

## INCIDENT / HAZARD REPORT FORM

### INSTRUCTIONS

This form has two parts.

Part A must be completed for all workplace health and safety related incidents, including minor injuries/illness, serious injuries, dangerous incidents (near misses), and hazards involving NMA staff, volunteers, visitors and contractors. (ie anyone on NMA premises or affected by work undertaken by the NMA).

Part B should only be completed for fatalities, serious injuries or dangerous incidents (near misses).

This form should be printed out (preferably double sided) and completed using a pen.

**The relevant Supervisor or Manager must complete questions A3 and A4.**

When completed, this form must be forwarded to the NMA Safety Manager immediately. The Safety Manager will notify Comcare in the event of notifiable incidents (deaths, serious injuries or dangerous incidents).

Phone the Safety Manager (x5323) before forwarding reports of deaths, serious injuries or dangerous incidents.

**In the event of a fatality, serious injury or dangerous incident outside working hours, or if you cannot contact the Safety Manager during working hours, please notify Comcare directly on ph 1300 366 979, and then forward the completed form to the Safety Manager.**

The provision of this form does not imply that the NMA accepts any liability for this incident.

Type of Incident	Definition	How to Report
<b>Fatality</b>	Work related death, not including accidents to or from work	Phone Comcare immediately (ph 1300 366 979 all hours) Also complete Parts A and B of this form and <b>forward to Safety Manager immediately.</b>
<b>Serious Injury</b>	Injury or disease that needs immediate treatment by a doctor or at a hospital. eg loss of body part, serious burn, eye injury	Complete Parts A and B of this form and <b>forward to Safety Manager immediately</b>
<b>Dangerous Incident</b>	Incident that could have, but did not, result in Death, Serious Injury or Incapacity to any person	Complete Parts A and B of this form and <b>forward to Safety Manager immediately</b>
<b>Minor Injury</b>	Injury not included above, that required first aid. eg minor cuts, sprains, abrasions.	Complete Part A of this form and forward to the Safety Manager as soon as possible
<b>Minor illness</b>	Nausea, dizziness, etc not as a result of any of the above ( <b>including</b> chest pains, headaches)	Complete Part A of this form and forward to the Safety Manager as soon as possible
<b>Hazard</b>	Workplace hazard that did not result in injury or dangerous occurrence (eg missing safety sign)	Complete only Part A (questions 1 – 4 and 8) of this form, and forward to the Safety Manager as soon as possible
<b>Property damage only</b>	eg visitor claiming reimbursement for clothing damaged by protruding nail on wall	Complete only Part A (questions 1 – 4 and 8) of this form, and forward to the Safety Manager as soon as possible - Visitors need to write to Safety Manager. - Staff/volunteers need to send internal Minute to Safety Manager.

All incidents that occur at work, including work at non-NMA sites, or during approved absences from work (such as lunch, training courses, trips) must be reported within the time frames indicated above (or as soon as practicable). This includes incidents that occur during travel between work sites (but not between home and work).

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## INCIDENT / HAZARD REPORT FORM

### PART A – To be completed for all minor injuries, serious injuries, fatalities, hazards, and dangerous incidents

#### A1. Details of Person Injured or reporting dangerous incident / hazard

(complete separate forms if multiple people were involved)

Title ..... Surname..... ██████████ ..... First Name(s)..... ██████████ .....  
 Address..... ██████████ .....  
 ..... State..... ██████████ ..... Postcode..... ██████████  
 Gender..... DOB: ..... Phone no ( ).....

This person is an:    employee                     visitor                     volunteer                     contractor (incl. temps)

**For fatalities, serious injuries or dangerous incidents please provide the following additional details:**

Occupation (for employees/contractors): ..... ██████████ .....  
 Employer (for contractors): .....  
 Email address (if known): .....

#### A2. Incident / Hazard Details

**Date of incident**..... 18 June 2013.....    **Time of incident**..... 1500...                    am / pm

- Incident category:** (tick one)
- Death                    ensure that section B of this form is also completed
  - Serious injury / illness                    ensure that section B of this form is also completed
  - Dangerous Incident                    ensure that section B of this form is also completed
  - Minor injury / illness
  - Hazard

**Exact location of incident/ hazard within workplace** (eg: Circa, or steps outside main entrance, or full address of non-NMA location)  
 ..... West Basin, near NMA jetty.....  
 .....

**What went wrong / details of hazard?** (eg: the trolley slipped and ran over my foot, or loose cables lying across the doorway)  
 ..... A section of the large outer iron ring on the port paddle wheel detached and jammed in the top of the paddle  
 box.....

**Describe the sequence of events that led to the incident including what was being done by the person at the time?** (eg: lifting object, running, climbing)

On approach to NMA jetty a sudden dreadful noise in the port paddle box necessitated stopping the engine immediately. Crew quickly found that about one-third of the large outer iron ring on the paddle wheel had come loose and was twisted up into the top rear of the box. The skipper (██████████) had no option but to continue pointing for the berth with just enough way to get there and secure the vessel in its berth. It is possible the paddle wheel struck a submerged log as we had avoided a semi-submerged one earlier on our departure and it may have still been around. I certainly did not see any such indication or hazard on the approach.

.....

Plant/ Equipment / substances involved in the incident (eg: forklift, chair, car, floor cleaning liquid)  
.....PS Enterprise.....

Details of Injury/illness (eg: bruising to fingers on right hand, or cut on left leg) .....

**A3. Details of actions taken or proposed to be taken to prevent recurrence of a similar incident:**  
(Supervisor/Manager to complete this question)

.....  
.....  
.....

**A4. Details of supervisor or manager**

Surname..... Given name(s).....  
Contact phone number at work..... Signature..... Date.....

**A5. Details of treatment provided (if any)**

- Ambulance called  ensure that section B of this form is also completed
- Doctor  ensure that section B of this form is also completed
- Taken to hospital  ensure that section B of this form is also completed
- First aid

Details of first aid/medical treatment provided:  
.....  
.....

Where was the person taken or sent to for treatment?  
.....

**A6. Witness details**

Surname..... Given name.....  
Contact phone number..... Relationship (if any) to person injured.....

**A7. Details of person completing this form**

Title:..... Surname.....  
First name..... Position/Designation (if relevant):.....  
Contact number..... Email address:.....  
Date.....

**▶ ▶ PLEASE FORWARD THIS FORM TO THE SAFETY MANAGER IMMEDIATELY, UNLESS PART B NEEDS TO BE COMPLETED**

**A8. Safety Manager to complete**

Outcome of investigation (for Fatalities, Serious Injuries, Dangerous Incidents)

.....  
.....  
.....  
.....

Name of HSR notified: (for Fatalities, Serious Injuries, Dangerous Incidents):.....

Signature.....

date.....

**A9. Facilities Manager to complete (if necessary)**

Action taken or proposed to be taken to prevent recurrence of similar incident (*if no further action is to be taken, please state reason*) .....

.....  
.....

Expected date of completion..... Signature ..... Date.....

▶ **PLEASE RETURN FORM TO SAFETY MANAGER ASAP**

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# PART B – TO BE COMPLETED FOR FATALITIES, SERIOUS INJURIES OR DANGEROUS INCIDENTS ONLY

Complete Part A first.

## B1. Person with management or control of the workplace where the incident occurred:

(select one):

NMA

Other  (please provide details below)

Agency/department/authority/company name: .....

Australian Business Number (ABN): .....

Australian Company Number (ACN): .....

Street address:.....

Town/Suburb:..... State:..... Postcode:.....

## B2. Previous notification of this incident

Has this incident been notified to Comcare previously, by telephone or in writing (fax or email)?

No

Yes  (please tick one of the following reasons for subsequent notification):

- Required by Comcare after initial telephone notification
- Requested by Comcare after previous written notification
- Additional information being notified
- Change to information previously notified
- Other (please state reason):  
.....

Method of first notification to Comcare

Telephone  In writing  Other

Date first notified to Comcare:.....

If this was a Serious Injury or Serious Illness, what type was it:

- Treatment as inpatient in a hospital
- Amputation of any part of body
- Serious head injury
- Serious eye injury
- Serious burn
- Separation of skin from underlying tissue (such as degloving or scalping)
- Spinal injury
- Loss of a bodily function
- Serious lacerations
- Medical treatment within 48 hours of exposure to a substance

Did the injury or illness require the person to have immediate treatment?

- Yes       No

If this was a Dangerous Incident, what type was it:

- An uncontrolled escape, spillage or leakage of a substance
- An uncontrolled escape of gas or steam
- An uncontrolled escape of a pressurised substance
- Electric shock
- The fall or release from a height of any plant, substance or thing
- The collapse or partial collapse of a structure
- The collapse or failure of an excavation or of any shoring supporting an excavation
- The inrush of water, mud or gas in workings, in an underground excavation or tunnel
- The interruption of the main system of ventilation in an underground excavation or tunnel

Was there an immediate or imminent serious risk to a person's health and safety?

- Yes       No

### **B3. Disturbance/preservation of incident site**

The person with management or control of a workplace at which a notifiable incident has occurred (fatality, serious injury or dangerous incident) must ensure, as far as is reasonably practicable, that the site where the incident occurred is not disturbed until an Inspector (appointed by Comcare) arrives at the site-or any earlier time that an Inspector directs.

Has the site where the incident occurred been disturbed?

- No       Yes       Don't know

If you ticked "no" then proceed to question B4

If you ticked "yes" or "don't know", please answer the following question:

Has a Comcare Inspector arrived at the site or has authorised disturbance of the incident site?

- Yes       No       Don't know

If you ticked "yes" then please complete the following and then proceed to question B4:

Inspector's Name: .....

Date authorised: .....

Time authorised: .....

If you ticked "no" then please answer the following:

Has the incident site been disturbed for one of the following reasons:

- To assist an injured person
- To remove a deceased person
- To make the site safe or to minimise the risk of further fatalities or serious injuries
- Police investigation
- Comcare Inspector has given permission



Describe how the site was disturbed:

.....  
.....  
.....

**B4. Contact person for further enquiries:**

Title:..... Surname.....  
First name..... Position/Designation (if relevant):.....  
Contact number..... Email address:.....  
Date.....

**B5. Person responsible for implementing longer term remedial action**

- As above in question B4
- Other (please complete the following):

Title:..... Surname.....  
First name..... Position/Designation (if relevant):.....  
Contact number..... Email address:.....  
Date.....

**▶ ▶ PLEASE FORWARD THIS FORM TO THE SAFETY MANAGER IMMEDIATELY**

**To be completed by NMA Safety Manager:**

Date of online notification to Comcare:  
Reference No:  
Comments: