



Registered Training Organisation: 45445

CRICOS Provider: 03728B

INCIDENT ACCIDENT REPORT FORM

Policy code	IARF-001	Version 2.3	Effective date: January 2021	
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This form is to be completed in the event of any incident whether injury has occurred or not.

PROCESS:

Employees submit form to College Manager.

Visitors/contractors/students submit form to Student Liaison Officers.

SECTION 1- 6 MUST BE COMPLETED BY INDIVIDUAL AFFECTED

STATUS:

- Employee (including Contractors)
- Student
- Visitor
- Other: _____

OUTCOME:

- Incident Only (Near Miss)
- Accident (Injury)
- Notifiable injury

PERSONAL DETAILS OF INDIVIDUAL AFFECTED

PERSONAL DETAILS		
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Position:	
First Name:	Family Name:	
Date of Birth:	Email:	
Phone:	Report to: <i>(employees only)</i>	
Address:	Postcode:	State:

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DETAILS OF WITNESS/S

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other		
First Name:	Last Name:	
Phone:	Email:	
Address:	Postcode:	State

DETAILS OF INCIDENT/ACCIDENT

College Location: _____

Date: ____/____/____

Time: _____

Signature: _____

Nature of Injury (e.g. burn/cut/sprain):

Cause of Injury (e.g. fall/slip/trip):

Location on body (e.g. back/arm/leg):

Agency (e.g. chair/another person/hot water):

Specific location of Incident/Accident:

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Describe what happened and how:

SIGNATURE OF INDIVIDUAL AFFECTED

Received by: _____ Date: ____/____/____ Signature: _____

SECTION 7 – 12 MUST BE COMPLETED St Basil’s RTO

Did the injured person cease work?

- No
- Yes – If yes, state Date & Time:

Time: _____ Date: ____/____/____

OUTCOME

Incident/Accident investigation:

- Treated by a Doctor – Claim generated
- Workers Compensation
- Rehabilitation Required
- Hospitalised
- Alternative Duties Required
- Returned To Normal Duties

(Comments to include casual factors)

Risk assessment:

(refer to the following page for instructions on how to complete this section)

RISK ASSESSMENT RATING *(If Medium, High or Extreme was tick, further investigation is required)*

- Low
- Medium
- High
- Extreme

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Likelihood of recurrence:

Severity of outcome:

Level of risk:

Action to prevent recurrence:

Action: _____ By Whom: _____ By When: _____
Signature: _____ Date Completion: __/__/____

Actions completed

Name: _____ Date: __/__/____ Signature: _____

Once you are satisfied all actions are completed, please forward to WHS committee chair for overall sign-off and closure.

REVIEW COMMENTS

Comments

Name: _____ Date: __/__/____ WHS COMMITTEE (Signature): _____

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RISK ASSESSMENT

A risk assessment needs to be conducted and appropriate corrective actions implemented for all reported incidents/accidents. Hazards/ risks are prioritised in accordance with the level of risk determined as follows: See St Basil's RTO Incident Report Form for further information.

To conduct a risk assessment:

Estimate the consequences of a similar incident, bearing in mind existing control measures e.g. Q: if the injury reported was a burn from the hot water tap which has no warning signs, what would the likely consequence be if this incident happened again?
A: Most likely to be an insignificant injury (nil or first aid treatment).

Estimate the likelihood of a similar incident occurring, bearing in mind existing control measures. Q: Based on the above example, what would be the probability of someone else getting burnt by the same tap. Remember there are no warning signs, also consider exposure when determining probability
e.g. up to 50 people use this tap on a daily basis. A: Almost Certain that this would happen again.

Determine risk score (using consequence & likelihood outcomes) and the convergence point in the matrix. Based on the above example the risk rating would be H – High.

Based on the resulting risk rating, you can determine whether the hazard poses a low, moderate, high or extreme risk which helps determine what type of control measures and how quickly these need to be implemented

CONSEQUENCES					
LIKELIHOOD	Insignificant (first aid injury) 1	Minor (Medical Treatment required) 2	Moderate (Lost time injury of 7 days or less, hospitalisation Required) 3	Major (Lost time injury of 7 days or greater, serious injury) 4	Catastrophic (Fatality or permanent injury or loss of limb) 5
A (almost certain) (is expected to occur)	H	H	E	E	E
B (likely) (will probably occur)	M	H	H	E	E
C (possible) (might occur at some point)	L	M	H	E	E
D (unlikely) (could occur at some point)	L	L	M	H	E
E (rare) (may occur only in exceptional circumstances)	L	L	M	H	H

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RISK POINT		
E	Extreme Risk	Immediate action required. Must be managed by senior management with a detailed plan. Immediate and urgent action required.
H	High Risk	Senior Management attention needed. Action required immediately
M	Moderate Risk	Management responsibility must be specified. Action required within 1 month.
L	Low Risk	Manage by routine procedures. Action required within 3 months

Appendix A

A notifiable injury is one that results in any of the following: death, serious illness or injury of a person, a dangerous event.

A serious injury or illness is defined as the person requiring:

- Immediate treatment as an in-patient in a hospital; or
- Immediate treatment for any of the following; the amputation of any part of his or her body; a serious head injury; a serious eye injury; a serious burn; the separation of his or her skin from an underlying tissue; a spinal injury; the loss of a bodily function or serious lacerations; or
- Medical treatment within 48 hours of exposure to a substance