Aldinga Community Centre	Accident / Incident / Near Miss Report Form	**Last Review:**	30 June 2017
		Next Review:	July 2018

MUST BE RECEIVED BY THE CDO WITH 24HRS OF INCIDENT

Has a hazard/risk assessment been completed? *eg Job hazard assessment, Daily works checklist* ☐ YES ☐ NO

Type of incident					
☐ Injury	☐ Hazard report	☐ Property damage	☐ Inappropriate behaviour	☐ Near miss	☐ Environmental impact

Identification details – *details of the person involved in the incident*		
Name:	Phone:	Email:
Address:		
☐ Employee	☐ Volunteer	☐ Contractor	☐ Member of the Public
Name of person completing Form:		

Incident details		
Date of incident:	Time of incident:	Date reported:
Location of incident *(include address details)*:		
Description of the incident: *What was being done at the time? What went wrong? Include chemical, equipment or process involved.*		
Vehicle Description:	Make/Model:	Registration #:
Witness/s:		

Injury details							
Body part/s affected:							☐ Left ☐ Right
Type of injury/illness:			☐ Fracture	☐ Dislocation			☐ Sprain/Strain
☐ Head injury	☐ Internal injury	☐ Open wound	☐ Eye injury	☐ Burn	☐ Poisoning	☐ Rash/ Dermatitis	
☐ Superficial injury	☐ Psychological	☐ Aggravation of previous injury	☐ Other:				
Treatment:	☐ Nil	☐ First aid	☐ Medical treatment	☐ Ambulance	☐ Hospitalised	☐ Fatality	
Other *(include a description):*							
First aid attendant:						Notified CDO ☐ Yes ☐ No	
Time lost:	☐ Nil	☐ Remainder of Day	☐ Unfit for work	☐ Number of Days			

Contributing factors			
☐ No written procedure	☐ Incorrect method used	☐ Outdated method	☐ No training provided
☐ Inadequate training	☐ Lack of equipment	☐ Equipment fault	☐ Lack of maintenance
☐ Equipment not available	☐ Inappropriate equipment	☐ Inadequate ventilation/lighting	☐ Inadequate space
☐ Poor access	☐ Fatigue	☐ Design of plant/ equip	☐ Weather/terrain
☐ Unsuitable work area	☐ Possible lack of attention	☐ Excessive workload	☐ Breach of rules

Risk assessment			
What is the likelihood of the event occurring?		**What is the consequence if the event occurs?**	
☐ **Almost certain**	It is expected to occur again, immediately or within a short period – likely to occur most weeks or months	☐ **Low**	Incident does not require medical treatment
☐ **Likely**	Will probably occur again in most circumstances – several times a year	☐ **Minor**	First aid treatment where further medical treatment not required – minor cuts and bruises
☐ **Possible**	Possibly will recur – might occur at some time – may happen every 1 – 2 years	☐ **Moderate**	Medical treatment required – lost time injury 1- 5 days
☐ **Unlikely**	Possibly will recur – could occur at some time in 2 – 5 years	☐ **Major**	Extensive injuries – lost time greater than 5 days – permanent disability
☐ **Rare**	Unlikely to recur – may occur only in exceptional circumstances - may happen every 5 – 30 years	☐ **Critical**	Death

Risk matrix – the risk rating is the position where the likelihood and consequence ratings intercept – circle risk assessment result

	Low	**Minor**	**Moderate**	**Major**	**Critical**
Almost certain	Medium	High	High	Very High	Very High
Likely	Medium	Medium	High	High	Very High
Possible	Low	Medium	High	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Medium	Medium	High

Investigation details

Date of investigation: Name of investigator/s:

Corrective action – *detail all actions required*

Person responsible for corrective action: Proposed close out date:

Team Leader/Supervisor comment

Name: Signed: Date: