

WHS Incident Report Form

IMPORTANT

This form is to be completed for all incidents and injuries.
This must be provided to the WHS team within 24 hours of the incident occurring by emailing a copy of this report through to StateWHS@vinnies.org.au.
Serious or Critical incidents and injuries must be reported IMMEDIATELY to both your Manager and by phoning your WHS Regional Partner.

1. Incident Details

All sections of this report must be fully completed to allow for correct processing.

Person completing this incident report

Full Name: Role:

Date: Time:

Region

Metropolitan North West West Woolloomooloo
North East South Lewisham

Business Pillar

Commercial Enterprise and fundraising Mission and Spirituality People and Culture
Finance and Corporate Services Vinnies Services Strategy and Governance
Membership, Volunteers and Regional Operations

Business Portfolio

Health Services Clinical Governance Fundraising
LAC – Local Area Coordination Community Inclusion Retail and Logistics
Homelessness and Housing Services Commercial Enterprises Other (please specify)

Central Council (if membership, volunteers & regional operations)

Armidale Central Council Lismore Central Council Sydney Central Council
Bathurst Central Council Maitland Newcastle Central Council Wagga Wagga Central Council
Broken Bay Central Council Parramatta Central Council Wilcannia Forbes Central Council
Wollongong Central Council

Service Name or Specific Location;

2. Who was Involved?

Please include all persons involved and any witnesses.

Employee Contractor Conference Member Volunteer
None Other (please provide details)

Person/s Involved

First Name: _____ Surname: _____

Phone: _____ Email: _____

Payroll number *(required for workers compensation claims)* _____

Additional person if required

First Name: _____ Surname: _____

Phone: _____ Email: _____

Witnesses

Name: _____ Contact: _____

Name: _____ Contact: _____

Team Leader / Manager of the person/s involved

First Name: _____ Surname: _____

Phone: _____ Email: _____

3. Incident Information

First Aid Injury <input type="checkbox"/>	Near Hit <input type="checkbox"/>	Restricted Work Case <input type="checkbox"/>
High Potential Incident <input type="checkbox"/>	Non-Work Related <input type="checkbox"/>	Vehicle incident <input type="checkbox"/>
Lost Time Injury <input type="checkbox"/>	Notification Only <input type="checkbox"/>	Property Damage <input type="checkbox"/>
Medical Treatment Injury <input type="checkbox"/>	Occupational illness <input type="checkbox"/>	Asset Damage or Failure <input type="checkbox"/>

4. Incident Description

Date:

Time:

What task was being undertaken at the time of the incident?

What was happening immediately prior to the incident?

Describe the incident in detail?

What happened immediately after the incident?

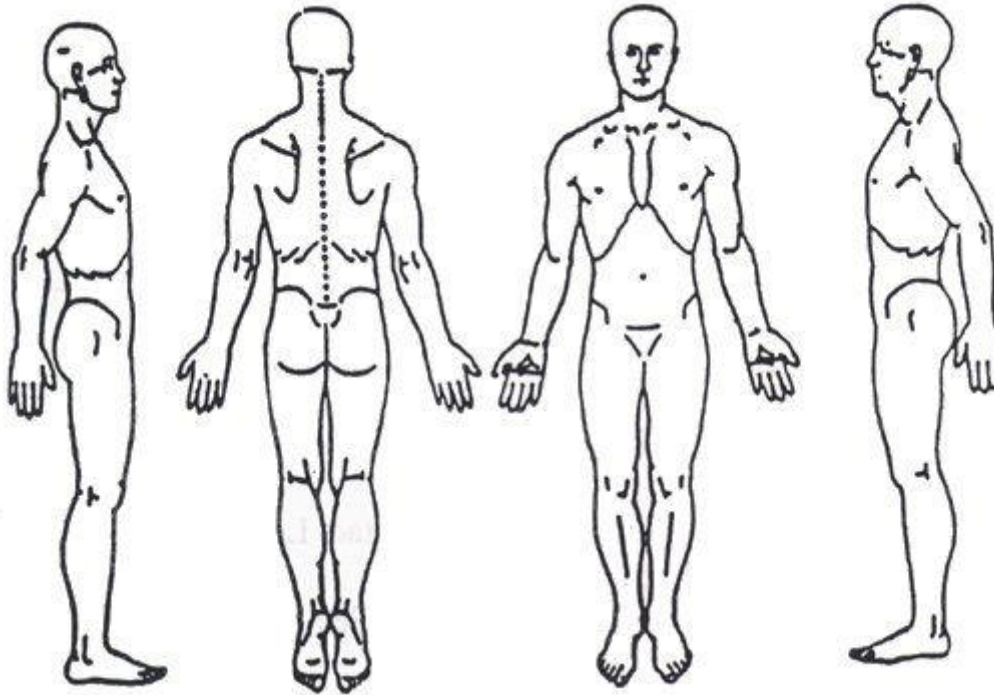
What immediate action was taken? *Please include all details of what was required to make the area safe.*

5. Injury Details

Assistance required; None First Aid Medical Review Hospitalisation Ambulance

Please complete the below details where an injury has occurred. Where there were multiple injuries please list all.

Body Part Injured, *(Include side of the body, e.g. right index finger)*



Nature of injury, *(e.g. sprain, strain, cut, bruise)*

Mechanism of Incident, *(e.g. struck by falling object, cut on protruding object)*

Agency of Incident, *(e.g. mobile plant, chemicals, non-powered hand tools, environmental factors)*

What were conditions like at the time, *(e.g. dry sunny day, poorly lit cluttered corner)*

Details of First Aid, *(e.g. cleaned the wound and applied a dressing)*

First Aider details

Name:

Contact:

Name:

Contact:

6. Corrective Actions Required (Team Leader to Complete)

i.e. Can the hazard be eliminated, substituted, isolated or minimised? Could work be rearranged or work practices changed so they are safer? What training, better supervision, induction or PPE would help?

7. Review and Sign off

Team Leader / Manager

Name: _____ Position: _____

Date: _____ Signature: _____

Forwarded to: (name) _____ (name) _____ (name) _____

WHS Partner

Name: _____ Position: _____

Date: _____ Signature: _____

Comments;

Investigation SafeWork NSW Notification W/Comp claim / notification Volunteer Ins. Claim

Entered in Register Scanned and Filed

Regional Supports ALL Business Pillars

1. **SOUTH:** Annette Combs; Telephone 02 6923 1906 | Mobile 0437 579 769 |
Fax 02 6923 1915 | Email: annette.combs@vinnies.org.au
2. **NORTH EAST:** Lea England; Mob: 0458260365 | Phone: 02 4032 3567 | Email:
Lea.England@vinnies.org.au
3. **WEST:** Interim: Enzo Cognition; Direct: 02 8622 0366 | Mob: 0466 850 416 |
Enzo.Cognition@vinnies.org.au
4. **NORTH WEST:** Darren Stevenson; Mob: 0459 281 880 | Email: Darren.Stevenson@vinnies.org.au
5. **METRO:** Marc Corbridge; Mobile: 0423 048 349 | Email: Marc.Corbridge@vinnies.org.au
6. **STATE:** Enzo Cognition (Health & Wellbeing/RAW/RTW/Rehabilitation/EAP);
Direct: 02 8622 0366 | Mob: 0466 850 416 | Email: Enzo.Cognition@vinnies.org.au;
7. **METRO SERVICES:** Melinda Woods; Mob: 0435 066 530 | Email: Melinda.Woods@vinnies.org.au

THE SOCIETY HAZARD, INCIDENT AND INJURY REPORTING FLOW CHART

