**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**
 |
|       |
| 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** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| 1. **Distribution List** (will populate when entered onto the database)
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**Please forward this Incident Report to your WHS Coordinator, Risk & Compliance Officer, or delegated personnel for further Investigation.**