

INCIDENT REPORT (for Accidents / Incidents / Near Misses)

INSTRUCTIONS

The Incident Report form is to be used to report all accidents/incidents and near misses (*as defined in the Incident Management Policy & Procedure*). All occurrences **MUST** be immediately reported to your supervisor/manager and then immediately passed onto Uniting Church SA (UCSA) Synod office to ensure SafeWork SA can be notified, where required, as per the Work Health and Safety Act 2012.

It is recommended that the form be completed in the following order:

Parts B & C
(pages 3+4)

This should be completed immediately (preferably whilst the injured/affected person and any witnesses are present), or if not possible, as soon as practicable afterwards. Where multiple people have been affected/sustained injuries, pages 3 & 4 are to be completed for each person.

- If injury/illness, to be completed by the injured/affected person or another person on behalf of that person.
- If property damage or near miss, to be completed by witness or representative of the organisation.
- **Signoff** by injured/affected person and/or person completing Parts B & C.

Part A (page 2)

- The key or most senior person investigating the incident needs to:
 - **complete** the form in consultation with ALL affected parties;
 - **inform** the WHS Contact Person / WHS Site Group Members (whichever relevant);
 - **Signoff** where indicated;
 - **Pass form** on to Manager/Supervisor to signoff where indicated.

Page 1

- To be completed by the Manager/Supervisor.

For Workers Compensation matters, refer to 'Incident Management Policy & Procedure' (page 2) for additional requirements

For all other enquiries: contact Uniting Church SA - Insurance Services on 8236 4222

For **EMERGENCY AFTER-HOURS** contact people & numbers refer to 'Incident Management Policy & Procedure' (Appendix 3)

REFER OVER FOR FURTHER GUIDELINES ON COMPLETING THE INCIDENT REPORT FORM

PLEASE NOTE: The list of guidelines (see over) is intended to provide some additional information in order to assist with particular questions within the form (where it is felt it may be needed/useful)
For additional assistance, contact Insurance Services

GUIDELINES FOR COMPLETING INCIDENT REPORT FORM

1. Follow “**INSTRUCTIONS**” shown at top of the cover page of the *Incident Report (other side of this page)*
2. **The following information is to provide clarification for some questions on each page of the Report Form:**

Page 1 – Determination of Whether Incident is NOTIFIABLE and Core Details of Incident	
<p>If the Incident is:</p> <p>a) NOTIFIABLE (refer to <i>Incident Report Form</i> for brief description and/or <i>Incident Management Policy & Procedure</i> for full definition) – contact UCSA Synod Office (“Synod office”) within required timeframes as indicated on form and policy & procedure – <u>ensure you have adequate details (as per questions on pages 1 and 3 (‘PART B’) before calling Synod Office.</u> Note: If unsuccessful in contacting the Synod Office within the required time <i>first</i>, contact SafeWork SA direct – refer to Appendix 3 for contact numbers and ensure obtain a “Caller ID #” before ending the call.</p> <p>➤ Copy of the Incident Report Form (in full) to be forwarded to Synod Office with copies of ALL supporting documentation (eg. witness statements, Risk Assessments, etc) within required timeframe.</p> <p>Q4: If the incident requires Notification to the Office of the Technical Regulator (OTR), refer to ‘<i>Incident Management Policy & Procedure</i>’ (Appendix 3) for contact details.</p> <p>b) NOT Notifiable – still complete the questions in the 1st section of page 1, contact Synod Office to inform of the incident and enter name of person spoke to into Q1.</p> <p>➤ Copy of the Incident Report Form to be forwarded to Synod Office with copies of any relevant supporting documentation (eg. witness statements – check with Synod Office whether anything else may required/useful). Pages 1 and 3 (Part B) / 4 (Part C) can be sent prior to investigation on Page 2 (Part A) being completed, but should be forwarded no later than 1 week after incident (with a note advising which incident it relates/attaches to).</p>	
“Reported To”	A representative of the organisation – preferably a position of responsibility. (If the injured/affected person is a Personnel of the organisation, it must be reported to their manager/supervisor).
“Incident Resulted In”	If multiple people injured and/or property damaged as well as injuries sustained, tick all that are applicable Note: “Near Miss Occurrence” should only be selected if none of the other options are applicable.
Page 2 – (‘Part A’ – Investigation into the Incident)	
“Name of Person/s Investigating Incident”	This should include the supervisor/manager or other person/s of responsibility trained to carry out the role of incident reporting, investigating and recording/maintaining associated documentation. This can be a team of people if circumstances require it.
“What Factors Contributed to the Incident?”	Read all categories, consider all factors within each/any of these and enter in note form (eg. language limited, lighting low, footwear inadequate, etc)
“Risk Assessment Ref No.”	If a Risk Assessment had NOT been carried out prior on the work task/event/etc., perform one and enter number here. If a Risk Assessment had been carried out prior to the Incident, enter that number here and, once a review undertaken, also enter the updated number with next version. (<i>Example: 254 / 254v2 or 254v3 / 254v4</i>).
Page 3 – (‘Part B’ – details of Injury/Illness/Damage/Near Miss occurrence)	
“Details of Person Injured/Affected”	This section to be completed only if a person injured has sustained injury or illness from the incident Position/Role/Capacity: Other’ should only ever be selected if none of the other 4 categories are suitable. A description must be entered if ‘Other’ is selected. If multiple people are injured/affected, complete pages 3 and 4 for each person.
“Details of Person Reporting Injury/Damage or Near Miss”	<p><u>If Injury/illness sustained</u>, to be completed if a different person is reporting on behalf of injured/ill person (unable to due to injury or requires assistance) – if injured/ill person completing form (write “as above”)</p> <p style="text-align: center;">or</p> <p><u>If NO injury/illness sustained</u>, to be completed by person reporting damage sustained or ‘Near Miss’ occurrence.</p>
Page 4 – (‘Part C’ – Injury Categories and Signoff)	
“Details of Injury Sustained”	This entire section is required for Workers Compensation and/or insurance purposes. It can also assist with reporting and enable an organisation in observing a pattern of issues within its workplace/ activities/functions. It is to be completed by either injured person or with the assistance of the manager/supervisor.

NOTE: If multiple injuries, Pages 3 & 4 containing Parts B & C to be completed for each person

INCIDENT REPORT FORM (for Accidents / Incidents / Near Misses)

(page 1 of 4)

NOTIFICATION OF CERTAIN WORK RELATED INJURIES AND DANGEROUS OCCURRENCES

Work Health and Safety Act 2012 Part 3 – Incident Notification

Notifiable Incident means:-

- (a) **the death of a person;** or
- (b) **a serious injury or illness of a person** (which includes any injury resulting in the person requiring immediate treatment as an in-patient in a hospital; or medical treatment with 48 hours of exposure to a substance)
- (c) **a dangerous incident** (which includes an uncontrolled escape, spillage, leakage of a substance, gas or steam; implosion, explosion or fire; electric shock; collapse, fall or release from a height of plant, substance or thing; partial or full collapse of a structure; collapse or failure of excavation or of any shoring supporting excavation)

1. Is this a Notifiable Incident? (as above – also refer to Incident Management Policy for full description) Yes No

Reason for notification:

2. Have you contacted Uniting Church SA Synod? Yes No

If yes, by Phone: Name of Synod Staff you spoke to:

by Email: Email address that notification was sent to:

3. Have SafeWork SA been notified? (**ensure Synod Office contacted first**) Yes No

If yes, Did this Notification occur within 24hrs? Yes No

Date of Notification? ____ / ____ / ____ Time of Notification? ____ : ____ am / pm

How was notification made? Fax Phone

If phone, Name of SafeWork SA representative: Caller ID #:

Name of person who contacted SafeWork SA:

4. Is OTR required to be notified (for electrical or gas incidents)? Yes (Date Notified ____/____/____) No

Name of Organisation/Congregation/Agency:

Date of Incident:	____ / ____ / ____	Time of Incident:	____ AM / PM
Date Reported:	____ / ____ / ____	Time Reported:	____ AM / PM
Reported To: <i>(organisation's represent'ive)</i>	Name:		Contact Phone Nos.
	Position/Role:		
Name of Organisation's Manager/Supervisor:		
Were Multiple People Injured/Affected?	<input type="checkbox"/> Yes If yes, How Many People? _____ <i>attach additional forms (PART B+C) for each person</i> <input type="checkbox"/> No		
Position/Role/Capacity of Injured/Affected Person/s	If multiple people, tick each category and show the number of people injured/affected in each <input type="checkbox"/> Specified Ministry _____ <input type="checkbox"/> Employee _____ <input type="checkbox"/> Volunteer _____ <input type="checkbox"/> Contractor _____ <input type="checkbox"/> Visitor/Guest _____ <input type="checkbox"/> Other:		
Incident Resulted in: <i>(tick all boxes applicable)</i>	<input type="checkbox"/> Injury/Illness <input type="checkbox"/> No <u>apparent</u> Injury/Illness <input type="checkbox"/> Property Damage/Loss <input type="checkbox"/> Environmental <input type="checkbox"/> Near Miss occurrence (<i>NO people involved or property damaged</i>)		

PART A - Details of Incident / Investigation (if insufficient space, attach separate sheet)

Name of Person/s Investigating Incident:		Date Investigation Commenced:	___ / ___ / ___
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<p>What Happened?</p> <p>(Include a full description of events AND details of any persons injured/ill &/or property damaged)</p>	
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<p>What Factors Contributed to the Incident?</p> <p>(Consider all factors that are likely to have contributed to the incident occurring)</p>	<p>People (eg culture, language, fatigue):.....</p> <p style="text-align: right;">Total Hours worked when incident occurredhrs</p> <p>Environment (eg condition of flooring, lighting, temperature, wind):.....</p> <p>Plant/Equipment (eg guarding, maintenance, type of plant/equipment):.....</p> <p>Materials (eg clothing, footwear, PPE used - suitability for task):.....</p> <p>Systems (eg adequacy of procedures/processes - SOPS, training, task organisation, supervision):</p>
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<p>Use Hierarchy of Controls (in descending order)</p>	ELIMINATION	<i>Can you eliminate the hazard altogether?</i>
	SUBSTITUTION	<i>Can you substitute to less hazardous equipment, substances or agents?</i>
	ENGINEERING	<i>Would the hazard be reduced by ventilation, barriers or isolation?</i>
	ADMINISTRATION	<i>Is training, policy of safe working procedures required?</i>
	PPE	<i>What personal protective equipment (PPE) would be appropriate?</i>

<p>List Actions Taken to Remedy Situation and Prevent Recurrence:</p> <p>(Consider the 'Hierarchy of Controls' shown above, when determining the most effective measures that can be undertaken to reduce the chance of recurrence)</p>	<p>Immediate Action Taken (incl. any medical attention provided):</p> <p>Interim Controls (short term):</p> <p>Proposed Permanent Controls:</p>
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Hazard Register Updated?: Yes No **Reference No.** _____

Risk Assessment Ref No. _____

Has feedback been provided to person/s involved in the incident?: Yes (Date: ___ / ___ / ___) No

SIGNOFF by Organisation

Main Person Investigating Incident:	<p>I confirm I have gathered information and investigated the incident to the best of my ability.</p> <p>Signed: Date: ___ / ___ / ___</p>
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Manager/Supervisor:	<p>I confirm the details of the incident reported and agree with recommendations made.</p> <p>Signed: Date: ___ / ___ / ___</p>
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PART B - Details of Injury/Damage sustained or Near Miss occurrence			
Date of Incident:	_____ / _____ / _____	Time of Incident:	_____ AM / PM
Details of Person Injured/Affected	<i>If Property Damage or "Near Miss", LEAVE BLANK</i>		
	Given Name/s: Surname:		
	Date of Birth: _____ / _____ / _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Phone: Wk: Hm: Mob:		
Home Address:			
Role/Capacity at time of incident:		A. <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor/Guest	
		B. Duties:	
Usual Occupation:			
Details of Person Reporting Injury/Damage or Near Miss	Given Name/s: Surname:		
	Relationship/Connection to Injured/affected Person <i>(if reporting near miss incident, write "near miss")</i> :		
	Phone: Wk: Hm: Mob:		
Details of Person/s who Witnessed Incident or First Came to Scene: (if applicable) and Attach any Witness Statements	Given Name/s: Surname:		
	Phone: Wk: Hm: Mob:		
	Witness Statement Attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Given Name/s: Surname:		
	Phone: Wk: Hm: Mob:		
	Witness Statement Attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Given Name/s: Surname:		
	Phone: Wk: Hm: Mob:		
	Witness Statement Attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If more than 3 witnesses, attach extra sheet/s with details)</i>			
Location/Address where Incident Occurred:		
Specific Area where Incident Occurred:	Eg. Particular building/room or whilst in transit (if occurred in vehicle)		
What Happened? Describe the Activity being Undertaken at time of Incident Occurring, providing details of Incident as it unfolded and any injury/illness or damage sustained:	Identify any plant/substance/equipment involved <i>if applicable</i> (if insufficient space, attach separate sheet)		
Describe any Medical Treatment Administered:		
Admitted to Hospital as 'In-Patient'? <input type="checkbox"/> No <input type="checkbox"/> Yes - Which Hospital?			

PART C - Details of Injury Sustained

Was an Injury Sustained?	<input type="checkbox"/> No Go to signatures at bottom of this page <input type="checkbox"/> Yes (please tick principal injury/disease/disorder, body location, mechanism and breakdown agency below)
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Nature of Injury	Nature of Disease
<input type="checkbox"/> Burns & Scalds <input type="checkbox"/> Bruising/Contusion with skin and crushing injury (excl. fracture) <input type="checkbox"/> Damage to Artificial Aids <input type="checkbox"/> Deafness <input type="checkbox"/> Dislocation <input type="checkbox"/> Foreign Body (in eye, respiratory or digestive system, etc) <input type="checkbox"/> Fracture – Compound (open) <input type="checkbox"/> Fracture – Simple (closed) <input type="checkbox"/> Hernia <input type="checkbox"/> Intracranial (eg. Concussion, etc) <input type="checkbox"/> Internal (torso/trunk) – chest, abdomen and pelvis <input type="checkbox"/> Nerve and Spinal cord injury <input type="checkbox"/> Open wounds (eg. cuts, laceration, etc) <input type="checkbox"/> Sprains, Strains & Tears of muscles & joints <input type="checkbox"/> Superficial (eg. cuts & lacerations) <input type="checkbox"/> Traumatic Amputation (incl. loss of eyeball) <input type="checkbox"/> <i>Unspecified/Other Injuries</i>	<input type="checkbox"/> Asbestosis, Mesothelioma, Silicosis <input type="checkbox"/> Brain, spinal cord & peripheral nervous system <input type="checkbox"/> Circulatory system (incl. heart, hypertension etc) <input type="checkbox"/> Eye (incl. conjunctiva and cornea) <input type="checkbox"/> Intestinal (infectious and parasitic) <input type="checkbox"/> Legionnaires <input type="checkbox"/> Skin (eg. contact dermatitis, malignant melanoma, etc) <input type="checkbox"/> Sexually transmitted/viral – Hepatitis or HIV (AIDS) <input type="checkbox"/> Viral – Other <input type="checkbox"/> <i>Unspecified/Other Disease</i>
	Nature of Disorder/Condition
	<input type="checkbox"/> Asthma (incl. bronchitis) <input type="checkbox"/> Effects of weather, exposure, pressure (incl. 'bends') <input type="checkbox"/> Mental <input type="checkbox"/> Musculoskeletal system (incl. joints, spine, disks, soft tissue) <input type="checkbox"/> Nerve roots, plexuses and single nerves <input type="checkbox"/> Poisoning/toxic effects <input type="checkbox"/> Respiratory condition due to substance <input type="checkbox"/> Ulcers & gastritis <input type="checkbox"/> Varicose Veins <input type="checkbox"/> <i>Unspecified/Other Disorder/Condition</i>

Bodily Location of Injury/Disease					
<input type="checkbox"/> Abdomen <input type="checkbox"/> Ankle L / R <input type="checkbox"/> Arm – Forearm L / R <input type="checkbox"/> Arm – Upper L / R <input type="checkbox"/> Back – Lower L / R <input type="checkbox"/> Back – Upper L / R <input type="checkbox"/> Bladder <input type="checkbox"/> Brain <input type="checkbox"/> Breast/Larynx, Oesophagus	<input type="checkbox"/> Chest <input type="checkbox"/> Ear L / R <input type="checkbox"/> Elbow L / R <input type="checkbox"/> Eye/Eyebrow L / R <input type="checkbox"/> Finger/s L / R <input type="checkbox"/> Foot L / R <input type="checkbox"/> Gallbladder <input type="checkbox"/> Genital Organs <input type="checkbox"/> Groin	<input type="checkbox"/> Hand L / R <input type="checkbox"/> Head/Skull <input type="checkbox"/> Heart <input type="checkbox"/> Hip L / R <input type="checkbox"/> Kidney <input type="checkbox"/> Knee L / R <input type="checkbox"/> Intestine – Large <input type="checkbox"/> Intestine – Small <input type="checkbox"/> Internal Organs – Other	<input type="checkbox"/> Leg – Upper L / R <input type="checkbox"/> Leg – Lower L / R <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Mouth <input type="checkbox"/> Pancreas <input type="checkbox"/> Shoulder L / R <input type="checkbox"/> Spleen	<input type="checkbox"/> Torso/Trunk <input type="checkbox"/> Toes L / R <input type="checkbox"/> <i>Unspecified/other</i>	<p style="text-align: center;">Systematic Locations</p> <input type="checkbox"/> Circulatory System <input type="checkbox"/> Digestive System <input type="checkbox"/> Nervous System <input type="checkbox"/> Psychological System <input type="checkbox"/> Respiratory System

Mechanism of Injury/Disease	
<input type="checkbox"/> Being assaulted by a person <input type="checkbox"/> Being bitten/attacked by an animal <input type="checkbox"/> Being hit by a person accidentally <input type="checkbox"/> Being hit by falling objects <input type="checkbox"/> Being hit by moving objects <input type="checkbox"/> Biological factors (incl. infectious disease) <input type="checkbox"/> Contact with chemical or substance – long-term <input type="checkbox"/> Contact with chemical or substance – single <input type="checkbox"/> Contact with hot or cold objects <input type="checkbox"/> Contact with electricity <input type="checkbox"/> Exposure to blood, body fluid, needle stick or other sharps <input type="checkbox"/> Exposure to ionising radiation (eg. x-ray, etc) <input type="checkbox"/> Exposure to non-ionising radiation (eg. sunburn) <input type="checkbox"/> Exposure to occupational violence <input type="checkbox"/> Exposure to traumatic event <input type="checkbox"/> Exposure to environmental heat/cold <input type="checkbox"/> Exposure to mechanical vibration	<input type="checkbox"/> Exposure to sound/s – long-term <input type="checkbox"/> Exposure to sound/s – single/sudden <input type="checkbox"/> Harassment or bullying <input type="checkbox"/> Hitting moving objects <input type="checkbox"/> Hitting stationary objects <input type="checkbox"/> Insect, spider bites/stings etc <input type="checkbox"/> Muscular stress – bending, twisting, reaching <input type="checkbox"/> Muscular stress – lifting, carrying, pushing, pulling, lowering <input type="checkbox"/> Muscular stress – no specific incident (no objects being handled) <input type="checkbox"/> Muscular stress – repetitive movement <input type="checkbox"/> Mental stress factors (incl. work pressure) <input type="checkbox"/> Rubbing & chafing <input type="checkbox"/> Suicide or attempted suicide <input type="checkbox"/> Trapped – Landslide or cave-in <input type="checkbox"/> Trapped – between stationary & moving objects/machinery <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> <i>Unspecified/other cause/mechanism of injury</i>

Was the injured/affected person an Employee of the Congregation/Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes</u>, has a Workers Compensation Form been lodged with WorkCover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NB. Please ensure that the claim for compensation form is lodged with an accompanying Prescribed Medical Certificate from claimant's certifying medical practitioner	

SIGNOFF for PART B and PART C

Person Injured/Affected (if applicable):	I confirm answers in Parts B & C are correct and have described the Incident to the best of my knowledge Signed: Date: ____ / ____ / ____
Person Reporting Property Damage, Near Miss or Injury on behalf of above:	I confirm I have completed the questions in Parts B & C correctly and to the best of my knowledge Signed: Date: ____ / ____ / ____