

ACCIDENT REPORT FORM

Who should complete the form?

- ❖ The person involved should complete part A, B, C, and D
- ❖ The supervisor should complete Part E and ensure F is signed off by all parties

Completing the form

- ❖ The form should be completed as soon as possible after the event.
- ❖ Ensure all questions have been answered.
- ❖ If additional space is required attach a separate report to the Accident Report Form
- ❖ All supervisors should confer with the Accident Investigation Policy :
http://www.ecu.edu.au/GPPS/policies_db/tmp/hr144.pdf

Administration

- ❖ Once the form is completed, the original is to be sent to the OS&H Office on the Joondalup Campus
- ❖ A copy is to be kept by the supervisor
- ❖ A copy is to be provided to the OS&H Representative. Details of the appropriate Representative can be found at:
http://www.hr.ecu.edu.au/osh/html/os_h_reps_home_page.cfm
- ❖ Where it is indicated on the form that a copy has not been provided to the OS&H representative, the OS&H office will forward a copy to the respective representative (unless otherwise stated).

Accident types can be categorised into 4 major groups, these being:

- ❖ **Near Miss** - Where a hazard exists but injury or damage has not resulted.
- ❖ **First Aid** – Where a minor injury has occurred requiring first aid assistance.
- ❖ **Minor Accident** - Resulting in an injury requiring either first aid or medical assistance, but no loss of time away from work.
- ❖ **Major Accident** - Resulting in serious injury or damage and requiring the injured person to be absent from work for 1 day or more. **Note: ALL Major accidents are to be reported to the OS&H office immediately on extension 2725 or 2302.**

Notifiable Accidents to WorkSafe Western Australia

- ❖ The OS&H Office will report Notifiable Accidents to WorkSafe Western Australia.

HELPFUL QUESTIONS FOR UNDERTAKING ACCIDENT INVESTIGATION

The following questions may assist in determining the facts:

Who

- Was Injured?
- Saw the accident?
- Was working with the injured person?
- Had instructed and/or assigned the job to the injured person?
- Else was involved?

When

- Did the accident occur?
- Did the damage become evident?
- Did the injured person start the job?
- Did the supervisor last see the injured person?
- Was something observed to be wrong?

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What

- Is the injury, damage or loss?
- Was the injured person doing?
- Had the injured person been instructed to do?
- Tools were being used?
- Machinery/plant/equipment was in use?
- Action had been taken to prevent recurrence?
- Safety rules were violated?
- Safety systems of work, permits to work, isolation procedures were there?
- Training had been given?

Why

- Did communication fail?
- Was the training not given?
- Were unsafe conditions permitted?
- Was the hazard not evaluated?
- Was personal protective equipment not provided?
- Was protective equipment not provided?
- Was protective equipment not used?
- Was there no safe system of work, permit or isolation procedure operating?
- Were specific safety instructions not given?

Accident/Incident Report Form

Please complete ALL fields before submitting to the OS&H Office



A. DETAILS OF THE PERSON INJURED OR INVOLVED											
Title:			Surname / Family Name:					Given Names:			
Date of Birth:			Gender:		Staff Number:			Student Number:		Contractor/Visitor Working for/visiting:	
DD	MM	YYYY	<input type="checkbox"/> M	<input type="checkbox"/> F	<i>Full Time</i>	<input type="checkbox"/>	<i>Part Time</i>	<input type="checkbox"/>	<i>Casual</i>	<input type="checkbox"/>	
Campus:			<i>BU</i> <input type="checkbox"/>		<i>JO</i> <input type="checkbox"/>		<i>ML</i> <input type="checkbox"/>		<i>Other(please specify)</i>		
Faculty/Service Centre:						Department/School:					
Home Address:											
Suburb:						State:			Post Code:		
Mobile:					Other:						
Email:						Position:					
Supervisor:						Contact Phone Number:					

B. DETAILS OF THE ACCIDENT	
Date of Accident:	Time: _____ am / pm (please circle)
Building/Room Number:	Other: _____
Description of the Accident:	
(a) What was the person doing leading up to or at the time of the accident? (e.g. sweeping leaves, carrying books, climbing)	

(b) What actually happened? (e.g. slipped on floor)	

(c) What object/equipment (e.g. machine) was being used at the time of the accident?	

Safety equipment:	
Was there any Personal Protective equipment being used at the time and if yes, what?	

Hazard Reporting:	
Was the hazard/s that contributed to the accident/injury previously reported as a Hazard?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the Hazard Report Number (FMMMS Report Number)? _____	
If yes, was the Hazard Resolved?	Yes <input type="checkbox"/> No <input type="checkbox"/>

C. INJURY / CONDITION / DISEASE DETAILS

Description of Injury / Condition / Disease:

(a) Did the person suffer an injury? Yes No

(b) What is the Nature/Type of Injury? (e.g. fracture, burn, grazing, bruising) :

(c) What is the Body Location of the Injury/Condition/Disease? :

Treatment of the Injury / Condition / Disease as a result of this accident/incident:

(a) When did the person first seek or received First Aid/Medical Treatment? (please specify date, time & type of treatment sought)

(b) Who provided the treatment?

Incapacity:

Has the person lost or is likely to lose any time from work? _____

Note: If the person has time off work, please notify the OS&H officer immediately

D. WITNESSES

Name and address of witness(es) to the accident.

E. ACTION TAKEN

(a) Was the accident reported to a Safety and Health Representative? Yes No

Who was it reported to? _____ Have they retained a copy? Yes No

(b) What control measures, either short or long term, have been put in place (or identified to be put in place) to prevent this accident from occurring in the future?

(c) Person responsible for action: _____ Date to be completed by: _____

For multiple action items, please provide additional documentation and summarise on the table overleaf

F. SIGN OFF

(a) **Person Injured/Involved**

Name: _____ Signature: _____ Date: _____

(b) **Person Reporting Incident (If different from above)**

Name: _____ Signature: _____ Date: _____

(c) **Head of School/Manager**

Name: _____ Signature: _____ Date: _____

(d) **Executive Dean/Director**

Name: _____ Signature: _____ Date: _____

Form must be signed by all parties before submitting to the OS&H Office

