# 1. Hazard, Incident, or Injury – what type of issue or event is being reported?

[ ]  **Hazard** (no event or accident)[ ]  **Incident** (no damage or injury) [ ]  **Accident** (damage or injury) [ ]  **Illness** (unknown cause)

[ ]  **Public** Safety Issue[ ]  **Contractor** Safety Issue[ ]  **Near Miss/Hit** Safety Issue[ ]  **Property** (eg. vehicle, plant, building)

# 2. Personal Details –name and details of person involved in the incident

*Name Phone*

*Name of Guardian (if under 18) Phone …………………………………………*

*Occupation Dept. …………*

*Date and time of occurrence Date / / Time am/pm*

*Date and time reported Date / / Time am/pm*

*Names of any known witnesses*

**3.What is the hazard (What happened or what is the problem)?**

*Description:*

**3.1 Could this incident result in a significant insurance claim** **[ ]  Yes** **[ ]  No**

## 3.2 Select the option(s) that best describes the cause/nature of the hazard, incident or injury

*(If selecting more than one, please indicate the most important using numbers, with number one indicating most important).*

[ ]  **Fall from a** height [ ]  **Slips,** trips, falls [ ]  Hit stationary object [ ]  Hit by **moving object** [ ]  Exposure to **noise**

[ ]  **Manual Handling** [ ]  **Infection** / disease [ ]  Burns (**hot/cold**) [ ]  Contact with **animal** [ ]  **Chemical** contact

[ ]  **Vehicle** accident [ ]  **Plant** / Equip failure [ ]  **Fire** or explosion [ ]  **Building** failure [ ]  **Psychological** strain

[ ]  **Isolated** work [ ]  Verbal **Threat** [ ]  Occupational **violence** [ ]  Human **behaviour** [ ]  **Criminal** activity

[ ]  **Inhalation** [ ]  **Water Related** [ ]  **Near Miss** [ ]  **Other** (Describe)

# 4. Where has the hazard been identified or did the incident/injury happen? (Describe, including address if possible - and tick a box)

[ ]  Council offices [ ]  Outdoor [ ]  Depot [ ]  Roadway [ ]  Private home

[ ]  Rec Centre / Hall [ ]  Other business premises [ ]  M+CH Centre [ ]  Council pool [ ]  Other

Address - if not council property

# 5. What task was being performed at the time? I.e. describe the sequence of events that lead to the hazard being identified or the incident or injury happening.

## 6. Was anyone injured? [ ]  Yes [ ]  No (If more than one person injured please complete separate safety report)

##  [ ]  Nobody [ ]  Employee [ ]  Contractor [ ]  Client [ ]  Other [ ] Public patron

## What level of medical treatment was provided

[ ]  No treatment [ ]  First Aid [ ]  Ambulance [ ]  Doctor [ ]  Hospital (in patient)

## What is the nature of the injury?

[ ]  Open wound or cut [ ]  Burns [ ]  Respiratory disease (eg. Asthma)[ ]  Psychological injury

[ ]  Infection [ ]  Poisoning [ ]  Contusions (Bruise) [ ]  Dislocations or fractures

[ ]  Multiple [ ]  Dermatitis [ ]  Sprains or strains [ ]  Effects of weather

[ ]  Eye, ear damage [ ]  Other or unspecified ……………………………………………………………………………….

## 6.3 What body parts were affected?

[ ]  Eye [ ]  Ear [ ]  Face [ ]  Head [ ]  Neck [ ]  Back

[ ]  Trunk (not back) [ ]  Shoulders [ ]  Arms [ ]  Elbows [ ]  Hands [ ]  Fingers

[ ]  Hips [ ]  Legs [ ]  Knees [ ]  Ankles [ ]  Feet [ ] Toes

[ ]  Internal organs [ ]  Multiple injuries [ ]  Skin [ ]  Other or unspecified …………………………………..

**Name of Person completing the form:…………………………………………………………………….……….**

**Signature of Person completing the form:………………………………………………………………………..Date…/…/….**

1. **Investigations**

 **Describe the events or situation that led to the event.**

**If there is insufficient space please attach a separate page. (Use a diagram if easier)**

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**Which of the following contributing factors were involved? (Select up to three)**

[ ]  Machinery and fixed plant [ ]  Mobile plant [ ]  Road transport [ ]  Other transport

[ ]  Powered equipment and tools [ ]  Non-powered tools [ ]  Chemicals [ ]  Outdoor environment

[ ]  Indoor environment [ ]  Live animals [ ]  Human agencies [ ]  Biological agencies

[ ]  Failure to follow Safe System of Work [ ]  Other (Describe

**8. Risk Evaluation**

Rate Likelihood Likelihood (probability and indicative frequency of exposure)

|  |  |  |
| --- | --- | --- |
| **Descriptor** | Rating | Description |
| **Eliminated** | **0** | Risk eliminated |
| **Unlikely** | **1** | May occur, but only in exceptional circumstances |
| **Possible** | **2** | Might occur at some time. |
| **Likely** | **3** | Will probably occur in most circumstances. |
| **Almost certain** | **4** | Is expected to occur in most circumstances. |
| **Certain** | **5** | Is expected to occur in all circumstances. |

**Rate Consequence Consequence (likely outcome of exposure)**

|  |  |  |
| --- | --- | --- |
| **Descriptor** | Rating | Description |
| **Minor** | **1** | No injuries, bruising, temporary rash / irritation, low financial loss. Dealt with by site personnel, no environmental damage. |
| **Important** | **2** | First aid treatment, irritation, burning with withdrawal from exposure, discomfort, nausea, on-site release immediately contained, minor financial loss. |
| **Serious** | **3** | Medical treatment required, chemical burn which may heal with treatment, unconsciousness, medium financial loss, some environmental damage. |
| **Major** | **4** | Extensive injuries, permanent disability, major financial loss. |
| **Catastrophic** | **5** | Death, huge financial loss. |

**Risk Rating is Likelihood x Consequence**

**Find risk rating figure in Risk Rating Matrix table below and identify risk in Legend table.**

|  |  |
| --- | --- |
| LIKELIHOOD | CONSEQUENCE |
|  | **(Minor)****1** | **(Important)****2** | **(Serious)****3** | **(Major)****4** | **(Catastrophic)****5** |
| **Eliminated** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Unlikely** | **1** | **1** | **2** | **3** | **4** | **5** |
| **Possible** | **2** | **2** | **4** | **6** | **8** | **10** |
| **Likely** | **3** | **3** | **6** | **9** | **12** | **15** |
| **Almost Certain** | **4** | **4** | **8** | **12** | **16** | **20** |
| **Certain** | **5** | **5** | **10** | **15** | **20** | **25** |

**Legend**

|  |  |  |
| --- | --- | --- |
| **Score** | **Assessment of Risk** | **Priority of Action** |
| **1-2** | **LOW** | Address or repair if low cost. Schedule for action after other risks have been controlled. |
| **3-7** | **MEDIUM** | Further improvements required: assess feasibility for risk controls; management sign-off required if the risk/s are to be accepted |
| **8-12** | **HIGH** | Risk controls required as soon as possible. |
| **+13** | **EXTREME** | Immediate attention required. Consider shutdown or cessation of process until additional risk controls are implemented. |

# 9. Action

**The Hierarchy of Control**

* **Can the hazard be eliminated?**
* **Can something be substituted to make it safer?**
* **Can engineering minimise the risks?**
* **Can administrative measures be used?**
* **Can personal protective equipment be provided?**

When determining the best action, refer to the hierarchy of control and select a higher-level option wherever possible

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Responsible** | **Do by date** | **Comment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#  Sign Off (All actions have been completed or have been scheduled)

**Supervisor / /20**

 **Print Name Signature Date**

**HSR / /20**

 **Print Name Signature Date**

**Manager / /20….**

 **Print Name Signature Date**

**When signed off the Manager sends:**

**The original to the Risk and Improvement Coordinator 🞎**

**A copy each to the DWG Rep and the person involved 🞎**

**Date ……/…../……**