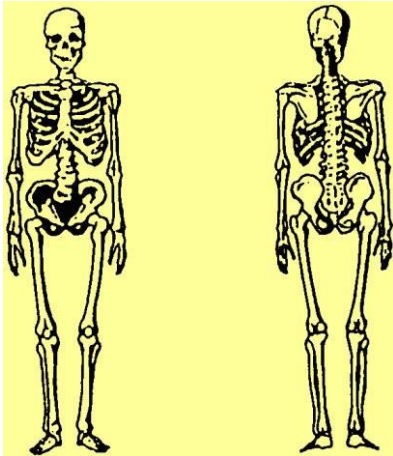




Appendix 5: AusDBF WH&S Hazard/Incident Notification and Investigation

<p>This form is to be used for the notification and investigation of the hazards, near misses and injuries – to enable the risk to be identified and minimised. This form MUST be completed within 24 hours of an injury occurring. For serious bodily injury, dangerous events and serious electrical incidents contact the AusDBF Chair immediately.</p>
<p>Notification: Part A – to be completed by the observer or injured person. Part B – to be completed by the First Aid Responder / Injured person</p>
<p>Investigation: Part C – to be completed by the Club Committee/State Board/AusDBF Board</p>

PART A - HAZARD / NEAR MISS / INJURY DETAILS (to be completed by Observer or injured person)									
Please tick which scenario is most relevant									
HAZARD Hazard = source of potential harm to people, plant, or the environment				INCIDENT – NEAR MISS Near miss = event occurred which did not result in an injury			INCIDENT – INJURY Injury = event occurred which resulted in an injury		
Name: (reported by)						Mobile:			
Email:									
Date of Birth: (d/m/y)					Select: Male / Female				
Position/Role:				Date of Event:			Time: am/pm		
State:		Club name:							
Area:					Team Leader Name:				
Witness: (if any)					Mobile:				
Witness email:									
Location: (address) provide map if necessary									
Incident reported to:				Date:			Time: am/pm		
Incident/ near miss occurred during:									
Weather conditions and physical environment				Cold			Hot		Humid
Fine		Rain		Night		Overcast		Low Light	
						Storm		Windy	
Hazard/Near miss / Injury Description:									
Does a work method statement/safe operating procedure exist for this task? Yes / No Was it followed? Yes / No									
Details of damage sustained: (include any damage to plant as result of incident)									
Immediate action taken: (what actions were immediately implemented to eliminate or minimise further impact or occurrence)?									
If injury occurred complete injury form in next section. If no injury complete this first section only									
Completed by: (person completing this form)					Signature:			Date:	

PART B - INJURY NOTIFICATION DETAILS (to be complete by First Aider / Injured person)						
Name of First Aid Attendant						
List PPE (personnel protection equipment) worn at time of Injury						
PFD	Footwear	Clothing	Headwear	Glasses	Sunscreen	
Treatment	No treatment	First Aid (including self-administered)		Doctor	Hospital (including emergency room)	
If sent to Doctor/Hospital by -	Private Vehicle	Company vehicle	Taxi	Ambulance	Public transport	
Please tick all applicable boxes-						
INJURY TYPE		BODY PART		CAUSE/AGENCY		
<input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Amputation <input type="checkbox"/> Hernia <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Infection <input type="checkbox"/> Bruising <input type="checkbox"/> Internal Injury <input type="checkbox"/> Burn <input type="checkbox"/> Irritation <input type="checkbox"/> Concussion <input type="checkbox"/> Laceration/cut <input type="checkbox"/> Crush <input type="checkbox"/> Multiple Injuries <input type="checkbox"/> Deafness <input type="checkbox"/> Poisoning <input type="checkbox"/> Dermatitis <input type="checkbox"/> Sprain <input type="checkbox"/> Dislocation <input type="checkbox"/> Strain <input type="checkbox"/> Foreign Body <input type="checkbox"/> Stress/anxiety <input type="checkbox"/> Other (specify)		Circle injured location/s at each side  FRONT VIEW BACK VIEW Right Left Right Left		<input type="checkbox"/> Animal <input type="checkbox"/> Needle Stick <input type="checkbox"/> Biological <input type="checkbox"/> Noise Exposure <input type="checkbox"/> Confined <input type="checkbox"/> Plant/Equip. space <input type="checkbox"/> Dust <input type="checkbox"/> Physical assault <input type="checkbox"/> Electricity <input type="checkbox"/> PPE <input type="checkbox"/> Ergonomics <input type="checkbox"/> Repetition <input type="checkbox"/> Fall from <input type="checkbox"/> Slide/Cave in height <input type="checkbox"/> Haz. Substance <input type="checkbox"/> Slip/Trip/Fall <input type="checkbox"/> Heat/cold <input type="checkbox"/> Striking object <input type="checkbox"/> Hit by Object <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Job Design <input type="checkbox"/> Ventilation <input type="checkbox"/> Lighting <input type="checkbox"/> Verbal assault <input type="checkbox"/> Man. Handling <input type="checkbox"/> Vibration <input type="checkbox"/> Other (specify)		
First Aiders Comments:						
First Aiders Signature:				Date:		
Injured person's signature:				Date:		
Rehabilitation Officer notified?				Yes / No		
Rehabilitation (to be completed by Rehabilitation Officer)						
Rehabilitation Officer Name:				Date:		
Is this a recurrence of a previous injury?				Yes / NO		
Description of previous injury:						
Completed by: (person completing this form)		Signature:		Date:		

PART C - INVESTIGATION					
The purpose of this investigation is to identify the cause and actions that need to be taken to prevent reoccurrence of the hazard/incident and not to lay blame.					
Describe how the incident occurred including the cause and circumstances:					
Has an incident of this nature been reported to you before?					Yes / No
If Yes, please elaborate:					
Was the Club/State member undertaking routine activities when the incident occurred?					Yes / No
If No – explain the activity being undertaken:					
First time task undertaken by injured person			Performed Weekly		
Performed less than 2 hours per year			Performed Daily		
What conditions contributed to the incident?				Housekeeping Standards	
Pre-existing Injury		Pre-existing Condition		Plant/equipment/Tool design	
Environment		Workplace Layout		Other	
What acts contributed to the incident?				PPE not used	PPE incorrectly used
Hazard/s not identified		Hazards/s not controlled		Work method statement not prepared	
Procedures not followed		Incorrect Tools & equipment		Work method statement not followed	
Isolations not performed		Operating without authority		Other	
What administrative / system failures contributed to the incident?					
Hazard ID & Risk Control		Inspections	Supervision	Permits	Communications
Isolation Breach		Emergency Systems	Training & Procedures	Maintenance	Other
Risk Calculator – Calculate the risk score for the identified hazard/incident					
LIKELIHOOD	CONSEQUENCES				
	Insignificant <i>First Aid Injury 0-low \$ loss</i>	Minor <i>Medical Treatment Low-medium \$ loss</i>	Moderate <i>Hospital treatment Notification to WHSQ Medium-high \$ loss</i>	Major <i>Single fatality Serious bodily injury Major \$ loss</i>	Catastrophic <i>Multiple fatalities Large \$ loss</i>
A (Almost Certain) <i>Is expected to occur at most times</i>	M – 52	H – 64	E – 76	E – 88	E -100
B (Likely) <i>Will probably occur at most times</i>	M – 44	H – 56	H – 68	E – 80	E – 92
C (Moderate) <i>Might occur at some time</i>	L – 36	M – 48	H – 60	E – 72	E – 84
D (Unlikely) <i>Could occur at some time</i>	L – 28	L – 40	M – 52	H – 64	E – 76
E (Rare) <i>May occur in rare circumstances</i>	L – 20	L – 32	M – 44	H – 56	H – 68
Risk Rating	Action Required				Enter your risk here
E	Extreme Risk	Immediate action required			
H	High Risk	Senior Management attention needed			
M	Moderate Risk	Management responsibility must be specified			
L	Low Risk	Manage by routine procedures			