



Document Title: One Harvest Accident Investigation Form OHS-030

## Accident/Incident Investigation Form

Accident ☐

Date: 24/3/13 Accident/Incident No: 03991

Incident ☒

Accident/Incident Description: Turned blue hose on at  
start of shift from scania system & large  
build up of air made hose go off &  
torced wrist causing pain

### Completed

- |        |                                                                                    |                                         |                             |
|--------|------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| STEP 1 | Person investigating accident or incident completes Section 1 to 8.                | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| STEP 2 | Witness/es complete Section 9 (copy this page first if more than one witness).     | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |
| STEP 3 | The Safety Officer and Team Leader/Supervisor complete Section 10.                 | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |
| STEP 4 | Attach photographs of area and equipment.                                          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| STEP 5 | The Team Leader/Supervisor responsible for corrective action completes Section 11. | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |
| STEP 6 | Send copy of report to the Division of Workplace Health and Safety, if required.   | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |
| STEP 7 | File report.                                                                       | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |



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**1 WHO HAD THE ACCIDENT?**

Name Tracey Barton Date of Birth \_\_\_\_\_

Occupation 2ic Hygiene

**2 ACCIDENT/INCIDENT DESCRIPTION**

**2.1 When did it happen?** Time: 09:10 pm Date: 24/3/13

**2.2 Where did it happen?** TRIM Room.

**2.3 What job was being performed?** Cleaning of lines

**2.4 What inflicted the injury or damage?** Blue cleaning hose

**2.5 Who was in control of what inflicted the injury or damage?**

Name: Tracey Barton

Occupation: 2ic Hygiene

**2.6 What happened?** Turned on blue hose at nozzle and

hose buckled jamming wrist.



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**3 WORK AREA CONDITIONS**

**3.1 Nature of Operations:-**

Receivables ☐  
Trim Room ☒  
Clean Room ☐  
Dry Packing ☐  
Despatch ☐  
Daily Fresh ☐  
Engineering ☐  
Office ☐

**3.2 Lighting:-**

Daylight Good ☐ Poor ☐ Bad ☐ Glare ☐  
Artificial Good ☒ Poor ☐ Bad ☐ Glare ☐

**3.3 Footing:-**

Firm & Secure ☒ Uneven ☐ Slippery ☐ Insecure ☐

**3.4 Ventilation**

Good - clear air ☒ Moderate - some fumes ☐  
Poor - fumes noticeable ☐ Bad - concentration of fumes or gases ☐

**3.5 Temperature**

Very low ☐ Low ☒ High ☐ Very high ☐

**3.6 Noise**

Low ☐ Medium ☒ High ☐ Distracting ☐

**3.7 Visibility**

Good ☒ Bad ☐

**3.8 Weather**

N/A

Fine ☐ Drizzle ☐ Steady rain ☐ Heavy rain ☐  
Wind ☐ Light ☐ Moderate ☐ Strong ☐



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3.9 Clearances

Clear area ☒ Restricted ☐ Congested ☐ Confined ☐

☐ Other (please describe):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 EQUIPMENT

4.1 What equipment was being used? Scissor blue hose alto system  
safety net

4.2 Was it adequate for the operations? Yes ☒ No ☐

(If no, how was it defective?) \_\_\_\_\_

5 SAFEGUARDS

5.1 What was available? Rubber grip around nozzle to soften jarring

Was this available? Yes ☒ No ☐

(If no, why not?) \_\_\_\_\_

Were they effective? Yes ☐ No ☒

(If no, why not?) Rubber grip softens impact but hose  
still kicks + splatters

6 CLOTHING

6.1 Was injured persons clothing suitable? Yes ☒ No ☐

(If no, why?) \_\_\_\_\_

6.2 Protective apparel available Wet weather gear, chemical resistant  
gloves, hair net, safety glasses

Was it used? Yes ☒ No ☐

(If not, why not?) \_\_\_\_\_

Was it effective? Yes ☒ No ☐

(If no, why not?) \_\_\_\_\_





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**7 PERSONS INVOLVES - JOB KNOWLEDGE**

7.1 How long at this occupations/job?

Months ☐

Years ☒

7.2 What job instruction had been given?

SOP 002

Forming & Sanitizing

By whom?

Name

SOPRA

Position

DAVE RAMSAY

EWOLAB

ALAN McGAHERY

7.3 Was instruction adequate?

Yes ☐

No ☒

(If no, why not?)

No mention in SOP regarding air pressure  
potentially causing hose to jolt so hose nozzle  
needs to be turned gently

7.4 Understanding of English?

Good ☒

Fair ☐

Poor ☐

8

WHAT CAUSED THE ACCIDENT/INCIDENT?

Air pressure in hose when  
mixed with water to provide the high  
pressure for cleaning appears to be  
intermittent at best from the main unit  
and hits in bursts giving uneven pressure  
feed to the hose, this causes the hose  
to jar and bounce when handled.



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**9 WITNESS STATEMENTS**

Name Peter Brown Position Level A Hygiene

Trouny reported that injury had occurred to  
hand when operating these

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**10 RECOMMENDATIONS TO PREVENT RECURRENCE**

- Review feed of air pressure to satellite unit in Train to see if flow can be adjusted to be more even
- Booster pump located in Root Vard to provide constant independent air pressure to scania units on old system
- Change control switch on nozzle to a double switch as opposed to single switch

**Safety Officer**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Team Leader/Supervisor**

Name Richard Strassman

Signature [Signature]

Date 27/8/13

**11. ACTION TAKEN TO PREVENT RECURRENCE**

- Teams made aware to handle hose carefully short team and let pressure out gradually
- Maintenance is reviewing air intake to have looking for any build up or leaks
- Small water leak found near attachment nozzle of satellite - mep job logged to repair - photo shown to maintenance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Leader/Supervisor