

Date of this report

Clarence Landcare Incorporated
ACCIDENT/INCIDENT REPORT FORM

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

1. Please complete this form and **send it to the OHS Officer**, Clarence Landcare, if you have an accident.
2. All fires, electrical shocks, spillages of or exposure to toxic substances, failure of load bearing equipment or load bearing structures must be reported to the Workcover immediately even if there is no injury.
3. This form should be completed by the person involved and sent to Clarence Landcare OHS Officer within 48 hours of any incident.
4. The supervisor should complete the form if the person involved is not available to do so.

Person Involved in Accident - OR - Person Reporting an Incident

Title	Surname	Given Name	Landcare Group	
<p>(please tick) Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/></p>				
Date of Birth ____/____/____	Date Commenced Employment ____/____/____	Occupation	Supervisor	

Details of the Incident

Time of incident AM/PM	Date of incident ____/____/____	Place of incident (Landowners Name & Address of Site)
<p>Describe the incident (Include the name of chemicals, process or equipment involved)</p>		
<p>What was being done at the time? (eg. driving over a paddock, walking in a gully, lifting heavy materials, typing)</p>		
<p>What went wrong? (eg. brakes failed, slipped on wet ground, arm started hurting while typing)</p>		

Contributing Factor Codes

Choose the factor which is the best explanation of why the accident occurred and write it in the box

- | | | |
|---|------------------------------------|--|
| 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 Poor visibility: obstructed view | E Other/chance factor |

Action taken to correct problem (eg. further job training, maintenance or housekeeping) – *Continue overleaf if required*

Others present: (Name/s)

Their Group/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)	First Aid <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Private Doctor <input type="checkbox"/>
Time off (Actual or expected) /days	Signed by (person or supervisor)

For further information see: Occupational Health & Safety Officer at Clarence Landcare Inc

Please send to: Clarence Landcare Incorporated

Continued over page

The Supervisor must complete the next part of this form

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

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

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

Please send to: Clarence Landcare Incorporated