**Notifiable Incidents must be reported to Comcare.**

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| **Part A: Hazard/Injury/Incident Report (to be completed by the involved worker or manager)** | | | |
| **Is this a** 🗹 Hazard Report 🞎 Injury Report 🞎 Incident (i.e. near miss) report? | | | |
| **Is this a Notifiable Incident?** 🗹 No 🞎 Yes Date Reported to Comcare: | | | |
| Hazard Report No | 256 | Area of work | Front office |
| Date of Report | 2 May 2019 | Specific hazard/Incident location | Main Office, Sydney NSW |
| Date of incident | 2 May 2019 | Time of incident | 9.30 am |
| Reported by | Jen Barber  Payroll Officer | Contact phone number | (08) 9333 5555 |
| Contact email | jbarber@hotmail.com |
| Name of person injured (if applicable) | Jen Barber  Payroll Officer | Contact phone number | (08) 9333 5555 |
| Contact email | jbarber@hotmail.com |
| **Hazard Description** | | | |
| **Nature of injury (if applicable)** | | | |
| Eye strain due to lack of lighting | | | |
| **Part of body injured (if applicable)** | | | |
| Eyes | | | |
| **Treatment Outcome (if applicable)**  🗹 Nil Required 🞎 First Aid 🞎 Medical treatment from GP 🞎 Hospital | | | |
| **Description of hazard/injury/incident** | | | |
| Insufficient lighting causing eye strain and headaches affecting quality of work and overall productivity | | | |
| **How did the hazard/injury/incident occur (contributing factors)?** | | | |
| Insufficient lighting | | | |

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| PART B: Corrective Actions (to be completed by the Station Manager) | | |
| What needs to happen?  (to ensure that similar incidents do not occur in the future or to minimise the risk from the hazard) | **By When?** | **Person**  **Responsible** |
| Consult with an Ergonomist to evaluate, design and implement a safer work environment. The Ergonomist will provide an over-all effective workplace environment, making sure the worker has enough work breaks to reduce eye strain and ensure lighting is sufficient by replacing lighting with the appropriate overhead localised lighting. | Asap  9 May 2019 at the latest | Mike Booth, Managing Director |

For management use:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PART C: SIGN OFF | | | | |
|  | **Name** | **Date** | **Phone** | **Signature** |
| Controls to be completed by: | Mike Booth, Managing Director | 9 May 2019 | (08) 9625 4161 | Mike Booth |
| Approved by organisational unit head/officer | Rose Hargreaves, Chief Executive Officer | 3 May 2019 | (08) 431 2126 | Rose Hargreaves |
| Completion verified by health and safety representative (HSR) | Dmitri Lavrov, WHS Officer | 10 May 2019 | (08) 318 6543 | Dmitri Lavrov |

References

Australian Government.Comcare.(2016).Comcare: Work Health and Safety (WHS) Management Plan Template

Retrieved from: <https://www.comcare.gov.au/__data/assets/pdf_file/0008/145286/WHS_123a_04706_May17_v1fill-b66aa8587c8c4523af9505ce097736d4.pdf>