APOLLOKITCHENS

Incident and Investigation Report

This form is used to report all accidents/incidents and near misses, whether an injury occurred or not and to document the investigation into the incident. Please complete this form as soon as possible after the incident occurred. Notifiable incidents must be reported to the Regulator immediately.

PART A: INJURED PERSON'S DETAILS (completed by person involved or by the Manager)			
Full name of injured person:	GREGORY HOLLIER	Date of birth	8-11-1964.
Workers address:	57 Huntley RD Bensville. 2251		
Department & location:	APOLLO KITCHENS MORRISET		
Occupation:	TRUCK DRIVER	Phone: 0432626322.	
☑ Employee	☐ Contractor	☐ Visitor	Company:

DETAILS OF THE INCIDENT				
Date of incident/injury:	17/04/2020.	Time:	250	~~am~~/ pm
Exact location of incident:	Loading dock.			

Operation & industry the worker/contractor was engaged in at time of incident:

NORMAL DUTIES, TRUCK DRIVER & DELIVERY DRIVER AT MORISSETT FACTORY

DETAILS OF TREATMENT (if any)		
☐ Medical Practitioner Details: AS PER DOCUMENT	☐ Nil	☐ First Aid
Details of treatment: PAINKILLERS	☐ Hospital Details:	
Was there any time lost (please tick)	☑ Nil	☐ YES days
Workers Compensation claim lodged:	☐ YES	☐ NO
Regulator notified:	☐ YES	☐ NO

CAUSE OF INJURY (tick box)				NATURE OF INJURY (tick box)			
☐	Pushing / pulling	☐	Moving plant	☐	Cut	☐	Fracture
☐	Trip/slip/fall	☐	Biological	☐	Bruise	☐	Burn
☐	Falling object	☐	Chemical	☑	Sprain/ strain	☐	Abrasion
☐	Vehicle	☐	Person/animal	☐	Electric shock	☐	Other (describe)

WHAT BODY PART WAS AFFECTED?							
☐	Head	☐	Hand (right)	☐	Hand (left)	☐	Fingers
☐	Face	☐	Knee (right)	☐	Knee (left)	☐	Ankle(right)
☐	Eye (right)	☐	Leg (right)	☐	Leg (left)	☐	Ankle (left)
☐	Eye (left)	☐	Nose	☐	Ears	☐	Abdomen
☐	Trunk / Back	☐	Foot (right)	☐	Foot (left)	☐	Other (describe) SHOLDER. /LEFT.
☐	Neck	☐	Arm (right)	☐	Arm (left)		

PART B: THE INCIDENT (completed by Manager in consultation with injured person)

Describe what happened:
WHEN LIFTING A KITCHEN CUPBOARD FROM THE GROUND ONTO THE BACK OF THE TRUCK, I FELT A SHARP PAIN IN MY LEFT HAND SHOULDER. THE PAIN HAS BEEN ONGOING AND I HAVE BEEN TAKING PAINKILLERS FOR THE PAIN.

Were they any witnesses: [please tick]	☐ Yes ☐ No (if yes, list names below)		
Name: X	PETER THOMAS	Phone:	
Name: X		Phone:	

INCIDENT ANALYSIS

What factors contributed to the incident: eg plant/equipment, work organisation, work methods, worker behaviour and environment?

LIFTING CABINETS ON TO TRUCK, TWO MAN LIFT

PREVENTION

What was the IMMEDIATE action taken following the incident? Can you eliminate the hazard?

NO HAZARD, REPETERTIVE LIFTING WAS THE REASON FOR INJURY

What action will be taken to prevent a recurrence? Implement controls using the hierarchy of controls. (Refer to the WHS risk management procedure)

ALL CABINETS LIFTED TO BE TWO MAN LIFT.

APOLLOKITCHENS

Corrective action follow up. Check that controls are effective in minimising the risk. MONITORED LOADING OF TRUCKS NO ISSUES ARISING.		
COMPLETION OF INVESTIGATION		
Incident Investigated by:	Name:	Position:
	Signature:	Date:
Workers Manager	Name: MICHAEL CARLIN	Position:
	Signature:	Date:
Injured Worker	Name: GREG Hollyer.	Position: TRUCK Driver
	Signature:	Date:

Return completed form to _____