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# SUPERVISORS ACCIDENT/INCIDENT REPORT FORM

\_\_\_\_\_

Date of this report

Incident Number

*Accident* = An unplanned event which causes injury and/or damage to property and/or equipment.

*Incident* = An unplanned event which causes **or could have caused** injury and/or damage to property and/or equipment.

## When to Use this Form

This form should be completed by the Supervisor Responsible for the area where the incident occurred. Complete this form and **send it to the Site Manager**.

Person Involved in Accident - OR - Person Reporting an Incident				
Title	Surname	Given Name	School or Department	Ext No.
<i>(please tick)</i> Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/>				
Date of Birth ___/___/___	Date Commenced Employment ___/___/___	Occupation	Supervisor	
Details of the Incident				
Time of incident AM/PM	Date of incident ___/___/___	Place of incident (Room number or a specific corridor or pathway)		
Describe the incident (Include the name of chemicals, process or equipment involved)				
What was being done at the time? (eg. driving a forklift, lifting bags of cement, typing)				
What went wrong? (eg. brakes failed, slipped on wet floor, arm started hurting while typing)				
<b>Contributing Factor Codes</b> Choose the factor which is the best explanation of why the accident occurred and write it in the box →				<div style="border: 2px solid black; width: 60px; height: 60px; margin: 0 auto;"></div>
A Work organisation	AA Deadlines and haste	C2 Poor visibility: lighting		
A1 Poor physical fitness	AB Overload and fatigue	C3 Inadequate footing		
A2 Personal protection not worn	AC Inadequate supervision	C4 Inadequate ventilation		
A3 Inadequate understanding	B Machine	C5 Inadequate noise control		
A4 Incorrect/Inadequate work method	B1 Poor machine design	C6 Poor temperature control		
A5 Incorrect/inadequate tool	B2 Lack of maintenance	C7 Inadequate clearances		
A6 Bad personal protection (inadequate protection)	B3 Lack of guards/interlocks	C8 Poor Access		
A7 Inadequate instruction	B4 Poor ergonomics/furniture	C9 Design problem non machine (non furniture)		
A8 Poor super/staff relation	B5 Other (machine problems)	D Not applicable		
A9 Inadequate housekeeping	C Environment	E Other/chance factor		
A10 Poor visibility: obstructed view				
Action taken to correct problem (eg. further job training, maintenance or housekeeping) – <i>Continue overleaf if required</i>				
Others present: (Name/s)			Their School/Section:	
Details of Injury or Illness				
Part of body affected, eg. arm: Left <input type="checkbox"/> Right <input type="checkbox"/>		Name of illness or description of injury		
Medical Attention given by: (please tick) Hospital <input type="checkbox"/>		First Aid <input type="checkbox"/> Health Service Nurse <input type="checkbox"/>		
		Private Doctor (includes Doctors located at Uni Health Service) <input type="checkbox"/>		
Time off (Actual or expected) _____ /days		Signed by (person or supervisor)		

**Please send to:** Site Manager

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### The Supervisor must complete the next part of this form

<b>WHAT FACTORS CONTRIBUTED TO THIS INCIDENT?</b>		
Construction / maintenance problem?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Was prevention reasonably practicable?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Were correct procedures followed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Organisation of work / Human Behavior( <i>explain</i> ):		
Plant/Equipment ( <i>explain</i> ):		
Work area conditions: If any of the following <b>contributed to</b> the accident please indicate: <i>lighting, visibility, footing, ventilation, temperature, noise level, clearances</i> :		
Environmental ( <i>explain</i> ):		
Underlying causes ( <i>eg. training, lack of enforcement of safety rules, maintenance, low safety morale</i> ):		
Additional comments:		
<b>ACTIONS TAKEN OR PLANNED TO PREVENT RECURRENCE</b> To prevent this happening again something <b>MUST</b> change. Action should be based on the main contributing factors and any related underlying causes.		
Signature: _____ Date ____/____/____ <i>Supervisor</i>		

### The Occupational Health and Safety Unit will complete the next part of this form

<b>ACCIDENT/INCIDENT REPORT – Follow-up details slip:</b>		
Date: ____/____/____	OHS Unit Member: _____	Date follow-up completed by OHS: ____/____/____
<i>Issues to consider:</i>		