

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:		
			(WorkCover Requirement)		
	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		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES – specify hours	

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

General 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?

- Equipment Machinery Modification or Maintenance
- Improve design/construction
- Change to work procedures
- Improve housekeeping
- Improve work organisation
- Improve personal protection
- Enhance to training and instruction
- Use of safer materials
- Re-education of staff
- 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 YOUR CAMPUS OCCUPATIONAL HEALTH, SAFETY & RISK UNIT

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

OHS Office use ONLY

Final lost time hrs

Investigation completed

Yes No

IF NO – Further action required

OHS Staff Signature: