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 – INJURYInjury = 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 **□** Vehicleaccident |
| **□** 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 |