Incident Report WHS-F01

INSTRUCTIONS:

- Complete and send to the Excelsia College Department of People and Culture within 24 hours of the incident occurring, hr@excelsia.edu.au. If an incident occurs on a weekend, send form by 9am on the following Monday.
- Privacy: 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.
- If you will be a signatory on this form, you will need to set up a digital signature. To do so, simply click on the signature box you wish to add your digital signature to and follow the prompts.

SECTION 1: TO BE COMPLETED FOR ALL INCIDENTS INCLUDING NEAR MISSES

Reported by | **Reported to** | **Incident location**

Position | **Incident date** / /

Telephone | **Date reported** / / | **Incident time**

Signature of Reporter

✗

Brief description of incident: (Just record facts, not opinion or hearsay)

Initial action taken: (Include names of parents/guardians contacted etc.)

If there were witnesses, please provide their details here:

Surname | **Given name** | **Telephone**

Address | **Email**

Surname | **Given name** | **Telephone**

Address | **Email**

Incident Outcome:

Emergency Services ☐ Police ☐ Fire Brigade ☐ Ambulance ☐ None ☐ Other________________

Required: Station: ____________________________ Contact Officer: _________________________

☐ Near miss ☐ Challenging behaviour ☐ Service disruption

☐ Theft or financial loss ☐ Illness or disease ☐ Other property loss

☐ Physical injury ☐ Medication related

ABN 50 360 319 774 | CRICOS CODE: 02664K

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

Address

Email

Telephone

Date of birth / /

Interpreter required

Language

Occupation of injured person

Employment status ☐ Full-time ☐ Contractor ☐ Other ______

☐ Part-time ☐ Volunteer Employee ID ______

☐ Casual ☐ Student Student ID ______

Where did the injury occur? ☐ Commuting to campus/work ☐ At campus/work

☐ During a break at work ☐ Working from home

☐ 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 or carrying	☐ Kitchen Equipment	☐ Face
☐ Superficial Injury	☐ Repetitive movement with low muscle loading	☐ Office Equipment	☐ Head
☐ Bruising or Crushing	☐ Other muscular stress	☐ Outdoor Powered Equipment	☐ Neck
☐ Burns	☐ Contact with heat, cold, electricity, radiation	☐ Other Powered Equipment	☐ Back
☐ Sprains and Strains	☐ Contact with substance	☐ Knives, hand operated cutters	☐ Torso
☐ Foreign body	☐ Insect bites, stings	☐ Other tools	☐ Shoulders, arms
☐ Electric shock/ electrocution	☐ Exposure to biological agents (non-human)	☐ Furniture and fittings	☐ Hands. Fingers
☐ Heat Stress, heat stroke	☐ Exposure to blood or bodily fluids	☐ Cutlery and utensils	☐ Wrists
☐ Occupational Overuse	☐ Exposure to traumatic event	☐ Ladders, scaffolding	☐ Hips, legs
☐ Anxiety, Stress	☐ Vehicle Accident	☐ Other non-powered equipment	☐ Ankles
☐ Short term shock/distress	☐ Other hit by objects	☐ Chemicals, substances	☐ Feet, toes
☐ Hernia	☐ Sound or pressure Lifting	☐ Outdoor environment	☐ Circulatory System
☐ Dermatitis, skin diseases	☐ Other: ______	☐ Indoor office environment	☐ Respiratory System
☐ Infectious Diseases		☐ Live animals	☐ Digestive System
☐ Cancer		☐ Dead animals, carcasses	☐ Genitals, urinary system
☐ Multiple Injuries		☐ Human agencies	☐ Nervous System
☐ Other: ______		☐ Biological agencies	☐ Multiple Locations
		☐ Other: ______	☐ Other: ______

Treatment administered ☐ None ☐ First aid ☐ Offsite medical

If offsite medical, please provide:

Name of doctor	Name of hospital	Telephone

Is there likelihood that time will be lost? ☐ No ☐ Yes. Give estimation: ______________________

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

Risk Corrective Action Plan

Responsibilities:

- The Supervisor is responsible for ensuring corrective actions are entered below and action and for notifying the person completing section 1.
- The Head of Department is responsible to ensure Supervisors complete corrective actions in a timely manner.

Assess the Risk:

Identify the hazard

____

Identify the risk

____

Risk rating* e.g. A1 – Critical

____

Risk Rating is based on a combination of Consequence and Likelihood. Please refer to the **Risk Assessment Chart** on page 4.

Corrective Action Plan:

- Possible control measures are listed below, ordered as per the hierarchy of controls.
- The higher in the hierarchy the more effective controlling the risk.
- Please complete the table as applicable, prioritising corrective actions higher in the hierarchy

Corrective actions	Method	By whom	By when
1. Eliminate the risk			
2. Substitute the hazard or risk			
3. Control the hazard or risk with engineering controls (e.g. trolley, machine, fume cupboard)			
4. Control the hazard or risk with administrative controls (e.g. signage, procedure, training)			
5. Personal protective clothing and equipment			

A combination of the measures may be required to be taken to minimise 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:

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SECTION 3: OFFICE USE

Date received by People and Culture ___ / ___ / ___

Notifications made: ☐ Legal ☐ Property & Development ☐ Clinical support ☐ Other ___________

Manager People and Culture	Signature	Date
	✗	/ /

Chief Operating Officer	Signature	Date
	✗	/ /

Chief Executive Officer	Signature	Date
	✗	/ /

Risk Rating		Consequence Rating			
		Catastrophic Fatality, permanent disability or life-long illness	**Major** Time off work or class	**Minor** First Aid Treatment	**Negligible** No injury
Likelihood Rating	**Almost Certain** (10+ Times per Year)	A1 CRITICAL	A2 CRITICAL	A3 HIGH	A4 MODERATE
	Likely (At least 1 Time per Year)	B1 CRITICAL	B2 CRITICAL	B3 MODERATE	B4 MODERATE
	Unlikely (Once every 100 Years)	C1 HIGH	C2 MODERATE	C3 LOW	C4 LOW
	Rare Only in extreme circumstances	D1 HIGH	D2 MODERATE	D3 LOW	D4 LOW

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