

Appendix III		
Date Rec.		
WorkCover	Yes	No
Date:		



Accident/Injury/Incident/Hazard Notification

Who was Injured? (If there was **NO** injury, write down who is completing the report)

REPORT	Name:		Date of Birth:/...../.....	
	Address:		Country of Birth:	
	Tel: (H).....(W).....		College/Division:	
	Staff	Student	Visitor Purpose of visit:	Contractor Company Name:
	School/Department:		Direct	Supervisor:
Accident date:/...../.....		Time: am/pm		Campus:
Accident Reported to:		Location of accident/incident/hazard:		
(eg. Bldg/Room/No./Street Name)				

What type of injury?

INJURY	Part of body injured (be specific):			
	Nature of Injury:			
	Action Taken	First Aid	Medical treatment	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Details:
Was Time Lost?	NO	Yes	If YES – specify hours	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

How did it happen?

INVESTIGATION	Describe clearly how the Accident/Incident/Hazard occurred. Be specific attach statement if required.			
			
			
			
	Name and Address of Witnesses			
.....				
Type of Accident		Agency of Injury		
<input type="checkbox"/> Slips/trips/falls	<input type="checkbox"/> Extreme temperature	<input type="checkbox"/> Plant/machinery	<input type="checkbox"/> Environment	
<input type="checkbox"/> Cuts/Sharps	<input type="checkbox"/> Repetitive muscular/skeletal injury	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Static equipment	
<input type="checkbox"/> Striking an object	<input type="checkbox"/> Abrasions/Bruise	<input type="checkbox"/> Hand Tools	(e.g. computer w/station)	
<input type="checkbox"/> Manual Handling (pushing, pulling)	<input type="checkbox"/> Other	<input type="checkbox"/> Live Animals	<input type="checkbox"/> Hazardous substances	
	<input type="checkbox"/> Other	

Signature of person completing form: Date:/...../.....

SUPERVISOR TO INVESTIGATE AND COMPLETE BACK OF THIS PAGE

Professional Staff and/or Academic Supervisors complete this section following Investigation of the accident/injury/incident/hazard

PREVENTION

What action can be taken to prevent accident recurrence?

- | | |
|--|---|
| <input type="checkbox"/> Equipment Machinery Modification or Maintenance | <input type="checkbox"/> Improve personal protection |
| <input type="checkbox"/> Improve design/construction | <input type="checkbox"/> Enhance to training and instruction |
| <input type="checkbox"/> Change to work procedures | <input type="checkbox"/> Use of safer materials |
| <input type="checkbox"/> Improve housekeeping | <input type="checkbox"/> Re-education of staff |
| <input type="checkbox"/> Improve work organisation | <input type="checkbox"/> Other – Preventative action (please specify) |

Specify measures already taken (attach extra sheet if needed)

Any further comments

Supervisors details

Name:..... Signature..... Date:___/___/___

RETURN THIS FORM TO THE WHS UNIT whs@westernsydney.edu.au

This form must be returned IMMEDIATELY after completion or within 48 hours of the Accident/Injury/Incident/Hazard

WHS Office use

ONLY

Final lost time hrs

Investigation completed Yes No IF NO - Further action required

WHS Staff Signature: