

ACCIDENT/INCIDENT REPORT FORM

Date of this report

Incident Number

Incident = An unplanned event which causes or could have caused injury and/or damage to property and/or equipment.

Accident = An incident in which injury and/or damage **does occur**.

In accordance with convention in OHS literature the term 'Incident' is used on this form to refer to both incidents and accidents.

When to Use this Form

- To report any incident, **please send this completed form to the OHS Unit, Registry Annexe.**
- All **fires, electrical shocks, spillages of or exposure to toxic substances, failure of load bearing equipment or structures** must be reported to the OHS Unit immediately (ph 13703) even if there is no injury.
- This form should be completed by the person involved and sent to the OHS Unit within 48 hours of any incident.
- The supervisor should complete the form if the person involved is not available to do so.
- You may immediately contact your elected Health and Safety Representative to assist with incident investigation if you wish. The Occupational Health and Safety Unit will send a copy of this Form to your Representative. Find your Health and Safety Representative at:
http://www.flinders.edu.au/ohsw/org-structure_HSR.html

Details of Person and Incident

Title	Surname	Given Name	School or Department

ID No.	Ext. No.	Home Ph.	Mobile Ph.	E-mail

(please tick) Staff Member Student Visitor
 Affiliate Staff Member Contractor Other _____

Date of Birth	Date Commenced Employment	Occupation	Supervisor
___/___/___	___/___/___		

Time of incident	Date of incident	Place of incident (Room number or a specific corridor or pathway)
___:___ am/pm	___/___/___	

Describe the incident (Include the name of chemicals, process or equipment involved)

What was being done at the time? (eg. driving a forklift, lifting bags of cement, typing)

What went wrong? (eg. brakes failed, slipped on wet floor, arm started hurting while typing)

Contributing Factor Codes

Choose the factors that best explain why the incident occurred and write it in the box →

- | | | |
|------------------------------------|---------------------------------|-----------------------------|
| A Work organisation | A11 Overload/fatigue | C3 Footing |
| A1 Physical fitness | A12 Supervision | C4 Ventilation |
| A2 Personal protection, absence of | B Machine | C5 Noise control |
| A3 Understanding | B1 Machine design | C6 Temperature control |
| A4 Work method | B2 Maintenance | C7 Clearances |
| A5 Tools/equipment | B3 Guards/interlocks | C8 Access |
| A6 Personal protection, inadequate | B4 Ergonomics/furniture | C9 Design problem |
| A7 Instruction | B5 Warning systems | C10 Activities of/by others |
| A8 Interpersonal relations | C Environment | D Footwear |
| A9 Housekeeping | C1 Visibility (obstructed view) | Z Other/chance |
| A10 Deadlines/haste | C2 Visibility (lighting) | |

Action taken to correct problem (eg. further job training, maintenance or housekeeping) – *Continue overleaf if required*

Others present: (Name/s) _____ **Their School/Section:** _____

Details of Injury or Illness

Part of body affected, eg. arm:	Name of illness or description of injury
<input type="checkbox"/> Left <input type="checkbox"/> Right	

Initial Treatment Provider: First Aider Doctor Univ Nurse Hospital Ambulance
 None Physio Chiropractor Counsellor Other _____

Time off (Actual or expected)	Signed by (person or supervisor)
_____/days	

For further information see: www.flinders.edu.au/ohsw/Accid_rept_Comp_claim.html

Please send to: Occupational Health and Safety Unit, Registry Annexe

The Supervisor must complete the next part of this form

WHAT FACTORS CONTRIBUTED TO THIS INCIDENT?

Construction / maintenance problem? No Yes

Was prevention reasonably practicable? No Yes

Were correct procedures followed? No Yes

Organisation of work / Human Behaviour *(explain)*:

Plant / Equipment *(explain)*:

Work area conditions: If any of the following **contributed** to the accident please indicate: *lighting, visibility, footing, ventilation, temperature, noise level, clearances*:

Environmental *(explain)*:

Underlying causes *(eg. training, lack of enforcement of safety rules, maintenance, low safety morale, inappropriate footwear)*:

Additional comments:

ACTIONS TAKEN OR PLANNED TO PREVENT RECURRENCE

To prevent this happening again something **MUST** change.

Action should be based on the main contributing factors and any related underlying causes.

Supervisor Signature: _____

Date: / /

The Occupational Health and Safety Unit will send a copy of this form to your Health and Safety Representative.

The section below will be completed by Occupational Health and Safety Unit

INCIDENT REPORT – Follow-up details

Date: ___/___/___ OHS Unit Member: _____ Date follow-up completed by OHS: ___/___/___

Issues to consider:

Contacted Health and Safety Representative Yes No (Explain)

To download more forms see: www.flinders.edu.au/ohsw/SidebarContents/forms.html

Please send to: Occupational Health and Safety Unit, Registry Annexe