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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: |
| IncidentCause |

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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 trainingDetails |
| **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 [ ]  rotatingPortion 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 [x]  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**

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