

5.1S Accident/Incident Report Form 1 5.1S:



Report To:	Site Address:	For more Information you can contact us on below Details.
		Phone No: (03) 9933 1100 Fax No: (03) 9338 2688 E-mail: info@goldenbrown.com.au Web Site: www.goldenbrown.com.au Mailing Address: 8/217 Mickleham Rd Tullamarine, Vic 3043

Report Date: R.O. No.: Accident/Incident Report No:

When to Use this Form

1. Please complete this form and send it to the OHS Unit, head Office 8/217 Mickleham Rd Tullamarine, Vic 3043, if you have an accident.
2. All fire, electrical shocks, spillages of or exposure to toxic substances, failure of load bearing equipment or load bearing structures must be reported to the OHS Unit immediatly (ph 03 9933 1100) even if there is no injury.
3. This form should be complete the form if the person involved and sent to the OHS Unit within 48 hours of any incident.
4. The supervisor should complete the form if the person involved is not available to do so.

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.

Person Involved in Accident - Or - Person Reporting an Incident

Title: ----- Surname: ----- Given Name: ----- Site Name: -----

Date of Birth: ____/____/____ Date Commenced Employment: ____/____/____ Occupation: _____ Supervisor: _____

Details of the Incident

Time of Incident	Date of Incide...	Place of Incident: (Room number or a specific corridor or pathway)
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Reporter Name: _____ Date Notifi... _____ (please tick) Staff Contractor Visitor

Item	Description	Accident Location	Site Name	ID	Mel. Ref.

Describe the incident: (include the name of chemicals, process or equipment involved)

What was being done at the time? (eg. mopping, sweeping, vacuuming)

What went wrong? (eg. vac motor failed, slipped on wet floor, arm started hurting after falling)

Contributing Factor Codes

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

- | | | |
|---|--|--|
| <input type="checkbox"/> A Work organisation | <input type="checkbox"/> AA Deadlines and haste | <input type="checkbox"/> C2 Poor visibility: lighting |
| <input type="checkbox"/> A1 Poor physical fitness | <input type="checkbox"/> AB Overload and fatigue | <input type="checkbox"/> C3 Inadequate footing |
| <input type="checkbox"/> A2 Personal protectin not worn | <input type="checkbox"/> AC Inadequate supervision | <input type="checkbox"/> C4 Inadequate ventilation |
| <input type="checkbox"/> A3 Inadequate understanding | <input type="checkbox"/> B Machine | <input type="checkbox"/> C5 Inadequate noise control |
| <input type="checkbox"/> A4 Incorrect/inadequate work method | <input type="checkbox"/> B1 Poor machine design | <input type="checkbox"/> C6 Poor temperature control |
| <input type="checkbox"/> A5 Incorrect/inadequate tool | <input type="checkbox"/> B2 Lack of maintenance | <input type="checkbox"/> C7 Inadequate clearances |
| <input type="checkbox"/> A6 Bad personal protection (inadequate protection) | <input type="checkbox"/> B3 Lack of quards/interlocks | <input type="checkbox"/> C8 Poor Access |
| <input type="checkbox"/> A7 Inadequate instruction | <input type="checkbox"/> B4 Poor ergonomics/furniture | <input type="checkbox"/> C9 Design problem non machine (non furniture) |
| <input type="checkbox"/> A8 Poor super/staff relation | <input type="checkbox"/> B5 Other (machine problems) | <input type="checkbox"/> D Not applicable |
| <input type="checkbox"/> A9 Inadequate housekeeping | <input type="checkbox"/> C Environment | <input type="checkbox"/> E Other/chance factor |
| | <input type="checkbox"/> C1 Poor visibility: obstructed view | |

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

Other persent: (Name/s) _____ Their Position: _____

Details of Injury or Illness

Part of body affected, eg. arm: _____ Name of illness or description of injury _____
 Left Right

Medical Attention given by: (please tick) First Aid Local First Aid Hospital Private Doctor (include Doctors located at Uni Health Service)

Time off _____ Signed by (person or supervisor) _____
 (Actual or expected) /days