Excelsia College
Sydney-Australia

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.

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

Reported By:	Reported To:	Incident Location:
Position:		Incident Date:
Phone:	Date Reported:	Incident Time:
Signature:		

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:	Phone:
Address:		Email:
Surname:	Given Name:	Phone:
Address:		Email:

Incident Outcome:

Emergency Services Required: ☐Police ☐Fire Brigade ☐Ambulance ☐None ☐Other:
Station: ___________________ Contact Officer: ____________________________

☐Near Miss
☐Theft or Financial Loss
☐Physical Injury
☐Psychological Injury
☐Challenging Behaviour
☐Service Disruption
☐Other Property Loss
☐Illness or Disease
☐Medication Related
☐Motor Vehicle Damage, Registration: ________________

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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:		Gender:	☐Male ☐Female
Residential Address:		Email:	
Phone:		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 ☐Fractures ☐Amputation ☐Laceration ☐Sharp, needle stick ☐Superficial Injury ☐Bruising or Crushing ☐Burns ☐Sprains and Strains ☐Foreign body ☐Electric shock/ electrocution ☐Heat Stress, heat stroke ☐Occupational Overuse	☐Falls from a height ☐Trips and slips ☐Stepping, sitting on objects ☐Hitting objects with body ☐Being or carrying ☐Repetitive movement with low muscle loading ☐Other muscular stress ☐Contact with heat, cold, electricity, radiation ☐Contact with substance ☐Insect bites, stings	☐Machinery, fixed plant ☐Mobile Plant ☐Motor Vehicles ☐Workshop, worksite tools ☐Kitchen Equipment ☐Office Equipment ☐Outdoor Powered Equipment ☐Other Powered Equipment ☐Knives, hand operated cutters ☐Other tools ☐Furniture and fittings ☐Cutlery and utensils ☐Ladders, scaffolding	☐Eye ☐Ear ☐Mouth ☐Nose ☐Face ☐Head ☐Neck ☐Back ☐Torso ☐Shoulders, arms ☐Hands. Fingers ☐Wrists ☐Hips, legs ☐Ankles

☐Anxiety, Stress ☐Short term shock/distress ☐Hernia ☐Dermatitis, skin diseases ☐Infectious Diseases ☐Cancer ☐Multiple Injuries ☐Other: ___________________	☐Exposure to biological agents (non-human) ☐Exposure to blood or bodily fluids ☐Exposure to traumatic event ☐Vehicle Accident ☐Other hit by objects ☐Sound or pressure Lifting ☐Other: ____________________	☐Other non-powered equipment ☐Chemicals, substances ☐Outdoor environment ☐Indoor office environment ☐Live animals ☐Dead animals, carcasses ☐Human agencies ☐Biological agencies ☐Other: ____________________	☐Feet, toes ☐Circulatory System ☐Respiratory System ☐Digestive System ☐Genitals, urinary system ☐Nervous System ☐Multiple Locations ☐Other: ________________

Treatment Administered: ☐None ☐First Aid ☐Offsite Medical

If Offsite Medical, please provide: Name of Doctor ____

Name of Hospital ____

Phone: ____

Is there likelihood that time will be lost? ☐Yes ☐No 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** below.

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 & Equipment			

A combination of the below 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: Office Use

Date Received by People & 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**