**INCIDENT & INVESTIGATION REPORT FORM**

**Incident Report – Part 1**

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| **Notifiable Incident** – Certain Work-Related Injuries and Dangerous Occurrences | | | | | | | | | | | | | | | | | | |
| Work Health & Safety Act 2012 notifiable incident means:   1. The death of a person; or 2. A serious injury or illness of a person; or 3. A dangerous occurrence | | | | | | | | | | | | | | | | | | |
| * **Is this accident / incident / near miss a Notifiable Incident?** | | | | | | | |  | **Yes** | | | |  | **No** | | |  | |
| * **If Notifiable has CSH&W SA been contacted (82156850, after hours 0417 534 020)** | | | | | | | |  | **Yes** | | | |  | **No** | | |  | |
| * **Has the Worksite Officer been notified** | | | | | | | |  | **Yes** | | | |  | **No** | | |  | |
| **The person with management or control of a workplace must so far as is reasonably practicable, preserve the incident site until an inspector attends the site or directs otherwise.** | | | | | | | | | | | | | | | | | | |
| 1. **Incident Category** | | | | | | | | | | | | | | | | | | |
| **Environment** | | |  | | **Quality** |  | **Safety** | | |  | | **Security** | | | |  | | |
| 1. **Subcategory** | | | | | | | | | | | | | | | | | | |
| **Student** | | |  | | **Worker** |  | **Contractor** | | |  | | **Visitor** | | | |  | | |
| **Client / Resident** | | |  | | **Volunteer** |  | **Other** | | |  | |  | | | |  | | |
| 1. **Incident Type** | | | | | | | | | | | | | | | | | | |
| **Audit** | |  | | **Hazard** | |  | **Near Miss** | | |  | **Suppler Error** | | | |  | | |
| **Complaint** | |  | | **Incident** | |  | **Property Damage** | | |  | **Theft** | | | |  | | |
| **Data Breach** | |  | | **Lost Time** | |  | **Process Error** | | |  | **Trespass** | | | |  | | |
| **Environment** | |  | | **Medical Treatment** | |  | **Psychological** | | |  |  | | | |  | | |
| **First Aid** | |  | | **Medication Error** | |  | **Restrictive Practice** | | |  |  | | | |  | | |
| 1. **Person/s Involved in the Incident** | | | | | | | | | | | | | | | | | | |
| **Full Name:** |  | | | | | | | | | | | | | | | | | |
| **Full Name:** |  | | | | | | | | | | | | | | | | | |

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| 1. **Person Reporting the Incident** | | | | | | | | |
| **Full Name:** | |  | | | | | | |
| 1. **Incident Reported to** | | | | | | | | |
| **Full Name:** | |  | | | | | | |
| **Date Reported** | |  | **Time Reported** | | | |  | |
| 1. **Witness(es) to the Incident** | | | | | | | | |
| **Full Name:** |  | | | | | **Contact Number:** | |  |
| **Full Name:** |  | | | | | **Contact Number:** | |  |
| 1. **Location Details** | | | | | | | | |
| **Sector** |  | | | | **Site** |  | | |
| **Location** |  | | | | | | | |
| **Incident Date** |  | | | **Incident Time** | |  | | |
| **Exact Location** |  | | | | | | | |
| 1. **Incident Details** | | | | | | | | |
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| 1. **Immediate Corrective Actions** | | | |
| **Description** | **Assigned To** | **Due Date** | **Status** |
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| **Incident Investigation Report – Part 2** | | | | | | | | |
| 1. **Investigation Team** | | | | | | | | |
| **Name** |  | | | | **Job Title** |  | | |
| **Name** |  | | | | **Job Title** |  | | |
| **Name** |  | | | | **Job Title** |  | | |
| 1. **Investigation Details / Findings** | | | | | | | | |
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| 1. **Interviews (attach statements)** | | | | | | | | |
| **Yes** | |  | **No** |  | | | **Number** |  |

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| 1. **External Notification (e.g., SafeWork, Office of the Technical Regulator, Police)** | | | | | | | | | | | | | | | | | | | | | |
| **Was External Notification required?** | | | | | | | | | | | **Yes** | | | |  | | **No** | | | |  |
| **Has a Worker’s Compensation claim been lodged?** | | | | | | | | | | | **Yes** | | | |  | | **No** | | | |  |
| **RRTWC Contacted?** | | | | | | | | | | | **Yes** | | | |  | | **No** | | | |  |
| 1. **Potential Risk of Incident** | | | | | | | | | | | | | | | | | | | | | |
| **Consequences that could occur from the incident** | | | | | | | **Likelihood of the incident occurring** | | | | | | | | | | | | | | |
| **1** | **Insignificant** | | First aid treatment | | | | | **A** | | **Rare** | | | | Has not occurred | | | | | | | |
| **2** | **Minor** | | Medical Treatment | | | | | **B** | | **Unlikely** | | | | Has occurred | | | | | | | |
| **3** | **Moderate** | | Significant non-permanent injury | | | | | **C** | | **Possible** | | | | Occasionally occurred | | | | | | | |
| **4** | **Major** | | Permanent Injury | | | | | **D** | | **Probable** | | | | Occurred several times | | | | | | | |
| **5** | **Catastrophic** | | Death / Permanent disabling injury | | | | | **E** | | **Almost Certain** | | | | Has occurred often | | | | | | | |
| **Risk Assessment Matrix** | | | | **LIKELIHOOD** | | | | | | | | | | | | | | | | | |
| **Rare** | **Unlikely** | | | | **Possible** | | | **Probable** | | | | | | | **Almost Certain** | | |
| **A** | **B** | | | | **C** | | | **D** | | | | | | | **E** | | |
| **CONSEQUENCES** | **Catastrophic** | | **5** | **Medium 11** | **Medium 16** | | | | **High 20** | | | **High 23** | | | | | | | **High 25** | | |
| **Major** | | **4** | **Low 7** | **Medium 12** | | | | **Medium 17** | | | **High 21** | | | | | | | **High 24** | | |
| **Moderate** | | **3** | **Low 4** | **Low 8** | | | | **Medium 13** | | | **Medium 18** | | | | | | | **High 22** | | |
| **Minor** | | **2** | **Low 2** | **Low 5** | | | | **Low 9** | | | **Medium 14** | | | | | | | **Medium 19** | | |
| **Insignificant** | | **1** | **Low 1** | **Low 3** | | | | **Low 6** | | | **Low 10** | | | | | | | **Medium 15** | | |
| **Risk Level** | | **Risk Score** | | **Timeframe for Implementation of Control Measures** | | | | | | | | | | | | | | | | | |
| **High** | | **20 - 25** | | Act Immediately or within 24 hours to lower the risk to an acceptable level or as low as reasonably practicable. | | | | | | | | | | | | | | | | | |
| **Medium** | | **11 - 19** | | Act within 21 days to reduce the risk to an acceptable level or as low as reasonably practicable. | | | | | | | | | | | | | | | | | |
| **Low** | | **1 - 10** | | Act within 60 days to reduce the risk to an acceptable level or as low as reasonably practicable. | | | | | | | | | | | | | | | | | |
| **Note**: a higher risk number means a higher priority within that risk level (e.g., a Low 10 is higher priority than a Low 1). | | | | | | | | | | | | | | | | | | | | | |
| 1. **Immediate Corrective Actions – automatically inserts from incident report on system** | | | | | | | | | | | | | | | | | | | | | |
| 1. **Root Causes** | | | | | | | | | | | | | | | | | | | | | |
| **Management System –** Is the Management System a root cause? | | | | | | | | | | | | | **Yes** | | |  | | **No** | |  | |
| **Environment –** Is the Work Environment a root cause? | | | | | | | | | | | | | **Yes** | | |  | | **No** | |  | |
| **Equipment & Tools –** Are the Equipment & Tools a root cause? | | | | | | | | | | | | | **Yes** | | |  | | **No** | |  | |
| **Human Factors / Behaviour –** Are Human Factors / Behaviours a root cause? | | | | | | | | | | | | | **Yes** | | |  | | **No** | |  | |
| **Training –** Is Training a root cause? | | | | | | | | | | | | | **Yes** | | |  | | **No** | |  | |
| **Other** | | | | | | | | | | | | | **Yes** | | |  | | **No** | |  | |
| 1. **Corrective Actions** | | | | | | | | | | | | | | | | | | | | | |
| **Description** | | | | | | **Assigned To** | | | | | | | **Due Date** | | | | | **Status** | | | |
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| 1. **Distribution List** (will populate when entered onto the database) | | | | | | | | | | | | | | | | | | | | | |

**Please forward this Incident Report to your WHS Coordinator, Risk & Compliance Officer, or delegated personnel for further Investigation.**