

Incident Notification and Investigation Form

INCIDENT NOTIFICATION & INVESTIGATION FORM				NO.
TYPE OF EVENT				
OHS: <input type="checkbox"/> Incident <input type="checkbox"/> Near Hit <input type="checkbox"/> Dangerous Occurrence <input type="checkbox"/> Injury/Illness <input type="checkbox"/> Plant/Equipment Damage				
<input type="checkbox"/> Rail Incident Environmental: <input type="checkbox"/> Incident <input type="checkbox"/> Near Hit <input type="checkbox"/> Other:				
REPORTING DETAILS				
Site:		No.	Location:	Site Controller:
Date incident occurred: / /		Time: :	am/pm	Date of Notification: / /
				Time: :
				am/pm
Name of person Notified:		Position:		
Name of person(s) involved:		Contact Number:		Email:
Employment Status: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Other:				
Company:		Business Address:		
Supervisor/Manager:		Contact Number:		Email:
Business Unit (internal):				
EVENT DETAILS				
What activity was being performed at the time of the event?				
Plant/Equipment in use? <input type="checkbox"/> YES – Please specify: _____ <input type="checkbox"/> NO				
What happened? - <i>(Facts only. Attach additional pages, photos, diagrams etc. if required)</i>				
Action(s) taken to provide immediate control:				
INJURY DETAILS (Complete only in the Event of Injury)				
Nature of Injury/Illness: <input type="checkbox"/> Fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Laceration				
<input type="checkbox"/> Foreign Body <input type="checkbox"/> Amputation <input type="checkbox"/> Burn <input type="checkbox"/> Abrasion <input type="checkbox"/> Bruising <input type="checkbox"/> Puncture				
<input type="checkbox"/> Spinal Damage <input type="checkbox"/> Illness – Please specify: _____ <input type="checkbox"/> Other – Please specify: _____				
Location of Injury/Illness: <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye <input type="checkbox"/> Neck <input type="checkbox"/> Ear <input type="checkbox"/> Nose				
<input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Internal Organs – Please specify: _____				
<input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Finger/Thumb <input type="checkbox"/> Leg				
<input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toe <input type="checkbox"/> Other – Please specify: _____				
Orientation: <input type="checkbox"/> Left <input type="checkbox"/> Right				
Classification: <input type="checkbox"/> Fatality <input type="checkbox"/> Lost Time Injury (LTI)		Date Injured person ceased work: / /		No. of work days lost:
		Date Injured person resumed work: / /		
<input type="checkbox"/> Medical Treatment Injury (MTI) <input type="checkbox"/> First Aid Case (FAC) <input type="checkbox"/> Journey Claim <input type="checkbox"/> Not Work Related				
Has the injured person Completed the Insurer's Injury Notification Form? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Has the Company Return to Work Coordinator been notified? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
VERIFICATION OF EVENTS:				
Employee(s) Involved:		Signature:		Date:
Supervisor/Manager:		Signature:		Date:

EVENT CLASSIFICATION

CONSEQUENCE						
	CATASTROPHIC (5)	MAJOR (4)	SERIOUS (3)	MODERATE (2)	MINOR (1)	
Certain (5)	EXTREME (25)	EXTREME (20)	EXTREME (15)	HIGH (10)	MEDIUM (5)	RISK RESPONSE
Likely (4)	EXTREME (20)	EXTREME (15)	HIGH (12)	MEDIUM (8)	LOW (4)	EXTREME (15-25) \$TOP - Activity cannot commence/continue until hazard is eliminated or minimised by substitution, isolation, engineering controls, administrative controls or PPE. Approval to commence/continue required from QBE Manager and Sub-Regional Management Team. Specialised Training as required, Procedure, Induction and SWMS
Possible (3)	EXTREME (15)	HIGH (12)	MEDIUM (9)	MEDIUM (6)	LOW (3)	HIGH (10-12) Hazard is eliminated or temporary controls implemented immediately by substitution, isolation, engineering controls, administrative controls or PPE. Permanent controls to be in place within 3 days. Approval to commence/continue required from QBE Manager. Specialised Training as required, Procedure, Induction and SWMS
Unlikely (2)	HIGH (10)	MEDIUM (8)	MEDIUM (6)	LOW (4)	LOW (2)	MEDIUM (5-8) Controls to be in place/implemented within 7 days by substitution, isolation, engineering controls, administrative controls or PPE. Induction and SWMS
Rare (1)	MEDIUM (5)	LOW (4)	LOW (3)	LOW (2)	LOW (1)	LOW (1-4) Controls to be implemented as soon as practicable. Induction and pre-start briefing to discuss risks

Consequence	Types of Consequences		
	Injury	Environmental	Damage (including public image) or other means of loss (AUS)
Catastrophic	Fatality, life threatening situation, permanent disability or permanent ill health	Major environmental impact - immediate and/or long term harm, External notification Required	Over \$50,000
Major	Hospitalised and/or medical treatment resulting in Lost Time	Non-localised impact - affecting outside of site/area boundary, External notification Required	Between \$10,000 and \$50,000
Serious	Medical treatment required with restricted duties, Potential for Lost Time	Localised impact - contained within site/area boundary, External notification Required	Between \$5,000 and \$10,000
Moderate	Medical Treatment with return to normal duties	Minor impact - immediate containment and control, fully contained within site/area boundary	Between \$1000 and \$5,000
Minor	First aid or minor illness	No impact on environment	Less than \$1000 damage

Likelihood	Description
Certain	The consequence is expected to occur in most circumstances. Common or repetitive occurrence in organisation. Very high probability of loss or harm.
Likely	The consequence will probably occur in most circumstances. Known history of occurrences in organisation or similar setting. High probability of loss or harm.
Possible	The consequence could occur at some time. History of at least once occurrence in the organisation or similar setting. Moderate probability of loss or harm.
Unlikely	The consequence is not likely to occur. Known history of occurrence in other organisations. Low probability of loss or harm.
Rare	The consequence may occur in exceptional or unusual circumstances only. Very low probability of loss or harm. Usually requires multiple system failures.

Risk Rating: EXTREME HIGH MEDIUM LOW

NOTIFICATIONS

Internal Senior Management Notification: YES Date of Notification: / / Time: : am/pm NA

External Authority Notification: Is this a reportable Incident? (contact QSE Manager for requirements) YES NO

If YES Incident has been reported: YES NO To (Name of Authority):

Name of Contact: By Whom (Name): Date of Notification: / / Time: : am/pm

Summary of Response from Authority (attach evidence where applicable):

Client Notification: YES NA Company Name: Contact Name:

Date of Notification: / / **Reported to Other? (Please specify):**

WITNESSES (Attached witness statements where applicable)

Name: Company: Contact Number: Email:

Name: Company: Contact Number: Email:

Comments:

INVESTIGATION TEAM

Lead Investigator: Name: Signature: Position: Company:

Investigation Team: Name: Signature: Position: Company:

Name: Signature: Position: Company:

Date (s) Investigation Undertaken: / /

INVESTIGATION – EXISTING PROCEDURES & TRAINING							
Are there company procedures in place covering this activity? <input type="checkbox"/> YES – Please specify: _____ <input type="checkbox"/> NO – Why Not? _____							
Had person(s) involved been trained in procedure (s)? <input type="checkbox"/> YES – Please attach evidence _____ <input type="checkbox"/> NO – Why Not? _____							
Were correct licences/certificates held by person(s) involved? <input type="checkbox"/> YES – Please attach evidence _____ <input type="checkbox"/> NO – Why Not? _____ <input type="checkbox"/> NA							
Had person(s) involved completed required Inductions? <input type="checkbox"/> YES – Please attach evidence _____ <input type="checkbox"/> NO – Why Not? _____							
INVESTIGATION – ROOT CAUSE ANALYSIS (an example on how to complete this section has been included on page 5)							
	EVENT (S) - Facts only	WHY?	WHY?	WHY?	WHY?	WHY?	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
INVESTIGATION – CONTROL MEASURES For each final root cause identified above, select control measures using Hierarchy of Control to prevent re-occurrence							
	Hierarchy of Control (NZ)	Elimination		Isolation		Minimisation	
	Hierarchy of Control (A)	Elimination	Substitution	Isolation	Engineering	Administrative	PPE
	Root Cause (s)						
1.							
2.							
3.							
4.							
5.							
6.							
7.							

INVESTIGATION – CORRECTIVE ACTION For each selected control measure, assign responsibility for implementation and required completion date					
					CAR Numbers:
Name of Business:			LAUNCHTS Representative:		
Name of Person Responsible:			Contract no:		
Contract name:			Telephone:		
Telephone:	Email:	Email:			
Signature:	Date:	Signature:	Date Requested :		
Details of Non-conformance	Corrective & Preventative action required	Planned Completion Date	Actual Completion Date	Verification of Corrective & Preventative action	Review Date
CAR 1:					
CAR 2:					
CAR 3:					
CAR 4:					
CAR 5:					
Comments:					
<i>Copy to LaunchTS OHS Manager on issue</i>					