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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Person Completing Report** | | | | | | | | | |
| First Name | | |  | | | | | | |
| Surname | | |  | | | | | | |
| Title | | | Employee / Contractor / Student / Visitor | | | | | | |
| Date: | | |  | | | | | | |
|  | | |  | | | | | | |
| **Details of Incident** | | | | | | | | | |
| Q1 | Describe the incident: | | | | | | | | |
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| Q2 | Was the identified incident on the Institute’s premises? | | | | | | | Yes No | |
| Q3 | Date and time incident occurred: | | | | | | | | |
|  | Date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_ | | | | | | Time:\_\_\_\_\_\_\_am / pm | | |
| Q4 | Where did the incident occur | | | | | | | | |
|  | | * Training Room * Kitchen/ Student Lounge * Toilets * Administration Office | | | * Front reception * Outside the Institute’s premises * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Injury Report** | | | | | | | | | |
| **In the event of an injury, please complete the following details: (if applicable)** | | | | | | | | | |
| First Name | | |  | | | | | | |
| Surname | | |  | | | | | | |
| Title | | | Employee / Contractor / Student / Visitor | | | | | | |
| Home Address | | |  | | | | | | |
| Suburb | | |  | Postcode | |  | | | |
| Contact No | | |  | | | | | | |
| Date of Birth | | | \_\_\_\_ / \_\_\_\_ /\_\_\_\_ | Sex | | Male / Female | | | |
| Q5 | What was the injured person doing at the time of incident? | | | | | | | | |
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| Q6 | | Please indicate location of injury on the body by circling estimated location below:  C:\Users\angela\Pictures\Microsoft Clip Organizer\hm00245_.wmf | | | |
| Q7 | Did the injured person require medical treatment? | | Yes No |
|  | If yes, where was the treatment undertaken and what medical assistance did the injured person require? | | | |
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| **Once this form has been completed, please forward to the Institute Office for action and monitoring, the Institute will then forward this form to the WHS Officer.** | | | | | | | | |
| **ACTION TAKEN/REQUIRED – TO BE COMPLETED BY WHS OFFICER** | | | | | | | |
|  | | | | | | | | |
| Q8 | Was the risk eliminated? | | | YES NO go to Q9 | | | |
|  | If yes, how was it eliminated? | | | | | |
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| Q9 | Was a substitute introduced, and/or isolated and/or engineered to minimise risk? | | | YES NO go to Q10 | | |
|  | If yes, what was implemented? | | | | | |
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| Q10 | Was an administrative control put into place? | | | YES NO go to Q11 | | |
|  | If yes, what administrative control was put into place? | | | | | |
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| Q11 | Was Personal Protective Equipment required to be introduced? | | | | YES NO | | | | |
|  | If yes, what PPE was implemented? | | | | | |
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| **WHS Risk Assessment Undertaken** | | | **YES/NO** | **Date:** | | |
| **Was an Opportunity for Improvement identified?** | | | **YES/NO** | **OFI No.:** | | |
| **Actions discussed at Quality & Compliance Meeting** | | | **YES/NO** | **Date:** | | |