Appendix 5: AusDBF WH&S Hazard/Incident Notification and Investigation

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| This form is to be used for the notification and investigation of the hazards, near misses and injuries – to enable the risk to be identified and minimised. This form **MUST** be completed within **24 hours** of an injury occurring. For serious bodily injury, dangerous events and serious electrical incidents contact the AusDBF Chair immediately. |
| **Notification:**  Part A – to be completed by the observer or injured person.  Part B – to be completed by the First Aid Responder / Injured person |
| **Investigation:**  Part C – to be completed by the Club Committee/State Board/AusDBF Board |

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| **PART A - HAZARD / MEAR MISS / INJURY DETAILS *(to be completed by Observer or injured person)*** | | | | | | | | | | | | | | | | | | | | | |
| Please tick which scenario is most relevant | | | | | | | | | | | | | | | | | | | | | |
| HAZARD  Hazard = source of potential harm to people, plant, or the environment | | | | | | | | INCIDENT – NEAR MISS  Near miss = event occurred which did not result in an injury | | | | | | | | | | INCIDENT – INJURY  Injury = event occurred which resulted in an injury | | | |
| Name: *(reported by)* | | | | | | | | | | | | | | Mobile: | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: *(d/m/y)* | | | | | | | | | | | Select: Male / Female | | | | | | | | | | |
| Position/Role: | | | | | | | | Date of Event: | | | | | | | | | | Time: am/pm | | | |
| State: | | | Club name: | | | | | | | | | | | | | | | | | | |
| Area: | | | | | | | | | | | Team Leader Name: | | | | | | | | | | |
| Witness: *(if any)* | | | | | | | | | | | Mobile: | | | | | | | | | | |
| Witness email: | | | | | | | | | | | | | | | | | | | | | |
| Location: *(address)* provide map if necessary | | | | | | | | | | | | | | | | | | | | | |
| Incident reported to: | | | | | | | | | Date: | | | | | | | | Time: am/pm | | | | |
| Incident/ near miss occurred during: | | | | | | | | | | | | | | | | | | | | | |
| Weather conditions and physical environment | | | | | | | | | Cold | | | | | | | | | Hot | | Humid | |
| Fine | Rain | | | Night | | | Overcast | | | | | Low Light | | | | Storm | | | | | Windy |
| Hazard/Near miss / Injury Description: | | | | | | | | | | | | | | | | | | | | | |
| Does a work method statement/safe operating procedure exist for this task? Yes / No  Was it followed? Yes / No | | | | | | | | | | | | | | | | | | | | | |
| Details of damage sustained: *(include any damage to plant as result of incident)* | | | | | | | | | | | | | | | | | | | | | |
| Immediate action taken: *(what actions were immediately implemented to eliminate or minimise further impact or occurrence)?* | | | | | | | | | | | | | | | | | | | | | |
| **If injury occurred complete injury form in next section. If no injury complete this first section only** | | | | | | | | | | | | | | | | | | | | | |
| **Completed by:** *(person completing this form)* | | | | | | | | **Signature:** | | | | | | | | | | **Date:** | | | |
| **PART B - INJURY NOTIFICATION DETAILS *(to be complete by First Aider / Injured person)*** | | | | | | | | | | | | | | | | | | | | | |
| Name of First Aid Attendant | | | | | | | | | | | | | | | | | | | | | |
| List PPE *(personnel protection equipment)* worn at time of Injury | | | | | | | | | | | | | | | | | | | | | |
| PFD | | Footwear | | | Clothing | | | | Headwear | | | | | | Glasses | | | | | Sunscreen | |
| **Treatment** | | No treatment | | | | First Aid *(including self-administered)* | | | | | | | Doctor | | | | | | Hospital *(including emergency room)* | | |
| **If sent to Doctor/Hospital by -** | | Private Vehicle | | | Company vehicle | | | | | Taxi | | | | | Ambulance | | | | | Public transport | |

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| **Please tick all applicable boxes-** | | | |
| **INJURY TYPE** | | **BODY PART** | **CAUSE/AGENCY** |
| **□** Abrasion | **□** Fracture | Circle injured location/s at each side  **FRONT VIEW BACK VIEW**  Right Left Right Left | **□** Animal **□** Needle Stick |
| **□** Amputation | **□** Hernia | **□** Biological **□** Noise Exposure |
| **□** Bite/Sting | **□** Infection | **□** Confined **□** Plant/Equip. space |
| **□** Bruising | **□** Internal Injury | **□** Dust **□** Physical assault |
| **□** Burn | **□** Irritation | **□** Electricity **□** PPE |
| **□** Concussion | **□** Laceration/cut | **□** Ergonomics **□** Repetition |
| **□** Crush | **□** Multiple Injuries | **□** Fall from **□** Slide/Cave in height |
| **□** Deafness | **□** Poisoning | **□** Haz. Substance **□** Slip/Trip/Fall |
| **□** Dermatitis | **□** Sprain | **□** Heat/cold **□** Striking object |
| **□** Dislocation | **□** Strain | **□** Hit by Object **□** Vehicle  accident |
| **□** Foreign Body | **□** Stress/anxiety | **□** Job Design **□** Ventilation |
| **□** Other *(specify)* | | **□** Lighting **□** Verbal assault |
| **□** Man. Handling **□** Vibration |
| **□** Other *(specify)* |

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| First Aiders Comments: | | | | | | | | | | | |
| First Aiders Signature: | | | | | | | Date: | | | | |
| Injured person’s signature: | | | | | | | Date: | | | | |
| Rehabilitation Officer notified? | | | | | | | Yes / No | | | | |
| Rehabilitation *(to be completed by Rehabilitation Officer)* | | | | | | | | | | | |
| Rehabilitation Officer Name: | | | | | | | Date: | | | | |
| Is this a recurrence of a previous injury? | | | | | | | Yes / NO | | | | |
| Description of previous injury: | | | | | | | | | | | |
| **Completed by:** *(person completing this form)* | | | | **Signature:** | | | | **Date:** | | | |
| **PART C - INVESTIGATION** | | | | | | | | | | | |
| The purpose of this investigation is to identify the cause and actions that need to be taken to prevent reoccurrence of the hazard/incident and not to lay blame. | | | | | | | | | | | |
| Describe how the incident occurred including the cause and circumstances: | | | | | | | | | | | |
| Has an incident of this nature been reported to you before? Yes / No | | | | | | | | | | | |
| If Yes, please elaborate: | | | | | | | | | | | |
| Was the Club/State member undertaking routine activities when the incident occurred? Yes / No | | | | | | | | | | | |
| If No – explain the activity being undertaken: | | | | | | | | | | | |
| First time task undertaken by injured person | | | | | Performed Weekly | | | | | | |
| Performed less than 2 hours per year | | | | | Performed Daily | | | | | | |
| What conditions contributed to the incident? | | | | | | | | | Housekeeping Standards | | |
| Pre-existing Injury | | Pre-existing Condition | | | | | | Plant/equipment/Tool design | | | |
| Environment | | Workplace Layout | | | | | | Other | | | |
| What acts contributed to the incident? | | | | | | | | PPE not used | | | PPE incorrectly used |
| Hazard/s not identified | | Hazards/s not controlled | | | | | | Work method statement not prepared | | | |
| Procedures not followed | | Incorrect Tools & equipment | | | | | | Work method statement not followed | | | |
| Isolations not performed | | Operating without authority | | | | | | Other | | | |
| What administrative / system failures contributed to the incident? | | | | | | | | | | | |
| Hazard ID & Risk Control | Inspections | | Supervision | | | Permits | | | | Communications | |
| Isolation Breach | Emergency Systems | | Training & Procedures | | | Maintenance | | | | Other | |
| Risk Calculator – Calculate the risk score for the identified hazard/incident | | | | | | | | | | | |
| **LIKELIHOOD** | **CONSEQUENCES** | | | | | | | | | | |
|  | Insignificant  *First Aid Injury*  *0-low $ loss* | Minor  *Medical Treatment Low-medium $ loss* | | | Moderate  *Hospital treatment Notification to WHSQ Medium-high $ loss* | | | Major  *Single fatality*  *Serious bodily injury*  *Major $ loss* | | | Catastrophic  *Multiple fatalities*  *Large $ loss* |
| **A** (Almost Certain)  *Is expected to occur at most times* | M – 52 | H – 64 | | | E – 76 | | | E – 88 | | | E -100 |
| **B** (Likely)  *Will probably occur at most times* | M – 44 | H – 56 | | | H – 68 | | | E – 80 | | | E – 92 |
| **C** (Moderate)  *Might occur at some time* | L – 36 | M – 48 | | | H – 60 | | | E – 72 | | | E – 84 |
| **D** (Unlikely)  *Could occur at some time* | L – 28 | L – 40 | | | M – 52 | | | H – 64 | | | E – 76 |
| **E** (Rare)  *May occur in rare circumstances* | L – 20 | L – 32 | | | M – 44 | | | H – 56 | | | H – 68 |
| Risk Rating | Action Required | | | | | | | | | | Enter your risk here |
| E | Extreme Risk | | | Immediate action required | | | | | | |  |
| H | High Risk | | | Senior Management attention needed | | | | | | |
| M | Moderate Risk | | | Management responsibility must be specified | | | | | | |
| L | Low Risk | | | Manage by routine procedures | | | | | | |