

INCIDENT REPORT FORM

This form must be completed for an incident involving Injury/Illness, or reporting a workplace Hazard or Near Miss involving Property/Environmental Damage or an Unintentional GMO Release. Incidents involving actual or potential significant Injury/Illness must be reported immediately to the University's Health, Safety and Environment Team on Ph: 4921 5263 or Fax: 492 15935.

PERSON COMPLETING THE FORM: <input type="checkbox"/> UoN Employee <input type="checkbox"/> First Aider <input type="checkbox"/> Other (Please Specify:.....)			
Employee No.:		First Name(s):	
Email:@newcastle.edu.au or		Surname:	
Position/Job Title:		Contact Phone No.:	
INCIDENT TYPE: What type of incident are you reporting (Select one only?) Injury/Illness Hazard Near Miss			
Was there any? <input type="checkbox"/> Property Damage <input type="checkbox"/> Environmental Damage <input type="checkbox"/> Unintentional GMO Release			
If you selected any of these options please provide a brief description of the damage or GMO Release.			
<i>Property/Environmental Damage Details:</i>			
Reported to FM via Maximo Date:/...../..... Job/Work Order No.:			
<i>Unintentional GMO Release Details:</i> Details: (i.e. Name, No., Chief Investigator Name & Release Details)			
INJURED/ILL PERSON DETAILS:			
Family name of injured person:		Given name(s):	
Staff No.:		Student No and Program of Study:.....	
DOB:/...../.....		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Address (Home):		Postcode:	
Phone (Work):		(Home):	
Work Location (e.g. Campus/Faculty/School/Division/Org. Unit):		(Mobile):	
Occupation:		Supervisor Name:	
Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other:		Phone:	
DESCRIPTION OF INCIDENT/HAZARD/NEAR MISS			
.....			
.....			
REPORT TO BE SENT TO:			
Supervisor Name:		Phone No:	
INCIDENT/HAZARD/NEAR MISS DETAILS			
Date of Incident/Hazard/Near Miss:/...../.....		Time it Occurred: AM/PM	
Date Reported:/...../.....		Location (Campus):	
Reported to:		Building:	
Room No.:		Grid Ref: (Attach Campus Map)	
Specific Location (addit, detail on location)			
INJURY/ILLNESS DETAILS			
Injury Type: <input type="checkbox"/> Lost Time		Date Stopped:/...../.....	
Time StoppedAM/PM		Treatment Type: <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Hospital <input type="checkbox"/> First Aid <input type="checkbox"/> Ambulance Called	
(Select all applicable) <input type="checkbox"/> Intend to Seek Medical Treatment		<input type="checkbox"/> WorkCover Medical Certificate Issued <input type="checkbox"/> No Treatment Required	
Description of Treatment Provided:			
.....			
Treatment Provided By:		Phone No:	
Description of Injury/Illness:			
.....			
Task being Undertaken at time of Injury/Illness:			
.....			
What Part of the Body was Injured:			
WITNESS DETAILS (If applicable)			
Name:		Phone No:	
Address:			

CORRECTIVE ACTIONS

This section is to be completed by the Supervisor nominated in the "REPORT TO BE SENT TO" section on page 1 of this Incident Report Form.

WHAT HAPPENED? (Immediate Cause)

Possible Contributing Factors (Basic Cause)

Select all that apply:

- Lack of Knowledge (Training)
- Employee Placement
- Not Enforcing Safe Work Practices
- Engineering
- Inadequate Personal Protective Equipment (PPE)
- Inadequate Maintenance Programs
- Purchasing Inadequate/Inferior Equipment
- Inadequate Feedback Systems
- Unsafe Method

RECOMMENDED CORRECTIVE ACTION PLAN

For each Basic Cause identified under Possible Contribution Factors above you must provide a recommended corrective action.

Basic Cause	Corrective Action Description	Person Responsible	Target Completion Date

RISK ASSESSMENT

		CONSEQUENCES			
		1	2	3	4
LIKELIHOOD	A	H	H	H	M
	B	H	H	M	M
	C	H	M	M	L
	D	M	M	L	L

Risk Score: Enter H, M or L

Consequences

Consider what did or could have happened
 1 = Death and extensive injuries
 2 = Medical treatment
 3 = First aid treatment
 4 = No treatment

Likelihood

How likely could this happen again?
 A = Could occur in most circumstances
 B = Could occur at some time
 C = Could occur, but only rarely
 D = May occur, but probably never will

SUPERVISOR DETAILS

Name: Position:
 Email: Phone No: