



INCIDENT REPORT

1. DETAILS of PERSON COMPLETING THIS FORM

Name: _____ Position: _____
 Ph No: _____ Today's Date: ___/___/___
 Signature: _____

2. TYPE of INCIDENT

Worker Injury
 Worker Illness
 Worker Fatality

Service User Injury
 Service User Illness
 Service User Fatality

Dangerous Event
 Damage to Property
 Near Miss/Hit

Distressing Event

3. DETAILS of the INCIDENT

Date: ___/___/___ Time: ___:___ am/pm
 Location (include address if relevant): _____

4. COMPLETE for INJURY or ILLNESS

Who incurred the injury/illness? _____
 Nature of injury/illness: _____
 (eg. Sprain to left ankle) _____

Treatment Provided: First Aid – provided by: _____
 Doctor – name: _____
 Ambulance – hospital: _____

Results (if known): _____

Date/Time the Rehabilitation & Return to Work Coordinator was notified: ___/___/___ Time: ___:___ am/pm

5. REPORTING the INCIDENT

Person who reported the Incident: _____
 Date and Time of the report: ___/___/___ Time: ___:___ am/pm

Staff person who received report: _____

Was a Service User's Parent notified? Y/N Name: _____
 Date and Time of notification: ___/___/___ Time: ___:___ am/pm

Date/Time Team Leader was notified: ___/___/___ Time: ___:___ am/pm

Date/Time WH&S Officer was notified: ___/___/___ Time: ___:___ am/pm

INCIDENT INVESTIGATION

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1. INVESTIGATION DETAILS

Person/s conducting the Investigation:

Name: _____ Position: _____ Signature: _____
Name: _____ Position: _____ Signature: _____
Name: _____ Position: _____ Signature: _____

Date Investigation began: ___/___/___ Date Investigation ended: ___/___/___

Is Mamre required to make formal Notification to WH&S Queensland of this Incident? Yes/No

If yes, when was Notification submitted? ___/___/___ Time: ___:___am/pm

Is Mamre required to make formal Notification to WorkCover Queensland of an Injury? Yes/No

If yes, when was Notification submitted? ___/___/___ Time: ___:___am/pm

2. INVESTIGATING THE CAUSE OF THE INCIDENT

The Investigation may review some, or all of the following:

- a) **PEOPLE** – The physical and mental condition of those directly involved.
- b) **EQUIPMENT** – The tools/equipment that was being used or worked on at the time.
- c) **WORK PROCEDURES, METHODS/TASKS** – What was actually being done at the time?
- d) **MANAGEMENT** – Was there a lack in the WH&S standards provided at the time?
- e) **MATERIAL/RESOURCES** – The raw materials being used.
- f) **WORK OR NATURAL ENVIRONMENT** – The physical environment at the time.

Attach all documentation of Investigation

3. FINDINGS

The Immediate Cause of the incident has been found to be: _____

The Contributing Causes underpinning the incident have been found to be: _____

Has corrective action already taken place? If so, what? _____

What is the chance of a recurrence? Not likely Likely Very Likely

4. RECOMMENDATIONS

Based on the findings, and Hazard & Risk Management principles, to prevent similar incidents from occurring again, it is recommended that:

Name: _____ Signature: _____ Date: ___/___/___

5. FOLLOW UP ACTION PLAN to PREVENT RECURRENCE

| CONTROL MEASURE/TASK | BY WHO | Sign Initials | HOW | DATE TO BE ACHIEVED |
|----------------------|--------|---------------|-----|---------------------|
| | | | | |

THIS ACTION PLAN WILL BE REVIEWED ON: ___/___/___ LED BY: _____

6. NOTIFICATION of OUTCOMES

- Provide copies of Incident Report/Investigation Documentation to:
 - ▶ Director – for all Incidents; and
 - ▶ WH&S Officer – for all Incidents other than “Distressing Events”; and
 - ▶ R&RTW Coordinator - for Injury/Illness Incidents only.

- Provide notification of Investigation Outcomes to: ▶ Staff & others directly involved:

please list names: _____

- Notification was made on: ___/___/___ By: _____

7. DOCUMENTATION and INFORMATION ANALYSIS

The Director and WH&S Officer will file all documentation on the Incident Register to be utilised for:

- Review in WH&S Audits, Hazard and Risk Management – to establish common patterns of incidents.
- Communication of dangers to staff and others.
- Review in Incident Report Investigations.
- The development of Training – content and procedures.
- Prioritising and evaluating control measures.