



## CONFIDENTIAL INCIDENT/INJURY REPORT FORM – PART 1

Electrical incidents / shocks: Report immediately to UWA Senior Electrician, on 6488 2016 or 6488 2031 and Safety and Health on 6488 3938. After hours: 6488 2222.

Needle stick injury/sharps injury/exposure to body fluid, use specific report form [www.safety.uwa.edu.au/forms/needlestick\\_form](http://www.safety.uwa.edu.au/forms/needlestick_form)

### PART 1: Instructions:

- Person reporting to complete part 1 within **1 WORKING DAY** and provide to your Supervisor **IMMEDIATELY**
- Supervisor:
- Complete Part 1 for other than UWA employees in as much details as possible
  - **FAX IMMEDIATELY** to Safety and Health on 6488 1179
  - Notify Safety and Health Representative within 24 hours

### Section A: PERSONAL and INCIDENT DETAILS (Circle or complete responses)

Title:	Last Name:	Other names:	
Date of Birth:	Are you: staff / student / contractor / apprentice / visitor		
Sex: M/F/Other	Staff / Student No:	Occupation:	
School/Centre:			
Email address:		Ph: (w)	Ph: (h)
Home address:			Post code:
Date and time of incident:     /     /     : am / pm		Location:	
How did the incident happen?			
Signed:		Date:	
Name(s) of witness:		Ph:	

### Section B: SUPERVISOR AND UNIVERSITY REPRESENTATIVE NOTIFICATION

Name of Safety & Health Representative:		Date and time notified     /     /     : am/pm	
Signed:	Date:     /     /	Ph:	
Name of Supervisor:		Date and time notified     /     /     : am/pm	
Signed:	Date:     /     /	Ph:	

### Section C: INJURY DETAILS (If applicable) Use this section to also report workplace disease

Type of injury or disease (eg burn):	Part(s) of the body affected:		
Date and time when symptoms noticed:     /     /     : am/pm			
Was medical treatment given?	No / First Aid / Nurse / Doctor / Hospital		
Name of person giving initial treatment:			
Date and time initial treatment given:     /     /     : am/pm			
If a UWA employee, does the injured person intend to lodge a claim for workers' compensation   Yes / No / Unknown			
If a UWA employee, will time be lost as a result of the injury?   Yes / No   How many hours/days?			



## INVESTIGATION CHECKLIST AND ACTION REPORT FORM – PART 2.

**Supervisors are required to investigate all incidents/injuries to conclude what happened, how it happened, why it happened and what should be done to prevent further occurrences**

For further information on investigations, go to: [www.safety.uwa.edu.au/policy/investigation](http://www.safety.uwa.edu.au/policy/investigation)

### **PART 2 Instructions:**

Please complete Part 2 within **5 WORKING DAYS** and forward to Safety and Health

If you require any assistance, either refer to the above website or contact Safety and Health on 6488 3938

Who is involved in completing this investigation?

- (tick the box)     School Safety Officer                       Head of School/Unit     Supervisor  
                          Safety and Health Representative     Safety and Health

**Section 1: INVESTIGATION CHECKLIST:** (Questions to ask the person involved with the incident.

Please complete, tick or circle appropriate responses.)

Incident / Injury: How do you think the incident / injury happened and what were you doing at the time?

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How long had you been working prior to the incident / injury? \_\_\_\_\_

How long had you been working on this task? \_\_\_\_\_

Is this task part of your normal duties?                      Yes    No

Have you been instructed / trained in this task?    Yes    No

What were you doing in the time prior to the incident / injury?

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Are there any other factors involved (management, the environment, equipment, maintenance, individual)?

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What do you think could have been done to prevent this incident from occurring?

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Any other comments or observations?

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Please circle the most appropriate response/s:

<b>What sort of incident/injury occurred?</b> Manual Handling / Occupational Overuse Syndromes (OOS) / cuts / bruises / burns / falls / slips / trips / vehicles / bicycles / chemicals / insects / animals / foreign body / plant / stress / other....	
<b>Location where incident occurred?</b>	
<b>Type of injury:</b> sting / bite / kick / puncture / strain / sprain / chemical / slip / trip / fall / other...	
<b>Standard operating procedures followed?</b>	Yes / No / N/A
<b>Identification of equipment/object/insect involved:</b>	
<b>Equipment in good condition?</b>	Yes / No / N/A
<b>Date of last service of equipment:</b>	
<b>Appropriate safety equipment (PPE) used?</b>	Yes / No / N/A
<b>Lighting adequate?</b>	Yes / No / N/A
<b>Housekeeping issues contributed?</b>	Yes / No / N/A
<b>Confined space?</b>	Yes / No / N/A
<b>Surface type:</b> cement / tile / grass / dry / wet / damaged / torn / sand / footpath / carpet / gravel / rocks / road / other...	
<b>Type of shoes worn:</b> open / closed / boots / high heels / sandals / none / other...	
<b>Workload excessive?</b>	Yes / No / N/A
<b>Workload boring and repetitive?</b>	Yes / No / N/A
<b>If it was a slip or trip:</b> Height of fall /slip / trip?	
Were you running / walking / turning a corner / jumping / other?	
If stairs going up / going down?	
Did you fall on your front / back / side?	
What were you carrying (if anything) at the time?	
<b>If the incident involved chemicals:</b> Was an MSDS (Material Safety Data Sheet) available?	Yes / No / N/A
Disposal / handling / storage of chemical product adequate?	Yes / No / N/A
<b>If the incident involves manual handling:</b> Were work items within easy reach?	Yes / No / N/A
Ergonomic equipment available?	Yes / No / N/A
Was the equipment being used correctly?	Yes / No / N/A
Repetitive and/or forceful movements used?	Yes / No / N/A
Action involved reaching / bending / stooping / sitting / kneeling / twisting / pushing / pulling / lifting / catching / lowering / carrying	
Weight of object?	
Distance carried/ position of object moved from/to?	
Height of load?	
<b>If the incident involves a vehicle or bicycle:</b> traffic conditions:	
Weather conditions: dry / wet / foggy / night / day	
Intersection / turning right or left / driveway / straight road	
Speed prior to accident?	
Travelling: to work / lunch time / after work / to course / work related travel	
<b>Any other factors involved?</b>	



Investigator's comments and observations

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**Section 2: RECOMMENDATIONS:** A hierarchy of control should be used to assist with the prevention of future similar injuries. The 'hierarchy of control' depicts the most to the least effective methods, as shown in the table below. **This is the most important part of the investigation process! Do not leave blank.**

Risk Control Options	Action Required	By Whom	By When
Elimination – do you have to do the task?	↓		
Substitution – is there another way you can do the task?			
Engineering – can you engineer a way to make the job safer?			
Administration – can you improve work practices? E.g. limit time of exposure.			
Personal Protective Equipment (PPE)			
Date feedback provided to person reporting the injury/incident:    /    /			
Signed:		Print Name:	Ph:
Position:			Date:        /        /

Office Use Only    (Safety and Health Recommendations)

OT	Date Part 2 received:    /    /	Date Completed:    /    /
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