as well as their role, (e.g. bystander, plant operator, etc.) Attach witness statements, if taken.

5.3 Contributing Factors

Which of the following has your investigation revealed were contributing factors? Provide details.

<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Excessive workload	<input type="checkbox"/> Dust
<input type="checkbox"/> Incorrect/inadequate equipment or tools	<input type="checkbox"/> Unsuitable work area	<input type="checkbox"/> Fumes/poor ventilation
<input type="checkbox"/> Equipment or tools not available	<input type="checkbox"/> Inadequate lighting	<input type="checkbox"/> Excessive noise
<input type="checkbox"/> Plant or equipment failure	<input type="checkbox"/> Inadequate space	<input type="checkbox"/> Animal (domestic or wild)
<input type="checkbox"/> Inadequate training/licence(s)	<input type="checkbox"/> Slippery surface	<input type="checkbox"/> Insect sting or bite
<input type="checkbox"/> Lack of, or inadequate, procedures	<input type="checkbox"/> Uneven terrain	<input type="checkbox"/> Illness
<input type="checkbox"/> Procedures not followed	<input type="checkbox"/> Poor communication	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Lack of maintenance	<input type="checkbox"/> Manual handling	<input type="checkbox"/> Weather conditions
<input type="checkbox"/> Lack of attention	<input type="checkbox"/> Vibration	<input type="checkbox"/> Misconduct
<input type="checkbox"/> Storage or stacking:	<input type="checkbox"/> Lack of warning signs	<input type="checkbox"/> Other:

Details: _____

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5.4 History

Has this, or a similar, incident occurred in the past? What were the outcomes of that investigation?

6 Recommendations

6.1 Corrective Actions

Which of the following corrective actions have been applied or are proposed? (Provide reasons.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Eliminate the hazard or task | <input type="checkbox"/> Maintenance review | <input type="checkbox"/> Workstation Assessment |
| <input type="checkbox"/> Risk Assessment developed / reviewed | <input type="checkbox"/> Service of equipment | <input type="checkbox"/> Provide training |
| <input type="checkbox"/> Procedure / SWI developed/reviewed | <input type="checkbox"/> Review/change PPE | <input type="checkbox"/> Substitution |
| <input type="checkbox"/> Purchase new plant/equipment | <input type="checkbox"/> Job redesign | <input type="checkbox"/> Disciplinary action |
| <input type="checkbox"/> Modify plant/equipment | <input type="checkbox"/> Change work environment | <input type="checkbox"/> Other: _____ |

6.2 Investigation team additional comments

6.3 Investigation team


Name: _____	Name: _____
Position: _____	Position: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Name: _____	Name: _____
Position: _____	Position: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

7 Actions

7.1 Corrective & Preventative Action Register

No.	Action Required	By whom	Target date	Completed Date

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7.2 Other		
	Date	Signature (as applicable)
<input type="checkbox"/> Notify Chief Executive Officer	_____	_____
<input type="checkbox"/> Notify WHS Coordinator	_____	_____
<input type="checkbox"/> Notify SafeWork SA and/or Office of Technical Regulator of notifiable incidents (If applicable)	_____	_____
<input type="checkbox"/> Notify LGAWCS/LGAMLS of notifiable incident, Workers Compensation, Property or Public Liability Claim (If applicable)	_____	_____
<input type="checkbox"/> Risk assessment reviewed or undertaken	_____	_____
<input type="checkbox"/> HSR notified if not involved in investigation	_____	_____
<input type="checkbox"/> Works request completed – cross reference record	_____	_____
<input type="checkbox"/> Corrective & preventative actions added to Corrective & Preventative Actions Register & reviewed by the WHS Committee	_____	_____
<input type="checkbox"/> Corrective & preventative actions reviewed by work team for effectiveness	_____	_____
<input type="checkbox"/> Incident closed out. WHS Committee meeting date.	_____	_____