

PART A: INCIDENT / HAZARD REPORT FORM

Section 1 - 4 to be completed by person reporting the incident/hazard;

Section 5 - 6 to be completed by supervisor / leader

Note: Please scan the form and email to safety@hope-church.com.au or pass the form to the office.

Section 1 - 4 to be completed by person reporting the incident/ hazard

1.Details of person reporting the incident

Nature of Report: Injury/illness Near miss Hazard Property loss/Damage Theft Others

Name of person : _____ Gender: Male Female Date of Report: ____/____/____

Employee Contractor Volunteer Intern Congregation Member Visitor Other

Contact number: _____ Email: _____

2. Witness details

Names and contact details of any witnesses:

1. Name: _____ Position: _____ Phone Number: _____

2. Name: _____ Position: _____ Phone Number: _____

3. Incident/hazard Details

Name(s) of person(s) involved in incident/ hazard:

1. Name: _____ Gender: Male Female Phone Number: _____

2. Name: _____ Gender: Male Female Phone Number: _____

3. Name: _____ Gender: Male Female Phone Number: _____

Incident occurred: ____/____/____ at ____:____ AM PM

Incident reported: ____/____/____ at ____:____ AM PM

Location where incident/hazard occurred: _____

Description of incident or hazard:
 (All allegations, complaints or suspicions of abuse with someone under 18, please contact WHSR immediately)

Note: Attach photos if applicable

If the incident involves the contractors or employees, please fill in the following:

Job Title: _____ How long in this position: _____

Agency (if applicable): _____ Work location: _____

Shift arrangement: Fixed Rotational

Start time: ____:____ AM PM Hours worked 8 hours or less More than 8 hours

Experience in task being performed: < 1 month 1-2 months 1-5 years > 5 years Not applicable Training

in task being performed: None Induction Others _____

4.1 Nature of injury or illness

<input type="checkbox"/> Amputation	<input type="checkbox"/> Effects of exposure to the elements	<input type="checkbox"/> Psychological
<input type="checkbox"/> Bruise, contusion or crushing injury	<input type="checkbox"/> Electrical shock	<input type="checkbox"/> Sensory loss
<input type="checkbox"/> Burn	<input type="checkbox"/> Fall from height	<input type="checkbox"/> Slip / trip / fall
<input type="checkbox"/> Concussion	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain / Strain
<input type="checkbox"/> Cut / laceration	<input type="checkbox"/> Graze	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Needle stick or sharps injury	<input type="checkbox"/> None

4.2 Location of injury, illness or symptom

<input type="checkbox"/> Back	<input type="checkbox"/> Hand / finger	<input type="checkbox"/> Shoulder / arm
<input type="checkbox"/> Ear	<input type="checkbox"/> Head (not eye, ear or face)	<input type="checkbox"/> Trunk
<input type="checkbox"/> Eye	<input type="checkbox"/> Hip / leg	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Face	<input type="checkbox"/> Internal organs	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Feet / toes	<input type="checkbox"/> Neck	_____

Name of supervisor / leader : _____ Position: _____
 (The incident report must be sent to this person, and a copy must be sent by the supervisor / leader to the Work Health and Safety Representative (WHSR) of the worker)

Name of Injured person: _____

Signature of injured person: _____ Date _____

Signature of person completing the report: _____ Date _____

Sections 5 - 6 to be completed by supervisor / leader
5. Immediate response

Treatment given to injured person:

Nil by First Aid Personnel by General Practitioner by Hospital (Casualty) by Hospital (In-patient)

Did any employee injured as a result of the incident take time off work? No Yes

Does the area need to be isolated until investigation can take place and to prevent further injury? Yes No

6. Immediate action taken to reduce risk of recurrence

Elimination Substitution Engineering control Administrative control Personal Protective Equipment

(See "Reporting & Investigating Incidents and Hazards Procedure, Section 10" for detailed explanation)

Describe the action taken, and the person responsible for completing this action.

Required to be reported to regulatory authority: Yes No (See "Notification of incidents to WHSQ Procedure")

If yes or unsure please report to WHSR immediately

(To be filled by WHSR:) ____/____/____ at ____:____ AM PM

By Phone Online form Email downloaded form Fax downloaded form

Name of Supervisor / leader : _____

Signature of Supervisor / leader : _____ Date _____ at ____:____ AM PM

3. Risk rating after any immediate action taken

Likelihood	Consequences (Severity)					Rate the consequence (severity) of the incident/hazard (horizontal direction) Rate the likelihood of the incident occurring or recurring (vertical direction) Determine the resultant risk rating (through crossing point: E.g. Moderate and possible gives "High" risk rating)
	Negligible	Significant	Moderate	Major	Catastrophic	
Almost certain	Moderate	High	High	Extreme	Extreme	
Likely	Moderate	Moderate	High	High	Extreme	
Possible	Low	Moderate	High	High	High	
Unlikely	Low	Low	Moderate	Moderate	High	
Rare	Low	Low	Moderate	Moderate	High	

What is the resultant risk rating? _____

If high or extreme, further immediate action is required to be taken.

Extreme Risk	Notify Supervisor, Leader, WHSR, and/or Insurance Services immediately. Temporary corrective actions should be taken immediately and permanent corrective actions within 24 hours of notification.
High Risk	Notify Supervisor, Leader, WHSR and/or Insurance Services immediately. Temporary corrective actions should be taken immediately and permanent corrective actions should be taken within 48 hours of notification.
Moderate Risk	Notify Supervisor / Leader – supervisor / Leader is to follow up that corrective action is taken within 20 days.
Low Risk	Notify Supervisor / Leader – worker is to follow up that corrective action is taken within a reasonable time.

4. Identify the behavioural causes of the incident

Did any of the following behaviours contribute to the cause of the incident?

<input type="checkbox"/> Distracting, teasing or abusing a person <input type="checkbox"/> Failure to secure hazardous item <input type="checkbox"/> Failure to warn of hazard <input type="checkbox"/> Making safety device inoperable <input type="checkbox"/> Performing task at unsafe speed <input type="checkbox"/> Performing task while affected by drugs/alcohol <input type="checkbox"/> Performing task with improper work technique <input type="checkbox"/> Performing task without personal protective equipment (PPE) <input type="checkbox"/> Performing task without correct (PPE)	<input type="checkbox"/> Performing the task without authority <input type="checkbox"/> Unsafe acts of others <input type="checkbox"/> Unsafe manual handling technique <input type="checkbox"/> Unsafe placement of equipment or objects <input type="checkbox"/> Unsafe position or posture <input type="checkbox"/> Using equipment in an unsafe manner <input type="checkbox"/> Using unsafe or tagged out equipment <input type="checkbox"/> Not applicable
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Other (please specify)

5. Identify the physical causes of the incident

5.1 Did any of the following physical conditions contribute to the cause of the incident?

<input type="checkbox"/> Equipment or objects with unsafe design <input type="checkbox"/> Inadequate fall protection <input type="checkbox"/> Inadequate fire or explosion risk control <input type="checkbox"/> Inadequate noise control <input type="checkbox"/> Inadequate or absent guarding <input type="checkbox"/> Inadequate signage or warning systems <input type="checkbox"/> Inadequate temperature control <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Inadequately controlled use of chemicals/substances	<input type="checkbox"/> Poor condition of equipment or objects <input type="checkbox"/> Poor workstation design or layout <input type="checkbox"/> Unsafe clothing or shoes <input type="checkbox"/> Unsafe lighting or glare <input type="checkbox"/> Unsafe storage of equipment/objects (housekeeping) <input type="checkbox"/> Unsafe task or process <input type="checkbox"/> Unsafe walking surfaces <input type="checkbox"/> Not applicable
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Other (please specify)

