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| **TO BE COMPLETED BY PERSON(S) IN CHARGE** | |
| **Details of the person in charge**  NAME: Contact number: | |
| **Details of the Incident** | |
| Location: | Building: |
| Specific Location: | Room |
| Date: | Time: pm |
| If the incident is a Notifiable or Dangerous Occurrence, has it been reported to the Insurers and HSA:  Yes  No | |
| Was the incident reported to Management/Owners immediately:  Yes  No | |
| **Witness Details**  Name:  Contact Number: | |
| Incident  Cause | |

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| Mechanism of injury/damage The action, exposure or object that is the direct cause of the injury/damage | | | | | | | | | | | |
| bite/sting  caught in/on  electrical incident | | contact/exposure  explosion/fire  other | | | | slip/trip/fall  workplace stress/behaviour  collapse/engulfment | | | | striking against/collision  water/flooding  failure/strain/breakage | |
| Nature of the injury OR  Not Applicable | | | | | | | | | | | |
| abrasion/bruise  amputation  concussion  cut/laceration  electric shock  environmental exposure | | | | exposure to hazardous material  foreign body  fracture/dislocation  hearing loss  infectious/parasitic diseases  internal injury  medical symptom | | | | multiple injuries  poison/venom  puncture/needle stick  psychosocial/mental disorders  scald/burn  dermatitis/eczema/rash  sprain/strain/swelling | | | |
| Agency of the injury/damage OR  Not Applicable | | | | | | | | | | | |
| animals/insects  asbestos/fibres  biological  buildings/structures  chemical/radiation  environmental/weather  human/person | | | | maintenance system  object  other  plant & equipment  poor design/not fit for purpose  psychosocial  sharps | | | | surfaces/terrain  temperature extremes  tools (including powered tools)  training system  vehicle/transport/travel  weight/bulk of object  wilful act | | | |
| **What training was provided for the person involved prior to the incident/near miss:**  Induction  Task Specific  No training  Details | | | | | | | | | | | |
| **Treatment**  Not required  First Aider/Security  Health Service/Doctors  Ambulance/Hospital  **First aid Details**  Name of First Aider: Details of First Aid Treatment: | | | | | | | | | | | |
| **Shift worker**  No  Yes If ‘Yes’ list shift type:  fixed/standard/flexible  rotating  Portion of shift worked:  Basic hours: | | | | | | | | | | | |
| **Rehabilitation**  is required  is not required  is unknown as yet | | | | | | | | | | | |
| **Part of the body injured** | | | | | | | | | | | |
| eye  ear  face  head | neck  hips  chest/stomach  groin  back  buttocks | | internal organs | | shoulder  arm  elbow  wrist | | hands and fingers | | knee  ankle  leg | | feet/toes  psychosocial |

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| 1. Breakdown Event First event in the chain which led to the most serious injury/damage | | | | |
| bite/sting  caught in/on  contact/exposure  explosion/fire  failure of buildings/structures | failure of plant or equipment  incorrect work method/practice  medical incident/physical injury  other  failure of emergency system | | | poor work space/storage  property damage  slip/trip/fall  workplace stress/behaviour  striking against/collision |
| 2. Breakdown Agency The object, substance or circumstance that was related most closely to the breakdown event | | | | |
| animals/insects  asbestos/fibres  biological  buildings/structures  chemical/radiation  environment/weather  human/person | maintenance system  object  other  plant & equipment  poor design/ not fit for purpose  psychosocial  sharps | | | surfaces/terrain  temperature extremes  tools (including powered tools)  training system  vehicle/transport/travel  weight/bulk of object  wilful act |
| Does this incident/near miss also pertain to:  Security  Insurance  Legal | | | | |
| **PROPERTY DAMAGE DETAILS** (if applicable) | | | | |
| Description: | | Asset Type: | | |
| **OFFICE USE ONLY** | | | | |
| Workers Compensation Claim: Yes  No  Unknown | | | Insurance Claim:  Yes  No  Unknown | |

**SIGNATORY**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:**