Work Health & Safety Incident Report Form

PART A – Details of the incident

Details of the person completing the report	Name:
	Contact phone number:
	Email address:
	Branch/Business Unit:
	Division: ☐ Field Service ☐ Sales ☐ Rental

Time and date of incident	_____: _____ am/pm on ____/____/____
Location of incident	
Activity being undertaken	
Brief description of incident / near miss	
Names and contact details for witnesses to the incident	
Was anyone injured	☐ No (skip to Part C) ☐ Yes (complete Part B for each injured person) How many: _____

Signature: _____ **Date:** ___ / ___ / _____

Submitted to: _____ _____ **on** ____/____/_____

(Name) **(Position)**

.

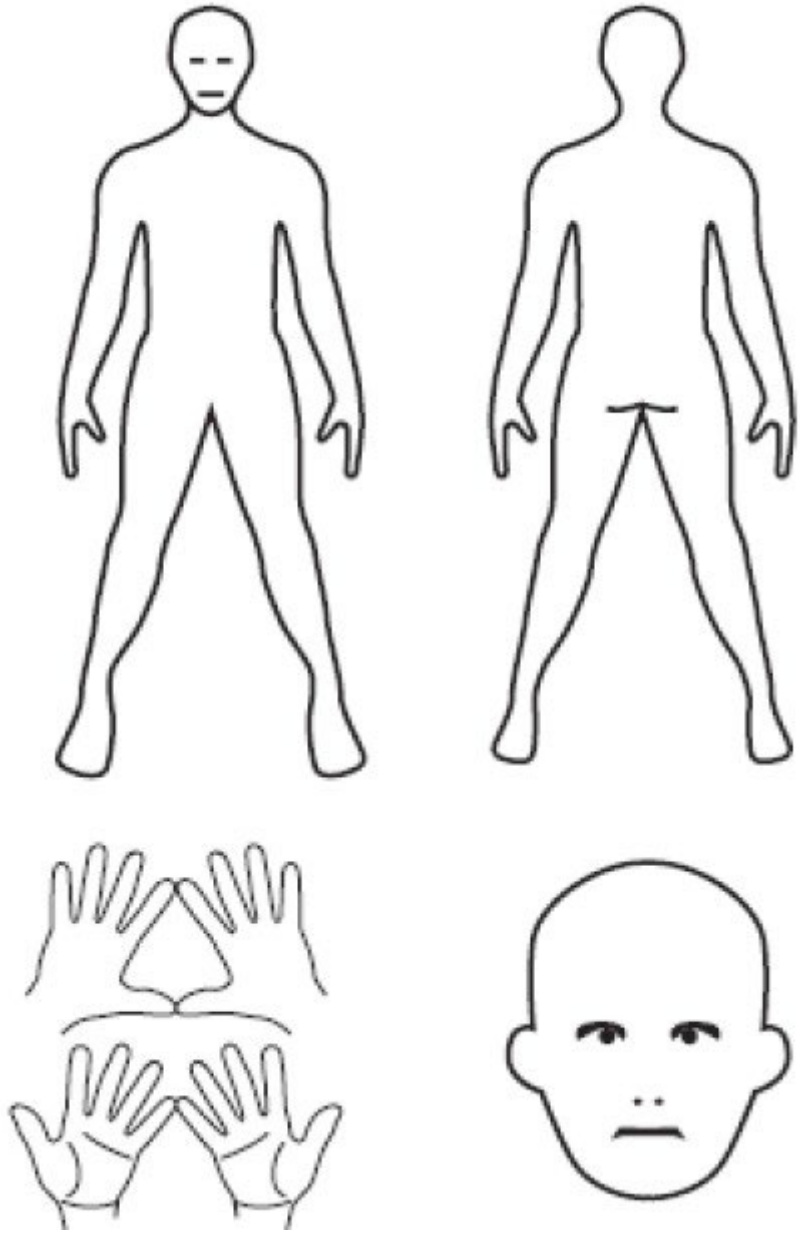
PART B – Details of injury

Time and date of incident: ____:____ am/pm on ____/____/____

* N.B. If more than one person has been injured in this incident, please attach an additional part B for each injured person

Details of injured person	Name: _____ Gender: ☐Male ☐Female Date of Birth: ____/____/_____
Contact Details	Work phone _____ Home phone _____ Mobile_____ Email: _____
Relationship with Viking	☐Viking Employee ☐Visitor ☐Student ☐Contractor ☐Other _____
Viking Employee Details	Position Tile: _____ Division: _____ Type of Employment: ☐Full time ☐Part time ☐Day shift ☐ Night shift Will a WorkCover claim be lodged? ☐Yes ☐No ☐Unsure Work cycle:- ☐ Journey ☐ Meal or rest break ☐ Work

Mechanism of Injury (indicate all relevant)	☐Slip/trip/fall ☐Manual handling ☐Body stressing ☐Being hit by falling object ☐Hitting an objects with part of the body ☐Being hit by moving objects ☐Exposure to heat /radiation /electricity ☐Exposure to biological agent (including body fluid) ☐Exposure to Chemical agent ☐Exposure to asbestos ☐Exposure to work stress ☐Violence ☐Other inappropriate behaviour ☐Other: _____
Nature of Injury (indicate all relevant)	☐Sprain/Strain ☐Fracture ☐Cuts/Scratch/Abrasion ☐Bruising ☐Burn ☐Bite/Sting ☐Electrical shock ☐Concussion ☐Psychological ☐Other _____

Bodily Location/s	Shade the part of the body that is injured 
Treatment required (highest level only)	☐ No treatment ☐ First Aid ☐ Doctor ☐ Hospital outpatient ☐ Hospital admission ☐ Other _____

Signature: _____ **Date:** ___ / ___ / _____

Name: _____

PART C – Investigation

Time and date of incident: _____:_____ am/pm on ____/____/____

* N.B. Investigations are usually conducted/coordinated by the supervisor/manager.

Is this a notifiable incident? (refer to Work Health & Safety Incident Investigation Guide)	☐ Yes. Notify the Office of Fair and Safe Work Queensland (Call 1300 362 128 or complete an online incident notification form). Date Notified: __ / __ / _____ ☐ No
Investigation Methods	☐ interviews ☐ written statements ☐ examination of accident site ☐ CCTV review ☐ Other: _____
Brief Summary of findings (refer to attachments if necessary)	
Causal factors identified (refer to the Work Health & Safety Incident Investigation Guide for definitions of causal factor categories)	☐ People: _____ ☐ Equipment/plant: _____ ☐ Environment: _____ ☐ Processes/procedures: _____ ☐ Organisational factors: _____
Recommendations (refer to the Work Health & Safety Incident Investigation Guide for hierarchy of control definitions)	☐ Elimination: _____ ☐ Substitution: _____ ☐ Isolation: _____ ☐ Engineering: _____ ☐ Administrative: _____ ☐ Personal protective equipment: _____
Will recommendations eliminate all hazards?	☐ Yes ☐ No

Investigator Name: _____ **Signature:** _____ **Date:** ___ / ___ / _____

Health & Safety Representative (HSR) (if applicable):

Name: _____ Signature**:** _____ **Date:** ___ / ___ / _____

Trained Safety Advisor (TSA) (if applicable):

Name: _____ Signature**:** _____ **Date:** ___ / ___ / _____

Submitted to:

Name: _____ Position**:** _____ **Date:** ___ / ___ / _____

PART D – Actions

Time and date of incident: _____ : _____ am/pm on ____ / ____ / ____

* N.B. Actions are usually coordinated by the supervisor/manager.

Confirmation of actions	Are all recommendations accepted? ☐ Yes ☐ No Note exceptions:
Additional actions to be taken	
Actions completed	Are all actions completed? ☐ Yes ☐ No
Transfer to the risk register	All remaining hazards transferred to the risk register for monitoring/review: ☐ Yes ☐ No ☐ N/A
Outstanding actions	All outstanding actions noted against hazards in the risk register: ☐ Yes ☐ No ☐ N/A
Communication	☐ Incident reporter notified of outcomes on ____ / ____ / _____ ☐ Relevant committee notified of incident and outcomes on ____ / ____ / _____ ☐ Copy of this complete WHS incident form sent to whscoordinator@justice.qld.gov.au

Supervisor/Manager Name: _____

Supervisor/Manager Signature: _____ **Date:** ____ / ____ / _____