

# ACCIDENT/INCIDENT REPORT FORM

Date of this report **ONLY USE THIS FORM IF YOU DO NOT HAVE ACCESS TO THE ONLINE INCIDENT REPORTING SYSTEM 'FLINSAFE', <http://www.flinders.edu.au/whs/flinsafe/welcome-to-flinsafe.cfm>**

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 WHS literature the term 'incident' is used on this form to refer to both incidents and accidents.

## When to Use this Form

1. To report any incident, **please send this completed form to the WHS Unit at [whs@flinders.edu.au](mailto:whs@flinders.edu.au).**
2. All **fires, electrical shocks**, spillages of or exposure to **toxic substances**, failure of **load bearing equipment or structures** must be reported to the WHS Unit immediately (ph 13703) even if there is no injury.
3. This form should be completed by the person involved and sent to the WHS Unit within 48 hours of any incident.
4. The supervisor should complete the form if the person involved is not available to do so.
5. You may immediately contact your elected Health and Safety Representative to assist with incident investigation if you wish. The Work Health and Safety Unit will send a copy of this Form to your Representative. Find your Health and Safety Representative on the WHS website.

## Do Not Use this Form to report general hazards

- To report building/infrastructure hazards (e.g. loose floor tiles; ingress of water after a storm; broken window sashes) use the *Building Engineering Information Management System (BEIMS)* web-based system. See the Maintenance Section's website for details.
- To report equipment faults please tell your supervisor who will remove the equipment from service and arrange for replacement or repair.

## Details of Person and Incident

<b>Title</b>		<b>Surname</b>		<b>Given Name</b>		<b>Business Area, Department or Company</b>	
<b>ID No.</b>	<b>Ext. No.</b>	<b>Home Ph.</b>	<b>Mobile Ph.</b>	<b>E-mail</b>			
<i>(please tick)</i>		<input type="checkbox"/> Staff Member	<input type="checkbox"/> Student	<input type="checkbox"/> Visitor			
		<input type="checkbox"/> Affiliate Staff Member	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other _____			
<b>Date of Birth</b> ____/____/____		<b>Date Commenced Employment</b>		<b>Occupation</b>		<b>Supervisor</b>	
<b>Time of incident</b> ____:____		<b>Date of incident</b>		<b>Place of incident</b> (Building, room number or a specific corridor or pathway)			
<b>Describe the incident</b> (Include the name of chemicals, process or equipment involved)							
<b>What was being done at the time?</b> (eg. driving a forklift, lifting bags of cement, typing)							
<b>What went wrong?</b> (eg. brakes failed, slipped on wet floor, arm started hurting while typing)							
<b>Contributing Factor Codes</b>							
Choose the factors that best explain why the incident occurred and write it in the box →							
A Work organisation A1 Physical fitness A2 Personal protection, absence of A3 Understanding A4 Work method A5 Tools/equipment A6 Personal protection, inadequate A7 Instruction A8 Interpersonal relations A9 Housekeeping A10 Deadlines/haste		A11 Overload/fatigue A12 Supervision B Machine B1 Machine design B2 Maintenance B3 Guards/interlocks B4 Ergonomics/furniture B5 Warning systems C Environment C1 Visibility (obstructed view) C2 Visibility (lighting)		C3 Footing C4 Ventilation C5 Noise control C6 Temperature control C7 Clearances C8 Access C9 Design problem C10 Activities of/by others D Footwear Z Other/chance		<b>Others present: (Name/s)</b>  _____  <b>Their Business Area/Section:</b>  _____	
<b>Details of Injury or Illness</b>							
<b>Part of body affected, eg. arm:</b>				<b>Name of illness or description of injury</b>			
<input type="checkbox"/> Left <input type="checkbox"/> Right							
<b>Initial Treatment Provider:</b>		<input type="checkbox"/> First Aider	<input type="checkbox"/> Doctor	<input type="checkbox"/> Univ Nurse	<input type="checkbox"/> Hospital	<input type="checkbox"/> Ambulance	
		<input type="checkbox"/> None	<input type="checkbox"/> Physio	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Other	_____
<b>Time off</b> (Actual or expected)				<b>Signed by (person or supervisor)</b>			

Please send to: Work Health and Safety Unit, [whs@flinders.edu.au](mailto:whs@flinders.edu.au)

# The Supervisor must complete the next part of this form

(where practicable in consultation with the area health and safety representative)

<b>WHAT FACTORS CONTRIBUTED TO THIS INCIDENT?</b>	
Construction / maintenance problem?	No <input type="checkbox"/> Yes <input type="checkbox"/> (see: Property, Facilities & Development website)
Was prevention reasonably practicable?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Were correct procedures followed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Organisation of work / Human Behaviour <i>(explain)</i> :	
Plant / Equipment <i>(explain)</i> :	
Work area conditions: If any of the following <b>contributed to</b> the accident please indicate: <i>lighting, visibility, footing, ventilation, temperature, noise level, clearances, obstruction</i> :	
Environmental <i>(explain)</i> :	
Underlying causes <i>(eg. training, lack of enforcement of safety rules, maintenance, low safety morale, inappropriate footwear)</i> :	
Additional comments:	

<b>ACTIONS TAKEN OR PLANNED TO PREVENT RECURRENCE</b> To prevent this happening again something <b>MUST</b> change  Wherever possible you should eliminate the hazard or substitute a less hazardous alternative. If that is not possible please indicate why you have chosen a lower control.	<b>Control Hierarchy</b> Select controls from the highest level you can	
	<sup>1</sup> Elimination	Is the machine, task or process necessary?
	<sup>2</sup> Substitution	Is there a less hazardous alternative?
	<sup>3</sup> Isolation	eg. Restrict access – place a machine in a separate room; use chemicals in a closed container or fume cupboard
	<sup>4</sup> Engineering	eg. Use trolleys to move loads; install guards on machinery; install a fume cupboard
	<sup>5</sup> Administration	eg. Training; safe work procedure; install signs
	<sup>6</sup> PPE–Personal Protective Equipment	eg. Use gloves; respirator; safety glasses; ear muffs for personal protection if there is no better option available
<b>Supervisor Signature:</b> _____ <b>Date signed:</b> _____		

The Work Health and Safety Unit will send a copy of this form to your Health and Safety Representative. **The section below will be completed by the Work Health and Safety Unit**

<b>INCIDENT REPORT – Follow-up details</b>		
<b>Date:</b> _____	<b>WHS Unit Member:</b> _____	<b>Date follow-up completed by WHS:</b> _____
<i>Issues to consider:</i>          		
Contacted Health and Safety Representative <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)		

To download more forms see the WHS Unit's website: Forms  
 Please send to: Work Health and Safety Unit, [whs@flinders.edu.au](mailto:whs@flinders.edu.au).