pointCPD

Incident report form

Injury, illness, near miss, dangerous incident or damage

Care for the injured and make the area safe first. If the incident may be notifiable, notify the WHS regulator immediately and do not disturb the site except to assist the injured, make the area safe or assist police.

1. Immediate response

First aid given By whom, what			
Emergency services called?		**Time called**	
Area made safe How, by whom			

2. Is this a notifiable incident?

#	Check	Yes	No	Details
Death or serious injury or illness				
1	A person has died	☐	☐	
2	Immediate treatment as an in-patient in hospital	☐	☐	
3	Immediate treatment for an amputation, serious head or eye injury, serious burn, spinal injury, loss of a bodily function, or serious laceration	☐	☐	
4	Degloving or scalping injury, or separation of skin from tissue	☐	☐	
5	Medical treatment within 48 hours of exposure to a substance	☐	☐	
6	Other serious illness listed in the regulations	☐	☐	
Dangerous incident (even if no one was hurt)				
7	Uncontrolled escape, spillage or leak of a substance	☐	☐	
8	Uncontrolled implosion, explosion or fire	☐	☐	
9	Uncontrolled escape of gas, steam or a pressurised substance	☐	☐	
10	Electric shock	☐	☐	
11	Fall or release from height of any plant, substance or thing	☐	☐	
12	Collapse, overturning, failure or malfunction of, or damage to, plant that must be licensed or registered	☐	☐	
13	Collapse or partial collapse of a structure	☐	☐	
14	Collapse or failure of an excavation or its shoring	☐	☐	
15	Inrush of water, mud or gas in an excavation or tunnel	☐	☐	
16	Interruption of the main system of ventilation in an underground excavation or tunnel	☐	☐	

3. Notification (if notifiable)

Regulator notified		**Date and time**	

Notified by		**Reference number**	
Site preserved until released by			
Principal contractor informed		**Insurer / workers compensation notified**	

4. Incident details

Date of incident		**Time**	
Site / project		**Exact location**	
Person(s) involved Name, company, role			
Witnesses Name and phone			
Task being done at the time			
SWMS / JSA in place?		**Supervisor on site**	

5. Type of incident

- ☐ Injury
- ☐ Illness
- ☐ Near miss
- ☐ Dangerous incident
- ☐ Plant or equipment damage
- ☐ Property damage
- ☐ Environmental
- ☐ Public or neighbour
- ☐ Security or theft
- ☐ Other: _____

6. What happened

Describe the events before, during and immediately after the incident, in order, as facts. Attach photos, a sketch and witness statements. Use additional pages if needed.

7. Injury, illness or damage

Nature of injury or illness e.g. laceration, fracture, burn, strain		**Part of body**	
Treatment given		**Referred to doctor / hospital?**	
Time off work expected?		**Returned to work (date)**	
Plant, property or environmental damage			

8. Causes and corrective actions

Keep asking why until you reach a cause you can change. Controls should work down the hierarchy: eliminate, substitute, isolate, engineer, then procedures and PPE.

Contributing cause	Corrective action	Owner	Due	Completed
EXAMPLE *Ladder used on uneven, unconsolidated ground at the side setback*	*Mobile scaffold or platform ladder on a levelled base for side-setback work; ladder use reviewed at next toolbox talk*	*Supervisor*	*3 days*	

9. Review and sign-off

Report completed by		**Date**	
Reviewed by (supervisor)		**Date**	
SWMS / JSA updated?		**Crew briefed on outcome?**	
Closed out by (manager)		**Date**	