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:	Ri Tong Luo (Tony)	Date of birth 29/9/1967	
Workers address:	17 Long St, Smithfield		
Department & location:	C and C, edge blender department		
Occupation:	Carpenter	Phone:	0410 618 143
☑ Employee	☐ Contractor	☐ Visitor	Company: Apollo Kitchens

DETAILS OF THE INCIDENT				
Date of incident/injury:	22/7/2020	Time:	10	ⓐm/ pm
Exact location of incident:	Edge blender machine area			
Operation & industry the worker/contractor was engaged in at time of incident: edge blending				

DETAILS OF TREATMENT (if any)		
☑ Medical Practitioner Details:	☐ Nil	☐ First Aid
Details of treatment:	☐ 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)
☐	Neck	☐	Arm (right)	☐	Arm (left)		

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

Describe what happened:

The edge blending machine was turned off after use and trimming scraps were needed to be removed. While removing the scraps, Tony's fingers made contact with the circular, moving saw in the machine even after deactivated.

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

INCIDENT ANALYSIS

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

edge blending machine (equipment)

PREVENTION

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

The manager was immediately contacted and a bandage was wrapped around the wound

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

A wood plank will be used the next time to remove trimming scraps

Corrective action follow up. Check that controls are effective in minimising the risk.

Revision of training, policies & procedures. Discussed with workers & instruction to be reviewed & displayed clearly.

COMPLETION OF INVESTIGATION		
Incident Investigated by:	Name: *Adriana Selim*	Position: *Group HR Mgr*
	Signature: *(signed)*	Date: *24-7-2020*
Workers Manager	Name:	Position:
	Signature:	Date:
Injured Worker	Name:	Position:
	Signature:	Date:

Return completed form to ___*HR*___