

David Berlusconi

From: Victor Sultana
Sent: Thursday, 3 January 2019 6:14 PM
To: David Berlusconi
Subject: Incident Report for Alex Callisto
Attachments: doc16175920190103182031.pdf

Hi David,

Attached is the incident report for the above.

I have also requested video footage from security for the 22nd December 9:45am, I had a quick look and there is no evidence to suggest anything had occurred or he had actually pushed or dragged an oil boy at this time frame.

We may have a case when he may be falsifying the incident, we have high res cameras installed in the workshop, he seems to be walking fine throughout the whole day worked.

Kind Regards,

Victor Sultana
Dealer Principal

POWER FORD CASTLE HILL
17 Victoria Avenue, Castle Hill NSW 2154
Tel T: (02) 9680 4799 Mob :: 0418 683 852
Email EE: vsultana@powerford.com.au
Website: www.powerford.com.au

Dealer Code: 28120

The Power to Please
"DRIVEAWAY SMILING"

CONFIDENTIALITY NOTICE

The information contained in this communication is confidential to the sender and is intended only for use of the addressee. Unauthorized use, disclosure or copying is strictly prohibited and may be unlawful. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. If you have received this message in error please notify Australian Automotive Group Pty Limited Trading as Power Ford on (61) 2 9680 4799 immediately. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the views of Australian Automotive Group Pty Limited Trading as Power Ford.

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A - INJURED WORKERS DETAILS

Name Alex Callisto Gender ☒ Male ☐ Female
Position title Apprentice (4th year) Tech Date of Birth 24/05/1997
Site location employed at Power Ford Shift time 8.4pm

PART B – PERSON COMPLETING THIS FORM

Full Name Alexander Callisto
Position Apprentice (4th year) Tech
Relationship to the Employee _____
Time you reported this incident to your manager 22/12/2018

PART C – INCIDENT DETAILS

Where did the injury occur ☐ as above ☐ other (specify) _____

Date of Injury 22/12/2018 Time of injury 9.45am

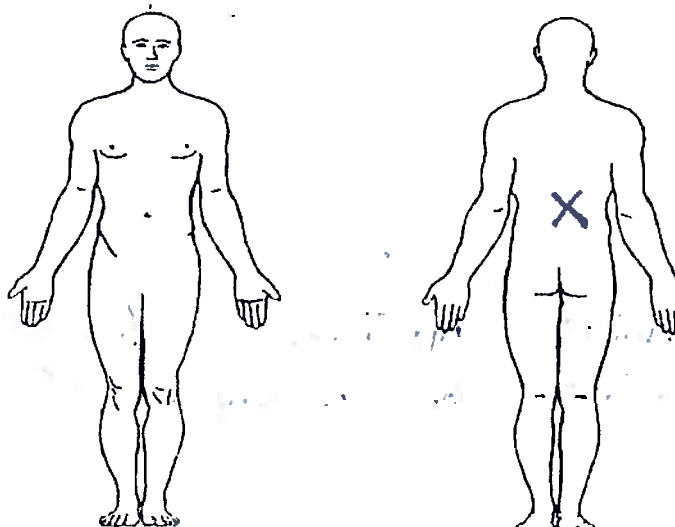
Full Name Alex Callisto Contact No _____

Was there any witnesses ☒ No ☐ Yes (specify) _____
Contact No _____

Is photo evidence attached ☒ No ☐ Yes (specify) _____

What training was completed ☐ None ☐ SOP ☒ Tool Box ☒ Site Induction ☒ AAG Induction ☐ Other (specify) _____

Please mark the location of where the injuries occurred. Please Take note of the left and right side of the body and add notes as required.



AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

PART D – INCIDENT TYPE – Please ensure all relevant categories are marked

- | | | |
|--|--|---|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Electric shock | <input type="checkbox"/> Sound and pressure |
| <input type="checkbox"/> Serious lacerations | <input type="checkbox"/> Burn(s) | <input type="checkbox"/> Body Stressing |
| <input type="checkbox"/> Minor lacerations | <input checked="" type="checkbox"/> Manual Handling <i>A. Callisto</i> | <input type="checkbox"/> Bullying, Harassment |
| <input type="checkbox"/> Falls, Slips, Trips (from height) | <input type="checkbox"/> Hitting object with body part | <input type="checkbox"/> Mental Stress |
| <input type="checkbox"/> Falls, Slips, Trips (from same level) | <input type="checkbox"/> Hit by moving object | <input type="checkbox"/> Near Miss |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Chemical related | <input checked="" type="checkbox"/> Other <i>dragging/pulling</i> |

PART E – REMEDY – Please ensure all relevant categories are marked

- | | | |
|--|--|--|
| <input type="checkbox"/> No First Aid Required | <input type="checkbox"/> Medical Treatment (Hospital) | <input type="checkbox"/> Fatality |
| <input type="checkbox"/> First Aid Required – No Doctor Required | <input checked="" type="checkbox"/> Medical Treatment (Medical Centre) | <input type="checkbox"/> N/A Near Miss |

PART F – ADDITIONAL MATTERS – Please ensure all relevant categories are marked

- | | | |
|---|--|---|
| <input type="checkbox"/> SWP was not followed | <input checked="" type="checkbox"/> Equipment was not sufficient | <input type="checkbox"/> N/A Near Miss |
| <input type="checkbox"/> There was improper supervision | <input checked="" type="checkbox"/> Equipment was damaged | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> There was improper training | <input type="checkbox"/> Equipment was misused | |

PART G – DESCRIPTION OF INCIDENT – Please ensure all relevant categories are marked

22/12/2018 9.45am:
 pulled an oil drainer (damaged caster wheels) felt a muscular twitch
 in my lower back region. could not move for a few seconds until the
 pain went away. took panadol as the pain was still lingering. went home
 later that day could still feel a sharp pain applied heat pack to lower back
 region. ever since pain has only been masked.

PART H – IMMEDIATE ACTION TAKEN

Panadol at 10am with my morning tea

PART I – ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Alexander Callisto	App Tech	<i>A. Callisto</i>	3/1/2019
Peter Sinclair	Ass. Svc manager	<i>[Signature]</i>	3/1/19
Victor Sultane	Dealer Principal	<i>[Signature]</i>	3/1/2019.



My Family Health Medical Centre
2/3 Rodeo Rd, Gregory Hills NSW 2557
Ph: 02 7200 7100, Fax 02 7200 7101
Email: info@myfamilyhealthmc.com.au

Medical Certificate

THIS IS TO CERTIFY THAT

I have reviewed/ examined Mr Alexander Callisto on 2/1/2019. In my opinion he is suffering from a medical condition and is unable to attend his usual occupation on:

Wednesday, 2 January 2019.

This Certificate was completed on 2/1/2019

Dr Tania Hasib
MBBS, AMC, MRCOG(UK), FRACGP
402816EB

Medical Certificate