EXCELSIA COLLEGE
Sydney-Australia

Incident Report WHS-F01

INSTRUCTIONS: Complete and send to the Excelsia College Manager Human Resources within 24 hours of the incident occurring

Email Beatrice.Lorquet@excelsia.edu.au to notify of forms being dropped off or emailed.

If an incident occurs on a weekend, fax by 9am on the Monday following the weekend.

Private Note: The information collected on this form is used for the reporting of incidents to Excelsia College, its insurers and government agencies as required by law

Section 1: To be completed for all incidents including near misses

Reported By:_____ Position:_____ Signature:_____

Telephone:_____ Date Incident Occurred:_____/_____/_____

Time (in 24 hour format, e.g. 1530 instead of 3:30pm):_____ Date Incident Reported:_____/_____/_____

Reported To:_____ __ Location of Incident:_____

Brief Description of Incident:
(Just record facts, not opinion or heresy)

Initial Action Taken:
(Include names of parents/guardians contacted etc.)

If there were witnesses, please provide their details here:

Surname:_____ Given name:_____ Home Phone:_____

Work Phone:_____ Email:_____ Address:_____

Surname:_____ Given name:_____ Home Phone:_____

Work Phone:_____ Email:_____ Address:_____

Emergency Services: ☐ Police ☐ Fire Brigade ☐ Ambulance
Station:_____ Contact Officer:_____ Event No._____

Outcome:
- ☐ Near Miss
- ☐ Theft or Financial Loss
- ☐ Physical Injury (complete section 3)
- ☐ Psychological Injury (complete section 3)
- ☐ Challenging behavior (complete section 4)
- ☐ Service Disruption
- ☐ Other Property Damage or Loss
- ☐ Illness or Disease (Section 3)
- ☐ Medication Related
- ☐ Motor Vehicle Damage Rego No:_____ (complete motor vehicle accident claim form)

Signature:

I approve the release of the information in this form to approved authorities, which may include medical practitioners, legal representatives, employee associations, insurance companies and WorkCover NSW

Your Signature:_____ Date:____/____/_____

Department Head:_____ Signature:_____ Date:____/____/_____

Section 2: Complete for incidents involving physical or psychological injury, illness or disease

Name of injured person:_____ ☐Male ☐Female

Residential Address:_____ Email:_____

Home Phone:_____ Work Phone:_____ Date of Birth:____/____/_____

Interpreter Required: ☐Yes ☐No Language:_____ Occupation of injured person:_____

Employee Status: ☐Full Time Employee ☐Part Time Employee ☐Casual Employee Employee ID:_____

☐Volunteer ☐Student ☐Visitor ☐Contractor ☐Client/Resident/Patient/Service User

Where did the injury/illness occur? ☐At work ☐On the way to or from work ☐During a break at work (lunch)

☐Other:_____

Nature of Injury:	**Mechanism:**	**Agency:**	**Location:**
☐ Head Injury	☐ Falls from a height	☐ Machinery, fixed plant	☐ Eye
☐ Fractures	☐ Trips and slips	☐ Mobile Plant	☐ Ear
☐ Amputation	☐ Stepping, sitting on objects	☐ Motor Vehicles	☐ Mouth
☐ Laceration	☐ Hitting objects with body	☐ Workshop, worksite tools	☐ Nose
☐ Sharp, needle stick	☐ Being hit by objects	☐ Kitchen Equipment	☐ Face
☐ Superficial Injury	☐ Sound or pressure	☐ Office Equipment	☐ Head
☐ Bruising or Crushing	☐ Lifting or carrying	☐ Outdoor Powered Equipment	☐ Neck
☐ Burns	☐ Repetitive movement with low muscle loading	☐ Other Powered Equipment	☐ Back
☐ Sprains and Strains	☐ Other muscular stress	☐ Knives, hand operated cutters	☐ Trunk
☐ Foreign body	☐ Contact with heat, cold, electricity, radiation	☐ Other tools	☐ Shoulders, arms
☐ Electric shock/electrocution	☐ Contact with substance	☐ Furniture and fittings	☐ Hands. fingers
☐ Heat Stress, heat stroke	☐ Insect bites, stings	☐ Cutlery and utensils	☐ Hips, legs
☐ Occupational Overuse	☐ Exposure to biological agents (non-human)	☐ Ladders, scaffolding	☐ Feet, toes
☐ Anxiety, Stress	☐ Exposure to blood or bodily fluids	☐ Other non-powered equipment	☐ Circulatory System
☐ Short term shock/distress	☐ Exposure to traumatic event	☐ Chemicals, substances	☐ Respiratory System
☐ Hernia	☐ Vehicle Accident	☐ Outdoor environment	☐ Digestive System
☐ Dermatitis, other skin diseases	☐ Other:_____	☐ Indoor office environment	☐ Genitals, urinary system
☐ Infectious Diseases	_____	☐Live animals	☐ Nervous System
☐ Cancer	_____	☐Dead animals, carcasses	☐ Multiple Locations
☐ Multiple Injuries	_____	☐ Human agencies	☐ Other:_____
☐ Other:_____		☐ Biological agencies	_____
_____		☐ Other:_____	_____
_____		_____	_____
_____		_____	
		_____	

Treatment Administered: ☐ None ☐ First Aid ☐ Off-Site Medical Treatment (give details below)

Name of Doctor/Hospital:_____ Telephone:_____

Address:_____

Is there likely to be time lost? ☐ Yes ☐ No If yes, estimate of days to be lost:_____

(If an employee has off-site medical treatment or time off work, a workers compensation claim form must be completed)

Risk Corrective Action Plan

Assess the Risk:

What is the Identified Hazard?

What is the risk being controlled?

The risk rating of hazard is based on a combination of Consequence and Likelihood. Please complete the following table by referring to **Risk Assessment Chart**. Record the Level of Risk Here (e.g. A1-Critical):_____

Corrective Action Plan:

The Supervisor is responsible for ensuring corrective actions are entered on the Corrective Actions Register, completed and of notifying the person completing section 1. The Head of School is responsible for supervisors completing corrective actions in a timely manner.

Corrective Actions to be taken (must be used in this order when possible)	By Whom	By When
Eliminate the hazard or risk by:		
Substitute with something less hazardous:		
Engineering controls (e.g. hand truck, trolley, machine guarding, fume cupboard)		
Administrative controls (signage, safe working procedure, risk assessment, training)		
Personal protective Clothing & equipment		

A combination of the above measures may be required to be taken to minimize the risk to the lowest level reasonably practicable if no single measure is sufficient for that purpose.

Please explain why you have not used controls higher up the hierarchy of risk controls if applicable:

Section 3: Head Office Use

Date Received by HR:___/___/_____

Internal Notifications: ☐ Legal ☐ Property and Development ☐ Clinical Support ☐ Other:_____

Manager Human Resources:_____ _____ Signature:_____ _____ Date:___/___/_____

Chief Executive:_____ Signature:_____ Date:___/___/_____