# Incident / Accident Report Form

This form is to be completed in the event of any incident whether injury has occurred or not.

**WORKERS SUBMIT FORM TO YOUR MANAGER**  
**VISITORS/CONTRACTORS/STUDENTS SUBMIT FORM TO COLLEGE MAIN RECEPTION**

## SECTION 1-6 MUST BE COMPLETED BY INDIVIDUAL AFFECTED

<table>
<thead>
<tr>
<th>Status:</th>
<th></th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker (incl. contractor)</td>
<td>Student</td>
<td>Visitor</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Outcome: |  |  |  |  |  |
|---------|---|---|---|---|
| Incident Only (Near Miss) | Accident (Injury) | Notifiable Injury |  |

Where a notifiable injury has occurred (See Appendix A) the HR Director must be immediately notified.

### 1. DETAILS OF PERSON DIRECTLY INVOLVED

Name: ___________________________  
Phone: (H) __________________ (W) __________

Address: ___________________________  
Sex:  
M  
F  

Date of birth: ____________________________

Email Address: ___________________________  
Position: ___________________________

Work arrangement:  
- Full-time  
- Part-time  
- Volunteer  
- Casual/Temp  
- Contract Academic  
- NA

Reports to: (If worker) ___________________________

### 2. DETAILS OF WITNESSES/S

Name: ___________________________  
Phone: (H) __________________ (W) __________

Address: ___________________________  

### 3. DETAILS OF INCIDENT

Date: _______________  
Time: _______________  
Campus Location: ___________________________

Specific Location of incident / accidents: ___________________________

Describe what happened and how: ____________________________________

__________________________________________________________________________

### 4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) ___________________________

Cause of injury (eg fall, slip or trip) ___________________________

Location on body (eg back, left forearm) ___________________________

Agency (eg chair, another person, hot water) ___________________________
5. TREATMENT ADMINISTERED

First Aid administered  ☐ Yes (If yes please complete details below)  ☐ No

First Aider name: ____________________________________________ Referral to: _____________________________________

Treatment: ________________________________________________

6. INDIVIDUALS SIGNATURE

Signature: __________________________________________ Date: __________________________

Received by - Name: __________________________ Signature: __________________________ Date: __________________________

SECTION 7-12 MUST BE COMPLETED BY EMPLOYER

7. DID THE INJURED PERSON CEASE WORK?

☐ Yes  ☐ No  If yes, state date: __________________________ Time: __________________________

Outcome:

☐ Treated by doctor  ☐ Hospitalised  ☐ Workers compensation claim generated

☐ Returned to normal duties  ☐ Alternative duties required  ☐ Rehabilitation required

8. INCIDENT INVESTIGATION (comments to include causal factors):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. RISK ASSESSMENT (refer to following page for instructions on how to complete this section)

Risk Assessment rating: (Low, Medium, High or Extreme – medium, high or extreme require further investigation)

Likelihood of recurrence: ________________________________________________

Severity of outcome: __________________________________________________

Level of risk: __________________________________________________________

(If further investigation is required please refer to the Investigation and Action form and attach completed form)

10. ACTIONS TO PREVENT RECURRENCE

<table>
<thead>
<tr>
<th>Action</th>
<th>By whom</th>
<th>By when</th>
<th>Date completed</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 11. ACTIONS COMPLETED

| Signed (Manager): _______________________________ | Name: _______ Date: ________________ |
| Feedback provided to person involved | Date: ________________ |

Once you are satisfied all actions are completed, please forward to state HSE committee chair for overall sign-off and closure.

### 12. REVIEW COMMENTS

| HSE Committee State Chair (signed): ____________________ | Name: _______ Date: ________________ |

Comments: _______________________________________________________________________________

Reviewed by HR Director/Senior HR Advisor - Name: __________________ Sign: ________________ Date: ______
Risk assessment

A risk assessment needs to be conducted and appropriate corrective actions implemented for all reported incidents/accidents. Hazards/risks are prioritised in accordance with the level of risk determined as follows: See Endeavour’s Risk Management Framework Policy for further information.

To conduct a risk assessment:

1. Estimate the consequences of a similar incident, bearing in mind existing control measures e.g. Q: if the injury reported was a burn from the hot water tap which has no warning signs, what would the likely consequence be if this incident happened again? A: Most likely to be an insignificant injury (nil or first aid treatment)

2. Estimate the likelihood of a similar incident occurring, bearing in mind existing control measures. Q Based on the above example, what would be the probability of someone else getting burnt by the same tap. Remember there are no warning signs, also consider exposure when determining probability e.g. up to 50 people use this tap on a daily basis. A: Almost Certain that this would happen again

3. Determine risk score (using consequence & likelihood outcomes) and the convergence point in the matrix. Based on the above example the risk rating would be H - High

4. Based on the resulting risk rating, you can determine whether the hazard poses a low, moderate, high or extreme risk which helps determine what type of control measures and how quickly these need to be implemented.

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Insignificant (first aid injury)</th>
<th>Minor (Medical Treatment required)</th>
<th>Moderate (Lost time injury of 7 days or less, hospitalisation Required)</th>
<th>Major (Lost time injury of 7 days or greater, serious injury)</th>
<th>Catastrophic (Fatality or permanent injury or loss of limb)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (almost certain) (is expected to occur)</td>
<td>H</td>
<td>H</td>
<td>E</td>
<td>E</td>
<td>E</td>
</tr>
<tr>
<td>B (likely) (will probably occur)</td>
<td>M</td>
<td>H</td>
<td>H</td>
<td>E</td>
<td>E</td>
</tr>
<tr>
<td>C (possible) (might occur sometime)</td>
<td>L</td>
<td>M</td>
<td>H</td>
<td>E</td>
<td>E</td>
</tr>
<tr>
<td>D (unlikely) (could occur at some time)</td>
<td>L</td>
<td>L</td>
<td>M</td>
<td>H</td>
<td>E</td>
</tr>
<tr>
<td>E (rare) (may occur only in exceptional circumstances)</td>
<td>L</td>
<td>L</td>
<td>M</td>
<td>H</td>
<td>H</td>
</tr>
</tbody>
</table>
Legend

<table>
<thead>
<tr>
<th>Risk Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E Extreme Risk</td>
<td>Immediate action required. Must be managed by senior management with a detailed plan. Immediate and urgent action required.</td>
</tr>
<tr>
<td>H High Risk</td>
<td>Senior Management attention needed. Action required immediately</td>
</tr>
<tr>
<td>M Moderate Risk</td>
<td>Management responsibility must be specified. Action required within 1 month</td>
</tr>
<tr>
<td>L Low Risk</td>
<td>Manage by routine procedures. Action required within 3 months</td>
</tr>
</tbody>
</table>

Appendix A

A notifiable injury is one that results in any of the following: death, serious illness or injury of a person, a dangerous event.

A serious injury or illness is defined as the person requiring:
- Immediate treatment as an in-patient in a hospital; or
- Immediate treatment for any of the following: the amputation of any part of his or her body; a serious head injury; a serious eye injury; a serious burn; the separation of his or her skin from an underlying tissue; a spinal injury; the loss of a bodily function or serious lacerations; or
- Medical treatment within 48 hours of exposure to a substance