# Accident/Incident/Hazard Investigation Report

## F5140101

**PART A. – Incident details** *(what happened)*

**Accident/Incident** *(near miss or injury) to be completed by the person involved within 24 hours of incident occurring*

**Hazard** *(something that has a potential to cause injury or harm) to be completed by the person identifying a hazard*

1. ***Personal Information***

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| **South Metro TAFE Employee** | **Student** | | | | **Visitor / Contractor** |
| **Name: Richard Pountney** | | | **Occupation: Student** | | |
| **Residential Address:** | | | | | |
|  | | **Post Code:** | | **Gender:** Male / Female | |
| **If Contractor - Company Name:** | | | | | |

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| **Exact location**  ***Campus: South Metro Section: Block 8 Room: 70*** |
| **What activity was taking place at the time?** |
| **What caused the hazard, incident or injury?**  Animal  Chemicals/Substances  Electrical  Environment - indoor/outdoor  Equipment  Hand tools  Machinery  Manual Handling / Ergonomics  Other person  Vehicle  Other / no specific cause……………………………………………………………………………………….. |
| **What was the mechanism of incident or injury?**  Contact with/by  Caught between/on  Exposure e.g. noise, heat  Fall same level  Fall different level  Muscular strain/overexertion  Psychological  Repetitive movements  Struck by/against  Trapped in  Other / no specific cause ………………………………………………………………………………… |
| **Explain what happened or what the hazard is** (in own words- photo’s, sketches may be attached): |

1. ***Details of Hazard/ Incident/Injury***

***3. Incident Information***

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| **Injured body location:** (circle) | **Date of Incident: Time of Incident:**  **Incident Outcome:**  Hazard  Near Miss  First Aid  Medical Treatment  Lost Time  **Detail initial first aid, advice or support given** |
| **Nature of injury/disease:**  (e.g. superficial, sprain/strain, nil) |
| **Witnesses** (name, contact number and involvement):  ……………………………………………………………………………………………………………………………………………..…………………… | |

**Reporting Person’s Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print name of person report given to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Manager/Supervisor)

**PART B – Incident Investigation** *(to be completed by the immediate supervisor of the reporting person in consultation with a safety representative)*

1. ***Details of Hazard/ Incident/Injury***

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| **SAFETY CHECK (At the time of the incident) (tick appropriate boxes)**  **YES NO N/A**  A. Has person been trained in task relating to injury?  B. Was appropriate work method used?  C. Were correct equipment/materials available?  D. Ware correct equipment/materials used?  E. Was safety equipment available?  F. Was safety equipment in use?  G. Any other contributing factors?  If NO or G box was ticked please give details and the corrective actions that took place.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. ***Hazard/Incident Risk Assessment –*** please circle relevant risk, scoring as if no remedial action has occurred

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|  | | **Likelihood** | | | | |
| 1 | 2 | 3 | 4 | 5 |
| **Consequences** | | **Rare**  The event may occur in exceptional circumstances | **Unlikely**  The event could occur sometimes | **Moderate**  The event should occur sometimes | **Likely**  The event will probably occur in most circumstances | **Almost Certain**  The event is excepted to occur in most circumstances |
| 1 | **Insignificant**  No injuries or health issues | **Low** | **Low** | **Low** | **Low** | **Moderate** |
| 2 | **Minor**  First aid treatment | **Low** | **Low** | **Moderate** | **Moderate** | **High** |
| 3 | **Moderate**  Medical treatment. Potential LTI | **Low** | **Moderate** | **High** | **High** | **Critical** |
| 4 | **Major**  Permanent disability or disease | **Low** | **Moderate** | **High** | **Critical** | **Catastrophic** |
| 5 | **Extreme**  Death | **Moderate** | **High** | **Critical** | **Catastrophic** | **Catastrophic** |

**Risk Rating:**

**Low Risk:** Acceptable risk and no further action required as long as risk has been minimised as possible. Risk needs to be reviewed periodically.

**Moderate Risk:** Tolerable with further action required to minimise risk. Risk needs to be reviewed periodically.

**High Risk:** Tolerable with further action required to minimise risk. Risk needs to be reviewed continuously.

**Critical Risk:** Unacceptable risk and further action required immediately to minimise risk.

**Catastrophic Risk:** Unacceptable risk and urgent action required to minimise risk.

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| **Low Risk**  Acceptable with periodic review | **Moderate Risk**  Tolerable with periodic review | **High Risk**  Tolerable with continuous review | **Critical Risk**  Intolerable | **Catastrophic Risk**  Intolerable |

1. ***Corrective Action Required (what action is required to be taken to control the risk and ensure this does not happen***

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| Remove incident causes or eliminate hazards.  Change work procedures or workplace designs.  Isolate or separate causes of the incident or hazard.  New engineering, mechanical or equipment supplies.  Document and communicate to staff changes in policies and procedures or complete Job Safety Analysis etc.  Complete additional or new training.  Provide personal protective equipment. |
| **Corrective Action Explanation / Comments:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Person Responsible** for corrective action: …………………………………………….. |

Manager/Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_

OSH Rep Involved in this Investigation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

OSH Rep Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please forward to your Campus Manager for action and information**

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| **Campus Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**          **Signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please forward onto OSH Team for action and information –** [**osh@smtafe.wa.edu.au**](mailto:osh@smtafe.wa.edu.au)

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| **OSH Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |