

Completed : Add Incident Notification

Incident No	INC0011398
Module	Incident
Organisation	JHG 100 RAL NSW R189
Rail Division	NSW
Word Templates	
Notes/Images	R189 - Hunt8r Alliance

Incident Location & Class Details

Occurrence Date of the Incident: Time of Occurrence:
 Date of Notification: Time of Report:

JH Supervisor:

Craig Cook

Contractor Supervisor:

Site/Office Location:

Discipline:

Rail

Project Type:

Alliance

People Injury:

FAI

Property Damage:

yes

Environmental Damage

no

Environment Incident Class.:

Not Applicable

Type of Environment Impact:

Not Applicable

Rail safety incident (rail only)

no

Rail Safety Incident Class.:

Not Applicable

Railway Terminology

Not Applicable

Rail Occurrence Cat

Not Applicable

Overall Incident Potential Rating:

2P

Estimated \$ Cost of Damage:

0000000

Nature of Incident:

Contusion

Body Location

Hand, fingers and thumb - unsp

Mechanism of Incident:

Being hit by moving objects

Agency of Incident:

Other mobile plant

Image-ID

Attach first image here.

Attach additional images in the NOTES section of this screen.

Incident Description Details

Process/Task
Description:

Driving

Employee Type:

Indirect

JH Employee ID No.:

JH Emp Surname

Search:

JH Employee Position:

Unspecified

Contractor Surname:

Sherring

Cont. Position Classif.

Water Cart Driver

Contractor Company

Goldsprings Earthmoving

Name:

Additional Injured
Employees:

Name of All
Witnesses:

Nil

Exact Location of
Incident:

Main north line at 225.000 Km

Description of the
Incident:

water cart was travelling toward worksite when driver found a soft edge on access road and rolled down batter.

Immediate Actions
Taken:

Driver was checked for injuries

Truck was made safe and spill kits

deployed around fuel tank.

Site was placed under "Non

Disturbance"

No treatment provided

External Medical
Treatment Provided:

No treatment provided

Notification Details

Inc. Point of
Contact:

Jason Hudson

Contact
Number:

0427 681 707

External
Notification

yes

Relevant
Authority
Notified:

no

Required:

yes

Client Notified:

yes

Client Notified Date

23/07/09

OFSC Notified:

no

Other
Notification:

no

Details of
Notification:

Comcare Notification should be completed by Regional or Operations Safety Manager.

Comcare Notification Required	<input type="checkbox"/>
Comcare Incident Type:	Unspecified
Comcare Notification Date:	<input type="text"/>
Method of Incident Notification:	Unspecified
Prohibition Notice Date Received	<input type="text"/>
Improvement Notice Due by Date	<input type="text"/>
Section 43 Due By:	<input type="text"/>
Comcare Invest Status:	Unspecified
Comcare Comments:	<input type="text"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	
All Incident Notifications and Investigations must be ticked for send when completed.	
Send Notification:	<input type="checkbox"/> <input checked="" type="checkbox"/>
Send Investigation:	<input type="checkbox"/> <input checked="" type="checkbox"/>
Class 1 Notification:	<input type="checkbox"/> <input checked="" type="checkbox"/>
Class 1 Investigation:	<input type="checkbox"/> <input checked="" type="checkbox"/>
Last Notif:	<input type="text"/> 23/07/09
Sent:	<input type="text"/>
Last Invest	<input type="text"/>
Sent:	<input type="text"/>
Class 1 Notif	<input type="text"/>
Sent:	<input type="text"/>
Class 1	<input type="text"/>
Invest Sent:	<input type="text"/>

Update

