# 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)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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 ……/…../……**