



# SAFETY@ND

CRICOS Provider: 01032F

## Guide to completing Incident Reports

The incident / injury report form must be completed for any incident, hazard, injury or near miss. On completion, forward the form to your direct supervisor who will then submit to [safety@nd.edu.au](mailto:safety@nd.edu.au) within 24hrs of the incident.

### Who Should Complete the Form?

The person who has been injured, any witnesses to the incident and the direct supervisor should all complete the form. If the person involved in the incident is unable to complete the form for any reason, it should be completed by the person's direct supervisor.

### Completing the Form

If more than one person is injured, a separate form should be completed for each person.

If additional space is required to complete any of the sections, or if a diagram/photo will assist with the description of the incident, attach a separate sheet.

### PART A

#### PART A

##### Details of Person Involved or reporting the Incident

Name	<input type="text"/>	Position title	<input type="text"/>
School/Office	<input type="text"/>	Campus	<input type="text"/>
Date of Birth	<input type="text"/>	Home Address	<input type="text"/>
Staff/Student ID	<input type="text"/>		
Email	<input type="text"/>	Phone (best contact #)	<input type="text"/>
Staff	<input type="checkbox"/> Visitor	Other (provide details)	<input type="text"/>
Student	<input type="checkbox"/> Volunteer	Contractor	<input type="checkbox"/>

Provide information on the person involved in the incident or who is reporting the incident. It is important to indicate whether the person is an employee, a student, a visitor or a contractor.

### INCIDENT DETAILS

Provide date and time of the incident and when it was first reported, details of witnesses, and a succinct statement describing the events leading to the incident, the details of the incident, the type of work being undertaken, any hazards involved in the work and any personal protective equipment being used.

#### INCIDENT DETAILS

Date of incident	<input type="text"/>	<input type="text"/>	Time of Incident	<input type="text"/>	Contributing factors (sun, rain, traffic etc.)	<input type="text"/>
Location of Incident (on campus)	<input type="text"/>		Campus	<input type="text"/>		
Incident Reported To	<input type="text"/>	Time Reported	<input type="text"/>	Date Reported	<input type="text"/>	

Please describe details of the incident, including an account of the events leading up to the incident.

#### Part of Body Injured/affected (please tick)

<input type="checkbox"/>	Head	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	Fingers	<input type="checkbox"/>	Other
<input type="checkbox"/>	Neck	<input type="checkbox"/>	Trunk	<input type="checkbox"/>	Arm	N/A (No Injury)	
<input type="checkbox"/>	Back	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Leg	Comments:	

#### Describe the injury or illness and any treatment sought

Date first noticed symptoms	<input type="text"/>	Date treatment provided	<input type="text"/>
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#### Name of person/place giving treatment

Provide a description of the injuries/illness incurred by the person injured in the incident is required, including information on the part(s) of the body affected. A formal medical diagnosis is not required in this section. Details of any time lost, and the treatment provided to the injured person should be included. If first aid was administered, include the name of the first aid officer.



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## PART B – Direct Supervisor

### PART B

#### DIRECT SUPERVISOR

Please provide details, including the background on hazards, equipment or other factors that contributed to this incident/injury:

Proposed/Completed Corrective Actions:

Have unsafe conditions been corrected? \_\_\_\_\_

Name and Signature

Date   \*   \*

Email completed form and attachments (medical reports, photographs etc.) to [Safety@nd.edu.au](mailto:Safety@nd.edu.au) immediately.

All incidents must be thoroughly and immediately investigated by the person's direct Supervisor, in consultation with the parties involved. Proposed and completed corrective actions must be recorded on the form before submitting so these can be registered in the HSW system.

## PART C – HSW Team

The information collected through investigating and documenting the root causes of our incidents helps us to reduce the likelihood of occurrence and ensure a safe space for all. All incidents will be confidentially recorded and reported to the Board, Senior Management and Health and Safety Committee. Personal details are not shared.

Feedback will be provided as appropriate on any follow-up action required.

Incidents classified as potentially dangerous or causing serious injury are considered notifiable under the regulator and must be reported to the Director Health Safety and Wellbeing immediately.