



## INCIDENT REPORT

This form is to be completed for all Society incidents, including WHS incidents and near-miss incidents.

- All incidents must be verbally reported to your Manager/ Supervisor/President immediately.
- This incident form must then be completed:
  - Minor Incident- no later than 48 hrs after the incident occurring.
  - Moderate and Major- no later than the end of the day/shift.
  - Critical- immediately after incident response.
- For WHS incident this form must be provided to the Safety and Emergency Management Team via [StateWHS@vinnies.org.au](mailto:StateWHS@vinnies.org.au).
- For incidents involving a child protection concern, the Safeguarding Notification Form must be completed and sent to the Safeguarding Team via [childprotection@vinnies.org.au](mailto:childprotection@vinnies.org.au)
- Refer to the [Incident Reporting and Escalation flow chart](#) for more information.

Incident Details			
<b>Incident Report number:</b> <i>**Incident Report Number assigned when incident is added to local Incident Register</i>			
Details of person completing this report			
Full Name		Role:	
Date:		Time:	
Region:		Directorate and Team:	
Incident location and type			
Location/site of incident:			
Date of incident:		Time of Incident:	
Primary Incident Type (e.g. theft, fire, assault):			
Internal team notified (e.g. Regional Director, Safety & Emergency Management Team, Safeguarding)		Date completed:	
Details of the person directly involved in, injured or witness to the incident			
First name:		Surname:	
Phone:		Email:	
Gender:		Over the age of 18?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship with the Society:		Involvement in the incident:	
First name:		Surname:	

Phone:		Email:	
Gender:		Over the age of 18?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship with the Society: Choose an item		Involvement in the incident:	
<b>Incident Details</b>			
<p><b>What was happening immediately before the incident?</b> <i>(action/ program/ service/ activity, e.g. this incident occurred during a meeting with the person we assist at XXX, the incident occurred when a customer was shopping at Vinnies store at XXX)</i></p>			
<p><b>Incident description</b> – <i>(describe the incident in detail: who, what, when, where, what did the impacted person tell you? Use their words if possible)</i></p>			
<p><b>Immediate action taken:</b> <i>(what was the immediate response, response to the person's impacted and support provided)</i></p>			
<p>Have you consulted the person impacted or their guardian, if appropriate, regarding the next steps?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No                      Details (if required):</p>			
<p>Immediate response- External parties involved <i>(select check box if relevant):</i></p> <p><input type="checkbox"/> Police    <input type="checkbox"/> Ambulance    <input type="checkbox"/> Fire brigade    <input type="checkbox"/> Medical Attention    <input type="checkbox"/> SES    <input type="checkbox"/> Parent/ Guardian/ Family (if 15 and under a guardian must be notified)</p> <p><input type="checkbox"/> First Aid    <input type="checkbox"/> Safe Work    <input type="checkbox"/> Other Details (if required) of external notification including date:</p>			

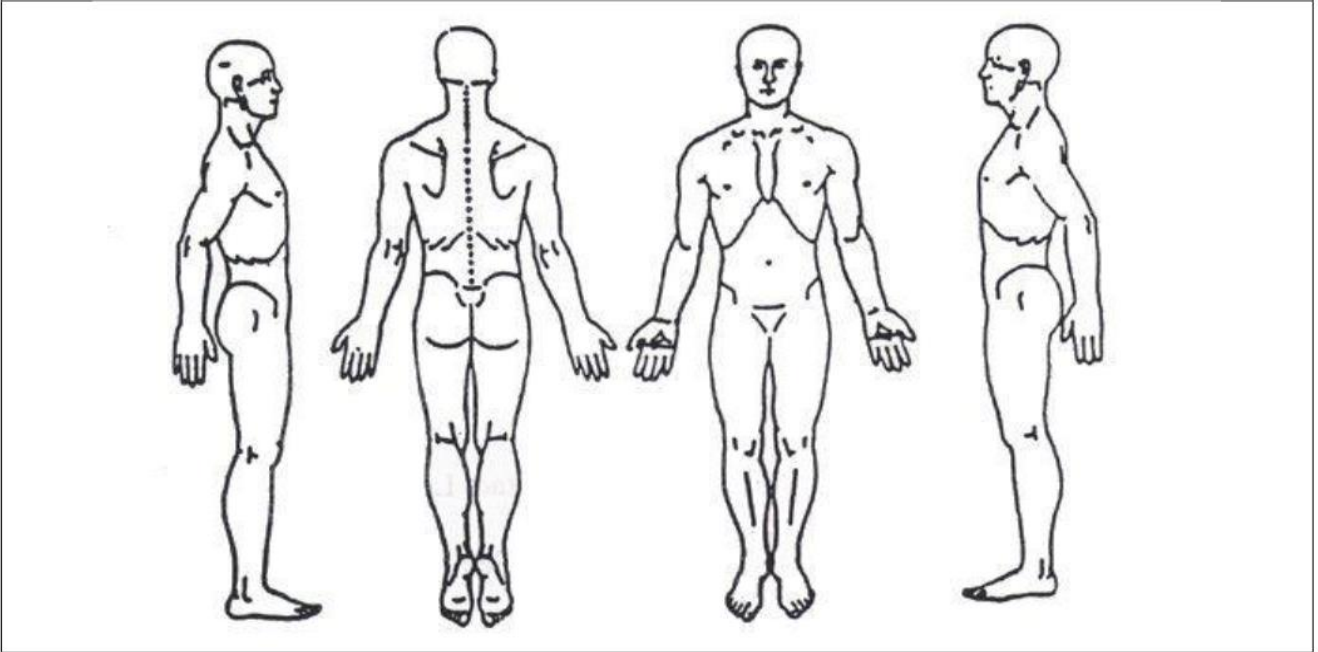
### Injury Details

\*\* If more than one person is injured in the incident, complete the Injury details page for each injured person.

Name of injured person:

Medical assistance required:  None  First Aid  Medical attention  Ambulance/ Hospitalisation

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



Body Part injured (eg right shoulder)

Nature of injury (eg sprain, strain, cut, bruises)

Mechanism of incident (eg struck by falling object, cut on protruding object)

Agency of incident (eg mobile plant, chemical, non-powered hand tools, environmental factors)

What were the conditions like at the time (eg dry sunny day, poorly lit cluttered corner)

Details of First Aid (eg cleared the wound and applied a dressing)

First Aid providers names:

Contact details:

<b>Incident Management section</b>			
<i>**Incident Manager is assigned according to the consequence rating-Refer to Flow Chart 2 Incident Reporting and Escalation. The Incident Manager must complete this section.</i>			
Name and position of Incident Manager completing this section:			
Consequence rating	<input type="checkbox"/> Minor: near miss incident or minor impact <input type="checkbox"/> Moderate: incidents with moderate impact <input type="checkbox"/> Major: incidents with major impact <input type="checkbox"/> Critical: incidents with serious/severe impact	Incident Type	<input type="checkbox"/> Operational <input type="checkbox"/> Reputational <input type="checkbox"/> People- safety and wellbeing <input type="checkbox"/> Financial <input type="checkbox"/> Compliance and Legal
For Health Services: <input type="checkbox"/> SAC 1 <input type="checkbox"/> SAC 2 <input type="checkbox"/> SAC 3 <input type="checkbox"/> SAC 4			
Has the incident been recorded in the local Incident Register? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the incident need to be escalated further internally? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Incident Escalated to: _____			
External notifications required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of authority or external body incident reported to:	
Details of external notification including external report number (if provided and date):			
Investigation required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Investigator:		
Investigation completion date:		Investigation report attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference Number:			
Notes on actions taken: (e.g. support provide, people contacted, action taken and dates)			
<b>Corrective actions and continuous improvement</b>			
<i>**Incident Manager to complete this section according to the consequence rating of the incident</i>			
Action 1:	Detail of action:	Person responsible and deadline:	Completion date:

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<b>Feedback</b>			
Has feedback been provided to people involved in the incident (if appropriate)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Has feedback, outcome or corrective actions that have been implemented communicated to relevant stakeholders (if appropriate)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
<b>Incident Closure</b>			
<i>**Manager or Supervisor is assigned according to the consequence rating. The Manager/ Supervisor must review incident report, sign off and close incident</i>			
Corrective Actions completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, incident must not be closed)			
Incident Register completed: <input type="checkbox"/> Yes <input type="checkbox"/> No (If required and the response is No, incident must not be closed)			
Name of the person closing the incident:		Role:	
Incident Closed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Incident Closure:	

## Flow Chart 1: Incident Response Process

