

**‘Accident/Incident and Near Miss’ Report Form**

**Instructions:**

**Part 1:** Must be completed by a person involved in the accident/incident/near miss or the Team Leader/Program Co-ordinator responsible for the activity when the event occurred after speaking with people involved.

**Part 2:** To be completed by The Hut CDM or EO. Refer to the WHS Accident/Incident/Near Miss Procedure.

**PART 1**

|  |  |  |
| --- | --- | --- |
| **Event Being Reported:** | | |
| Accident Incident Near miss | Injury Property Damage Risk to The Hut | |
| Date/Time: | Location: | |
| **Person Completing this Form (Part 1):** | | |
| Name: | | Role: |
| Witnessed event Injured/affected Completing on behalf of: | | |
| **Person Directly Involved in/Affected by Incident/Accident/Near/Miss (complete new form if more than 1 person)** | | |
| Name: Employee Volunteer Client/participant | | |
| Contact details if known: | | |

|  |
| --- |
| **Nature of Injury (incl. psychosocial):** **Part of body injured (if physical):**  R Front View L L Rear View R |

|  |  |  |
| --- | --- | --- |
| **Describe what Happened and any Associated Factors** | | |
| What activity was being undertaken at time of incident/accident/near-miss: | | |
| Describe the incident/accident/near-miss: | | |
| What were the contributing factors (if any)  ***Consider****: environment, equipment, work systems, processes, distractions, people* | |  |
| What action was taken (first aid, hazard correction, call ambulance or NOK)?  Immediate:  Follow Up:  Any Additional info Attached? | | |
| **Witnesses** | | |
| **Witnesses** | | |
| Name #1: Employee Volunteer Prog. Participant | | |
| Contact Details | Phone: Email: | |
| Name #2: Employee Volunteer Prog. Participant | | |
| Contact Details | Phone: Email: | |

**PART 2 CDM/EO TEAM LEADER TO COMPLETE with PROGRAM CO-ORDINATOR**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSON COMPLETING FORM (part 2)** | | | | | | | | | | |
| Name: |  | | | Position: |  | | | | | |
| **Summary** of incident/accident including any contributing factor/s | | | | | | | | | | |
| Possible contributing factors | | 🞎 Inadequate knowledge or training  🞎 Inadequate supervision  🞎 Inadequate maintenance | | | 🞎 Abuse or misuse of Tools and equipment  🞎 Not following procedures  🞎 Other eg distraction, incorrect clothing/tools | | | | | |
| Comments | |  | | | | | | | | |
| **RISK ASSESSMENT** | | | | | | | | | | |
| Hazards Identified (if any) | |  | | | | | | | | |
| Likelihood of recurrence: | | | 🞎 High | | | 🞎 Medium | | | 🞎 Low | |
| Likely Severity of Occurrence: | | | 🞎 High | | | 🞎 Medium | | | 🞎 Low | |
| Level of risk: | | | 🞎 High | | | 🞎 Medium | | | 🞎 Low | |
| **ACTIONS TO PREVENT RECURRENCE** | | | | | | | | | | |
| ***Actions to be taken to fix the problem*** | | | | | | | ***Who*** | ***When*** | | ***Completion Date*** |
| 1. | | | | | | |  |  | |  |
| 2. | | | | | | |  |  | |  |
| 3. | | | | | | |  |  | |  |
| **SIGN OFF** | | | | | | | | | | |
| **Person Reporting:** Signature: Date: | | | | | | | | | | |
| **WHS Committee:** Signature: Meeting Date: | | | | | | | | | | |
| **Executive Officer (PCBU):** Signature: Date: | | | | | | | | | | |
| **Reported to Council (CHSP Bus incident only): Yes No N/A** | | | | | | | | | | |

**Insert any photos of injuries or damage:**

**Accident/Incident Descriptions:**

**Hazard:** a situation or thing that has the potential to harm a person, the environment or property

**Incident:** an unplanned event resulting in, or having the potential for injury, ill health, damage or other loss.

**Injury:** any physical or psychological damage caused by exposure to a hazard

**Near-miss:** an incident that could have resulted in personal injury and / or damage to property

**Notifiable incident:** an employer must notify SafeWork SA of [fatalities](https://www.safework.sa.gov.au/notify/workplace-incident#Fatalities), serious injuries/illnesses (where the person is admitted to hospital) or dangerous incidents that occur at work as a result of conducting the business

**Accident/Incident investigation process guide**

1. Establish the facts of the incident, including:
   * What happened?
   * When and where did it happen?
   * What task was being done?
   * Who was involved?
   * Were there any witnesses?
2. Gather all necessary background information, for example:
   * maintenance records
   * safe work procedures
   * instructions manuals
   * training records.
3. Consider all the potential contributing factors:
   * Environment: *Did environmental conditions (e.g. light, noise, floor surfaces) contribute to the incident?*
   * Equipment /materials: *Did anything about the equipment, materials, tools etc (e.g. equipment failures, missing guards) contribute to the incident?*
   * Work systems: *Was there something about the system that contributed (e.g. hazard not identified, known hazard not addressed)?*
   * People: *Was there something the workers, supervisors or contractors did that contributed to the incident (e.g. poor communication, being tired or rushing to finish on time)?*
4. Determine the primary cause/s of the incident, that is, those which if they hadn’t occurred then the incident wouldn’t have occurred. Ask yourself *“Would the incident have happened if….?”*
5. Identify the root cause / system failures that underlie the primary cause/s and contributing factors.

*One simple technique for identifying the root cause is the ‘Five Whys’. This technique involves asking yourself ‘Why did this happen?’ and continuing to ask ‘Why’ for each response until you reach a conclusion that does not generate another ‘why’ and the underlying cause becomes apparent.*

1. The final and most import step in any investigation is to take action to fix all the factors that contributed to the incident, starting with the primary cause/s and working through each of the contributing and underlying causes.