
	<h2 style="margin: 0;">Incident / Near Miss Report Form</h2>	Version No:	11.0
		Issued:	16 April 2010
		Reviewed:	6 March 2019
		Next Review:	5 March 2022


Incident Details	
Incident Date:	Incident Time: AM / PM
Reported by:	Reported Date:
Department:	Exact Location of Incident:
Internal Reference Id:	
Incident Description: (What Happened, Facts Only)	
Immediate Actions Taken:	
Witnesses / Contact Info:	
Name:	Name:
Contact Info:	Contact Info:
Name:	Name:
Contact Info:	Contact Info:
What were the outcomes of the incident?	
Incident Type:	
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Environmental Impact
<input type="checkbox"/> Personal Injury: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> General Public	
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Community Impact
<input type="checkbox"/> Associated Hazard	<input type="checkbox"/> Security
Actual Consequences Risk Rating (Please refer to the risk matrix at the end of this form)	
Personal Injury:	Environmental Impact:
Property Damage:	Community Impact:
Security:	Other Incident:
Potential Consequences Risk Rating (please refer to the risk matrix at the end of this form)	
Personal Injury:	Environmental Impact:
Property Damage:	Community Impact:
Security:	Other Incident:
Injury Details	
Injured Person:	
Injury Description:	

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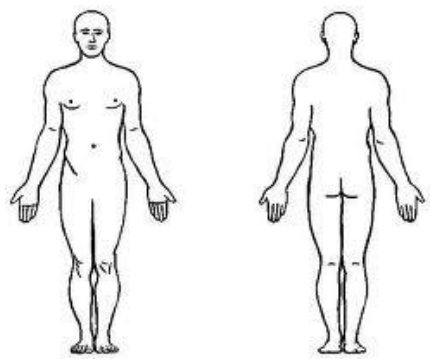
Injured Person Was Doing:
What Happened:
How the Injury was Sustained:
<input type="checkbox"/> Modified Duties <input type="checkbox"/> Previously Suffered a Similar Injury
Work Status at time of Injury: % of Shift Completed at Time of Injury:
Experience in task: Years Months

Part of Body Injured			
<input type="checkbox"/> Skull	<input type="checkbox"/> Upper Arm L / R	<input type="checkbox"/> Lower Back	<input type="checkbox"/> Ankle L / R
<input type="checkbox"/> Face	<input type="checkbox"/> Fore Arm L / R	<input type="checkbox"/> Stomach	<input type="checkbox"/> Foot L / R
<input type="checkbox"/> Ear L / R	<input type="checkbox"/> Elbow L / R	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Heel L / R
<input type="checkbox"/> Eye L / R	<input type="checkbox"/> Wrist L / R	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Toes L / R
<input type="checkbox"/> Nose	<input type="checkbox"/> Hand L / R	<input type="checkbox"/> Hip L / R	<input type="checkbox"/> Heart
<input type="checkbox"/> Mouth	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg L / R	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Neck	<input type="checkbox"/> Fingers L / R	<input type="checkbox"/> Upper Leg L / R	<input type="checkbox"/> Nervous
<input type="checkbox"/> Shoulder L / R	<input type="checkbox"/> Ribs	<input type="checkbox"/> Lower Leg L / R	<input type="checkbox"/> Psychological
<input type="checkbox"/> Arm L / R	<input type="checkbox"/> Upper Back	<input type="checkbox"/> Knee L / R	<input type="checkbox"/> Other

Nature of the Injury			
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Cut - Minor	<input type="checkbox"/> Laceration	<input type="checkbox"/> Bite / Sting
<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Bruising	<input type="checkbox"/> Fractures
<input type="checkbox"/> Poison	<input type="checkbox"/> Burn	<input type="checkbox"/> Heat stress	<input type="checkbox"/> Sprain / Strain
<input type="checkbox"/> Needle stick – was the object / sharp saved? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Stored at:			
<input type="checkbox"/> Other (Please Specify):			

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ALL INJURIES/ILLNESSES MARKED ** ARE NOTIFIABLE INCIDENTS AND MUST BE REPORTED TO SAFEWORK SA IMMEDIATELY ON 1800 777 209. DO NOT DISTURB SITE

Treatment	
<input type="checkbox"/> No Treatment Required <input type="checkbox"/> No Treatment Sought <input type="checkbox"/> First Aid Only <input type="checkbox"/> Visit to Doctor <input type="checkbox"/> Visit to Hospital (Outpatients) <input type="checkbox"/> Admitted to hospital ** <input type="checkbox"/> Fatality **	

Serious Injury or Illness			
<input type="checkbox"/> Serious Burn **	<input type="checkbox"/> Spinal Injury **	<input type="checkbox"/> Serious Head Injury **	<input type="checkbox"/> Serious Eye Injury **
<input type="checkbox"/> Serious Laceration **	<input type="checkbox"/> Medical treatment within 48 hours of exposure to a substance **	<input type="checkbox"/> Amputation of a part of the body **	<input type="checkbox"/> Loss of bodily function **

Dangerous Incidents	
<input type="checkbox"/> An uncontrolled escape, spillage or leakage of a substance	<input type="checkbox"/> The fall or release from height of any plant, substance or thing
<input type="checkbox"/> An uncontrolled escape of pressurised substance	<input type="checkbox"/> An uncontrolled implosion, explosion or fire
<input type="checkbox"/> The collapse, overturning, failure or malfunction of the damage, to any plant that is required	<input type="checkbox"/> The collapse or failure of an excavation or of any shoring supporting an excavation
<input type="checkbox"/> The inrush of water, mud or gas in workings, in an underground excavation or tunnel	<input type="checkbox"/> The interruption of the main system of ventilation in an underground excavation or tunnel
<input type="checkbox"/> An uncontrolled escape of gas or steam	<input type="checkbox"/> The collapse or partial collapse of a structure
<input type="checkbox"/> An electric shock	<input type="checkbox"/> Any other event prescribed by the WHS regulations
<p>IF YOU HAVE TICKED ANY OF THE ABOVE DANGEROUS INCIDENTS, YOU MUST NOTIFY SAFEWORK SA IMMEDIATELY ON 1800 777 209.</p> <p>ANY INCIDENT INVOLVING ELECTRICITY OR ELECTRICAL SHOCKS MUST BE ADVISED TO THE OFFICE OF THE TECHNICAL REGULATOR ON 1800 558 811.</p>	

Insurance	
At the time of this completing this form, is this a Worker's Compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, LGAWCS Injury Management Information Kit must be completed	
At the time of completing this form, is this a property damage claim:	<input type="checkbox"/> Yes <input type="checkbox"/> No
At the time of completing this form, is this a public liability claim:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person handling claim:	

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Environment	
Environmental Aspect:	Impact Type:
Description of Environmental Impact:	
<input type="checkbox"/> EPA Reportable Impact	Date Reported:
Reported By:	


Property Damage	
What was damaged?	
Damage Type:	Person Involved:
Date Reported:	Company Equipment/Property:
Damage Description:	

Does the Property belong to a Third Party?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Third Party Owner:
Third Party Property Description:		

What will it cost to fix and is it covered by insurance?	
Estimated Repair Cost:	Actual Repair Cost:
Insurance Claim:	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Was a vehicle involved?	
Vehicle Accident <input type="checkbox"/>	Employee Driver Name:
Third Party Driver Name:	Licence Number:

Hazard Details	
Hazard Type: <input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Environmental <input type="checkbox"/> Ergonomic <input type="checkbox"/> Gravitational (falls/trips/collapse) <input type="checkbox"/> Mechanical <input type="checkbox"/> Physical <input type="checkbox"/> Psychological	
Person Involved:	Add Hazard to Risk Register? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details of the Hazard:	
Immediate Action Taken to Minimise Risk:	
Please complete/review a Risk Assessment for this Hazard	
Hazard Risk (please refer to the risk matrix at the end of this form):	
Comments:	

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Other		
	Date	Signature (as applicable)
<input type="checkbox"/> Notify Chief Executive Officer		
<input type="checkbox"/> Notify WHS Coordinator		
<input type="checkbox"/> Notify Safework SA and/or Office of Technical Regulator of notifiable incidents (if applicable)		
<input type="checkbox"/> Notify LGAWCS/LGAMLS of notifiable incident, Workers Compensation, Property or Public Liability Claim (if applicable)		
<input type="checkbox"/> Risk Assessment reviewed or undertaken		
<input type="checkbox"/> HSR notified if not involved in investigation		
<input type="checkbox"/> Works request completed – cross reference record		
<input type="checkbox"/> Corrective & Preventative Actions added to the Skytrust CAPA Register and reviewed by the HSC		
<input type="checkbox"/> Corrective & Preventative Actions reviewed by work team for effectiveness		
<input type="checkbox"/> Incident Closed out. HSC Meeting Date:		
<input type="checkbox"/> Has the contents of this form been uploaded to Skytrust and allocated to Officer to coordinate/undertake investigation		


Risk Matrix

Please refer to this risk matrix when giving any consequences a risk rating.

Likelihood	Consequences				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
A (Certain to occur)	H (11)	H (16)	E (20)	E (23)	E (25)
B (Very likely)	M (7)	H (12)	H (17)	E (21)	E (24)
C (Possible)	L (4)	M (8)	H (13)	E (18)	E (22)
D (Unlikely)	L (2)	L (5)	M (9)	H (14)	E (19)
E (Rare)	L (1)	L (3)	M (6)	H (10)	H (15)

Hierarchy of Controls

- Eliminate:** remove the hazard completely
- Substitute:** substitute the hazardous process/substance with one which has a lower risk
- Isolation:** remove the person from the hazardous environment or the hazardous environment from the person
- Engineering:** implement engineering controls: change design or layout of work areas; change the nature, size weight or number of items handled; use mechanical aids
- Administrative:** establish policies, procedures and work practices, provide training
- Personal Protective Equipment:** use equipment that provides protection to all individual persons against the hazard

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Consequences

RISK	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
WHS (Employees, Contractors, Volunteers & Elected Members)	No Injuries	First Aid Treatment Only	Medical Treatment required	Serious Long-Term Injury. Temporary Disablement.	Injury/ies resulting in permanent incapacitation; Injuries resulting in single or multiple deaths.
SERVICE PROVISION (Clients, Public & Reputation)	Insignificant interruption to service delivery.	Minor interruption to service delivery with minimal impact to customers / business.	Moderate interruption to service delivery. Customer impact up to 48 hours. Partial BCP action may be needed.	Major interruption to service delivery. Customer impact > 7 days. Component of BCP action may be needed.	Major interruption to delivery of all or most services for more than 14 days. Full BCP action may be needed.
FINANCIAL MANAGEMENT (Revenue & Expenditure)	Negligible financial loss <\$5,000	Financial loss \$5,001 to \$50,000 or 1% of rate revenue.	Financial loss of \$50,001 to \$200,000 or 2.5% of rate revenue.	Significant financial loss \$200,001 to \$1M or 5% of rate revenue.	Extensive financial loss >\$1M or 10% of rate revenue.
LEGAL COMPLIANCE	Immaterial legal, regulatory or internal policy failure. No penalty or liability. Recommendations for improvement. No disruption to business.	Minor legal or regulatory / internal policy failure – resolved without penalty & minor liability exposure. Non-compliance. Minor disruption to business.	A repeated legal, regulatory or internal policy failure. Resulting in a penalty and potential liability exposure. Medium term restrictions of licence or accreditation. Prohibition order issued. Notable disruption to business	Systematic legal, regulatory or internal policy failure. Major penalty requiring a full review. Significant liability exposure. Long term restrictions on licence / accreditation. Provisional Improvement Notice issued. Serious disruption to Business.	Substantial failure in administering legal, regulatory and policy requirements. Significant penalty and liability exposure. Serious / repeated breach of legislation / licence conditions. Prosecution. Permanent loss of licence / accreditation / proclamation. Inability to operate.
INFORMATION MANAGEMENT (Records & IT)	Negligible loss of / or damage to IT or communications. No loss of data	Limited loss of / or damage to IT and communications. No loss of data.	Damage to IT and communications hardware. Loss of data.	Damage to IT and communications hardware and software systems. Significant loss of data.	Extensive loss / damage to IT and communications. Permanent loss of data.
ASSET MANAGEMENT (Equipment & Property)	Negligible damage <5% of the immediate community affected.	Limited damage requiring repairs. Affects 6 to 30 % of the immediate community	Non-structural damage that requires repair. Affects 31-50% of the community	Substantial damage to assets and / or infrastructure. Affects 51 to 70% of the community	Permanent damage to assets and / or infrastructure. Demolition and / or reconstruction required. Affects >71% of the community.
ENVIRONMENTAL MANAGEMENT	Negligible environmental damage / impact e.g. limited damage to a minimal area of low significance	Minor environmental damage / impact e.g. Minor short / medium term damage to localised area	Moderate environmental damage / impact. On-site release contained with outside assistance. May require EPA involvement and incur cautionary notice.	Long term environmental damage / impact requiring remedial action and review of processes. EPA compliance order incurred.	Toxic release off-site. Widespread long-term environmental damage and biodiversity degradation.
PUBLIC HEALTH MANAGEMENT	Negligible impact on Public Health	Minor Impact on Public Health	Significant Impact on Public Health	Major Impact on Public Health	Extensive Impact on Public Health
REPUTATION	Some local complaints or negative commentary on council's social media (less than 3 people). No media or political attention.	Some Local Media or Political Attention. Community Concern – little adverse effect.	Significant Media Attention. Significant Public Interest. Potential for adverse local media or potential attention.	Regional or State-wide media attention. Public Interest. Long Term effect on reputation.	National loss of reputation, adverse public opinion or adverse media coverage / organised community campaigning involving multi-day / sustained coverage. Community outrage by groups about issue; community pages established on social media and high instance of posts on council's social media page.