WORKPLACE INJURY, ILLNESS & INCIDENT REPORT
Occupational Health & Safety Unit

This workplace injury, illness and incident report form replaces all previous versions of the forms and is to be used to report any workplace injury, illness or incident which occurs in the Virtual Warehouse workplace or which arise as a result of the Virtual Warehouse's work activities. This record is required by Section 53 of the Workplace Health & Safety Regulation 1997.

The form is designed to be used in any situation where a work-related injury, illness or incident has occurred - involving employees, staff, visitors, or contractors. In the case of **fatalities, serious bodily injury, work-caused illness or a dangerous event, after completing any emergency action required, details of the accident must be provided without delay to the Virtual Warehouse Occupational Health and Safety Representative.**

Please be sure to provide a contact phone number and address of the person injured or involved. If the person has not yet returned to work at the time of completion of the form, be sure to advise the Occupational Health & Safety Unit upon return to work.

An accident, injury and incident report comprises two sheets (Sheet 1 & Sheet 2)

SAMPLE ONLY

Sheet 1
is to be filled out by the person injured or involved (or a person acting on their behalf) and returned without delay to the **Virtual Warehouse Occupational Health and Safety Representative** within 7 days of the injury or incident.

Sheet 2 is to be completed as follows -
Sections 1&2 relate to slips, trips or fall injuries and are to be filled out by the person injured or involved.
Sections 3&4 to be filled out by the supervisor and Section 5 is to be filled out by the Supervisor in order to:

- provide additional information required
- identify necessary corrective action, and
- request any additional resources or assistance required to undertake this corrective action.

Where workplace health and safety officers have been appointed, the officer concerned should be advised of the incident and consulted where necessary.
The completed sheets should be returned to the **Virtual Warehouse Occupational Health and Safety Representative** as soon as possible thereafter.

Workers Compensation

This form does not replace the need for employees injured at work or with a work-related illness to complete a worker's compensation claim, which should be forwarded to the Payroll section.

Reporting of hazards:

Hazards, if not corrected, can lead to accidents involving injury and damage. Property & Facilities should be contacted for problems or hazards in areas where corrective action can be taken by them. This is particularly important for urgent work requests that do not require OH&S input. The OH&S Unit's hazard report form is designed to facilitate speedy rectification of problems. It is intended to supplement rather than replace the Property & Facilities work order system. Copies of the OH&S Unit's hazard report form can be obtained from the Property & Facilities Unit.

WORKPLACE INJURY, ILLNESS & INCIDENT REPORT
Sheet 1

Virtual Warehouse

- Use this form to report any workplace accident, injury, incident or illness.
- For urgent accident investigation, ie in the case of serious injury or dangerous occurrence, phone the Virtual Warehouse Occupational Health and Safety Representative after completing any emergency action required.
- Return completed forms to - Virtual Warehouse Occupational Health and Safety Representative
- If a Workers' Compensation report or claim is to be made, a separate Workers' Compensation claim form shold be completed and returned to Payroll.

Details of person injured or involved (to be filled in by person injured/involved if possible)

Family name | Given name

Name: _____ _____ Date of birth: / / Sex: M☐ F☐

Event details

Date of event / / Time of event _____ am/pm Activity at time of event: ☐ on duty ☐ meal/break ☐ travel to/from work ☐ other

Place of event

Room _____ Building _____

Description of events (Describe tasks being performed and list sequence of events)

- Attach further information overleaf if space insufficient with sketches and photographs, plus information from witnesses if applicable.

SAMPLE ONLY

Injury details

Nature or type

- ☐ Amputation
- ☐ Asphyxiation
- ☐ Bruising or crushing
- ☐ Burn or scald
- ☐ Concussion
- ☐ Cut or open wound
- ☐ Dislocation
- ☐ Exposure
- ☐ Foreign body
- ☐ Fracture
- ☐ Heart or circulatory condition
- ☐ Infectious disease
- ☐ Inhalation
- ☐ Internal injury
- ☐ Nervous system injury or disorder
- ☐ Poisoning
- ☐ Puncture
- ☐ Respiratory(inhalation)
- ☐ Skin disorder
- ☐ Sprain or strain
- ☐ Other (specify)

Body part
(please mark the injured

FRONT REAR

Other
- ☐ Teeth
- ☐ Brain
- ☐ Organ (specify)

Agent of damage

- ☐ Animal or insect
- ☐ Biological
- ☐ Chemical
- ☐ Electricity
- ☐ Equipment or tool - powered/not powered
- ☐ Explosion or implosion (pressure)
- ☐ Muscular effort single event/repetitive/postural
- ☐ Noise
- ☐ Psychological
- ☐ Radiation
- ☐ Slip, trip or fall ***(see white sheet)***
- ☐ Stepping on or striking against object
- ☐ Struck by falling or moving object
- ☐ Thermal (heat or cold)
- ☐ Vehicle
- ☐ Vibration
- ☐ Other (specify)

Medical treatment obtained

Nil ☐ **First aid** ☐ **Doctor** ☐ **Hospital casualty** ☐ **Hospital admitted** ☐ **Other** ☐

Outcome for injured person:

Time lost from work _____ days _____ hours Not yet returned to work ☐ (please advise OH&S on return to work)

Signature of person injured or involved _____ Date / / Contact tel. _____

continued overleaf

ACCIDENT, INJURY AND INCIDENT REPORT (continued)
Sheet 2

Virtual Warehouse

Additional information about the incident and corrective action required:

Section 1 to be filled out by the person injured or involved:

1) If 'slip, trip or fall' involved, provide additional detail:

Slip/fall Slip/fall along the ground ☐ Condition of walking surface .....

Slip/fall on stairs or sloping surface ☐ Type and condition of footwear .....

Fall from a height ☐ What was being done at the time of the accident .....

Sections 2&3 to be filled out by the supervisor:

2) Information about personal protective equipment (PPE)

Should PPE have been worn during the task being undertaken at the time of the incident? **Yes/No**
Was it available? **Yes/No**
Was it being worn/used? **Yes/No**
Type of PPE required: .....

SAMPLE ONLY

3) Corrective action recommended by supervisor and action taken:

	ACTION TAKEN	DATE
Changes to work environment:		
Modifications or repairs to machinery, equipment or tools:		
Changes to work practices/job design:		
Personal protective equipment (additional or changes)		
Additional Training:		

Signature of Supervisor .....(please print name) .....Date.....

Section 4 to be filled out by Head of Section:

4) Difficulties in implementing the corrective action recommended above and additional resources or assistance required to implement them:

Signature of Supervisor: ..... Date .....

Return this form to the Occupational Health & Safety Unit