TLK Community College

Work Health and Safety
Incident Report Form
Injury | Illness | Hazard | Near Miss

TLK Alesco School

Instructions: this form must be completed for an incident involving **injury / illness, or reporting a workplace hazard or near miss** involving property / environmental. Incidents involving actual or potential significant injury / illness must be reported immediately to your line manager – form is still needed. **Completed forms sent to CEO for filing in the Register of Injuries.**	Office Use **Report No:**

PERSON COMPLETING THIS FORM: ☐ Injured Person ☐ Employee ☐ First Aid Officer ☐ Other / Manager (Please specify:……………………………)

Your First Name(s): …………………………………………………………… Surname: ……………………………………

Email: …………………………………………@…………………………………………………………

Position/Job Title: …………………………………………………………… Contact Phone No.: ……………………………

INCIDENT TYPE: What type of incident are you reporting (Select / circle one only?) Injury Illness Hazard Near Miss

Was there any Property Damage Environmental Damage Unintentional (specify):……………………………………………

If you selected any of the above line property damage options please provide a brief description of the damage.

Property/Environmental Damage Details: ……………………………………………………………………………

………

………

Property Damage Reported to Management on Date: ……./……./……. Name of Manager: ……………………………………

INJURED / ILL PERSON DETAILS:

Family name of injured person: ……………………………………… Given name(s): ……………………………………

Staff Position: ……………………or Student No and Program of Study:……………………………DOB: ……/……/…… Gender: M or F (circle)

Address (Home): …………………………………………………………………………… Postcode: ……………

Phone (Work): ……………………………… (Home): ……………………………… (Mobile): ………………………………

Work Location (e.g. Campus/Faculty/School/Division/Org. Unit): ……………………………………………………………

If employee, what is their supervisor 's name: …………………………………………… Phone: ……………………………

Employment Status: Permanent Fixed Term Casual Contractor Full-Time Part-time Student Visitor Other: ……………………………

DESCRIPTION OF INCIDENT / HAZARD / NEAR MISS

………

………

………

REPORT TO BE SENT TO THE FOLLOWING SUPERVISOR / MANAGER:

Supervisor Name: …………………………………………………………………… Phone No: ……………………………

INCIDENT / HAZARD / NEAR MISS DETAILS

Date of Incident/Hazard/Near Miss: ………./………./………. Time it Occurred: ……………. AM/PM Date Reported: ……./……./…….

Reported to: ……………………………………………………… Location (Campus): ……………………………………

Building: ……………………………………………………… Room No.: ……………………………………………

Specific Location (addit, detail on location) ……………………………………………………………………………

INJURY / ILLNESS DETAILS

Injury Type: ☐ Lost Time Date Stopped: ……./……./……. Time Stopped ……….AM/PM

Treatment Type: ☐ Medical Treatment ☐ Hospital ☐ First Aid ☐ Ambulance Called

(Select all applicable) ☐ Intend to Seek Medical Treatment ☐ WorkCover ☐ Medical Certificate Issued ☐ No Treatment Required

Description of Treatment Provided: ……………………………………………………………………………

………

Treatment Provided By: …………………………………………………………… Phone No: ……………………………

Description of Injury/Illness: ……………………………………………………………………………

………

Task being Undertaken at time of Injury/Illness: ……………………………………………………………

………

What Part of the Body was Injured: ……………………………………………………………………

WITNESS DETAILS (If applicable)

Name: …………………………………………………………………… Phone No: ……………………………

Address: ……………………………………………………………………………………………………

CORRECTIVE ACTIONS
This section is to be completed by the Supervisor nominated in the "REPORT TO BE SENT TO" section on page 1 of this Incident Report Form.

WHAT HAPPENED? (Immediate Cause)

Possible Contributing Factors (Basic Cause)

Select all that apply:

☐ Lack of Knowledge (Training) ……………………………………………………………………………………

☐ Employee Placement ……………………………………………………………………………………

☐ Not Enforcing Safe Work Practices ……………………………………………………………………………………

☐ Engineering ……………………………………………………………………………………

☐ Inadequate Personal Protective Equipment (PPE) ……………………………………………………………………………………

☐ Inadequate Maintenance Programs ……………………………………………………………………………………

☐ Purchasing Inadequate/Inferior Equipment ……………………………………………………………………………………

☐ Inadequate Feedback Systems ……………………………………………………………………………………

☐ Unsafe Method ……………………………………………………………………………………

RECOMMENDED CORRECTIVE ACTION PLAN
For each Basic Cause identified under Possible Contribution Factors above you must provide a recommended corrective action.

Basic Cause	Corrective Action Description	Person Responsible	Target Completion Date

RISK ASSESSMENT

CONSEQUENCES

LIKELIHOOD	1	2	3	4
A	H	H	H	M
B	H	H	M	M
C	H	M	M	L
D	M	M	L	L

Risk Score: ______ Enter H, M or L

Consequences
Consider what did or could have happened
1 = Death and extensive injuries
2 = Medical treatment
3 = First aid treatment
4 = No treatment

Likelihood
How likely could this happen again?
A = Could occur in most circumstances
B = Could occur at some time
C = Could occur, but only rarely
D = May occur, but probably never will

SUPERVISOR / MANAGER DETAILS

Name: ……………………………………………………………………… Position: ………………………………………………………………………

Email: ……………………………………………………………………… Phone No: ………………………………………………………………………

Completed form **forwarded to CEO**, Tuggerah Lakes Community College on Date :………………………………………………………………………