



# Work Health and Safety Incident Report

This form is to be submitted to your direct line manager/ priest within 24 hours.

If this is a notifiable incident, contact your direct line manager **immediately**

**& call your WHS Unit on 0499 300 139.**

A 'notifiable incident' as outlined in the WHS Act is the death of a person, a serious injury or illness or a dangerous incident arising out of the conduct of a business or undertaking at a workplace. 'Notifiable incidents' may relate to any person – whether an employee, contractor or member of the public.

**Occurrence Type:** (You may need to complete more than 1 section of this form. Tick and complete as applicable)

Incident/Injury/Illness     Near Miss (no injury)     Hazard     Equipment/Property Damage

## Archdiocesan Organisation:

Parish:     Directorate:    Location/Address:    \_\_\_\_\_

## Person directly impacted:

Given Name:    \_\_\_\_\_    Last Name:    \_\_\_\_\_

Location:    \_\_\_\_\_    Contact number:    \_\_\_\_\_

## Person / Staff Type:

Client     Employee – Full Time     Prac Student  
 Visitor     Employee – Part Time     Work Experience  
 Contractor     Employee – Casual     Volunteer  
 Member of public     Parishioner     Other: \_\_\_\_\_

## SECTION 1 - Details of Occurrence:

Date of Occurrence:    \_\_\_\_\_    Time:    \_\_\_\_\_ :    \_\_\_\_\_  AM     PM  
Date Reported:    \_\_\_\_\_    Time Reported:    \_\_\_\_\_ :    \_\_\_\_\_  AM     PM

Location of Occurrence:  
*(may be different to work location)*

Detailed Description:

Other factors:  
*(E.g. equipment, wet floor, weather, car/driver etc.)*

Immediate Action:  
*(Taken, Time and Date)*

Any other person / witness involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Contact #:	<input type="checkbox"/> Employee: <input type="checkbox"/> Other: _____
Any other person / witness involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Contact #:	<input type="checkbox"/> Employee: <input type="checkbox"/> Other: _____

## Other reports/ forms required:

N/A     Motor Vehicle Claim     WorkCover Claim



# Work Health and Safety Incident Report Action Sheet



## Manager Use Only

A timeframe of **24 hours** applies for Critical and Notifiable Incidents.

A 'notifiable incident' as outlined in the WHS Act is the death of a person, a serious injury or illness or a dangerous incident arising out of the conduct of a business or undertaking at a workplace. 'Notifiable incidents' may relate to any person – whether an employee, contractor or member of the public. If you believe the incident is 'notifiable' call your WHS Unit immediately!!

**ATTACH TO THE INCIDENT REPORT FORM PART ONE AND ONCE COMPLETE EMAIL TO YOUR WHS UNIT**

### Other Forms Received:

Incident Form Part 1 (Required)                      Motor Vehicle Claim                      WorkCover Claim

### Action Taken: (Tick as applicable)

<input type="checkbox"/> Phone contact with Injured Person, Decision Maker/ Next of Kin or Support Staff:	By Who:	
	Date:	
<input type="checkbox"/> Personal contact with Injured Person, Decision Maker/ Next of Kin or Support Staff:	By Who:	
	Date:	
<input type="checkbox"/> Action implemented: <small>List actions in Preventative Action Required Section (Next Page)</small>	By Who:	
	Date:	

Has this incident been identified as a notifiable incident:  
**(WHS UNIT TO NOTIFY ONLY – CALL WHS UNIT IMMEDIATELY – (Outside hours number: 0499 300 139))**

<input type="checkbox"/> Incident Investigation requested?	By Who:	
	Date:	

### Reported To: (Tick as applicable)

<input type="checkbox"/> Manager:	By Who:	
	When:	
<input type="checkbox"/> WHS unit: Note: Contact WHS Unit	By Who:	
	When:	
<input type="checkbox"/> WorkCover Claim Lodged: Note: Contact Return to Work Coordinator	Date Logged:	
	Claim Ref: (if known) #	

**What is the workers capacity for work?**                      -                       N/A (select if not employee)

<input type="checkbox"/> Returned to pre-injury duties	<input type="checkbox"/> Restricted work injury <small>(suitable Duties)</small>	<input type="checkbox"/> Lost time injury <small>(not able to work)</small>
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### Cause: (Tick as applicable)

<input type="checkbox"/> Absconding	<input type="checkbox"/> manual handling
<input type="checkbox"/> Assault by: <input type="checkbox"/> Staff <input type="checkbox"/> Client <input type="checkbox"/> Other: _____	<input type="checkbox"/> medical condition
<input type="checkbox"/> Assault of: <input type="checkbox"/> Staff <input type="checkbox"/> Client <input type="checkbox"/> Other: _____	<input type="checkbox"/> Operating equipment
<input type="checkbox"/> Bites and Stings	<input type="checkbox"/> Child safety event
<input type="checkbox"/> Bullying and Harassment	<input type="checkbox"/> Self-harm
<input type="checkbox"/> Sexual harassment	<input type="checkbox"/> Slips, trips and Falls (including falls from heights)
<input type="checkbox"/> Children playground incident	<input type="checkbox"/> Damage, Theft or Loss of Property or Equipment
<input type="checkbox"/> Contact with animal	<input type="checkbox"/> Thermal (Hot/Cold), Radiation or Electrical Exposure
<input type="checkbox"/> Exposure to chemical / and other substance	<input type="checkbox"/> Vehicular Accident
<input type="checkbox"/> Hit by moving object	<input type="checkbox"/> Wheelchair Accident
<input type="checkbox"/> Infection/ control/ hygiene (e.g. Biological substance)	<input type="checkbox"/> Other: _____



Preventative Action Required: <i>(Tick as applicable)</i>			
Attach all additional notes and initial incident form and to this Manager Incident Form and email to your WHS Unit	<input type="checkbox"/> Change Work Environment		<input type="checkbox"/> Performance Management
	<input type="checkbox"/> Additional Training Required		<input type="checkbox"/> Equipment / Resources Required
	<input type="checkbox"/> Change Work Procedure		<input type="checkbox"/> Modify Equipment
Date	Action Taken		Outcomes
<b>Comments:</b>			
Manager Name:		Signature:	
Date:			

**Once this report is completed, attach Section One of the incident form and all relevant paperwork and email to your WHS Unit for uploading into the incident register.**

Work Health & Safety Unit Use Only:			
Entered into register by:		Received Date:	/   /20
Reference #:		Date entered into incident register:	/   /20
<input type="checkbox"/> Incident Investigation required?		By Who:	
		Date:	/   /20
<input type="checkbox"/> Incident investigation completed:		By Who:	
		Date:	/   /20
<input type="checkbox"/> Is this incident notifiable? <b>(WHS Unit to notify only)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		By Who:	
		Date:	/   /20
WHSQ Notices:	<input type="checkbox"/> Improvement Notice	<input type="checkbox"/> Infringement Notice	
	<input type="checkbox"/> Prohibition Notice	<input type="checkbox"/> Non Disturbance Notice	
<b>Comments:</b>			

For parishes please email to [whs@bne.catholic.net.au](mailto:whs@bne.catholic.net.au).