VUL-FRM-05-02-Incident Report

1.0	**Incident Details** (all fields are required to be completed unless otherwise identified)			
1.1	Incident Number (to be entered by Document Control)			
1.2	Incident Title (title should be a short sentence outlining the incident)			
1.3	Incident Date (dd/mm/yyyy):		Incident Time (24hr):	
1.4	Report Date (dd/mm/yyyy):		Report Time (24hr):	
1.5	Incident Type (select most relevant)			

☐ Community	☐ Equipment Theft/ Loss	☐ Near Miss	☐ Report only
☐ Cultural Heritage	☐ Hazard	☐ Non-Conformance to Procedure	☐ Process Interruption
☐ Environment	☐ Injury to Personnel	☐ Occupational Disease	☐ Other:
☐ Equipment Damage	☐ Loss of Production	☐ Property Damage	

1.6	Specific Incident Location				
1.7	Employment Type	☐ Employee	☐ Contractor	☐ Visitor	☐ Sub-contractor
1.8	Crew	☐ A	☐ B	☐ C	☐ D
1.9	Department	☐ Construction ☐ Drilling ☐ Electrical	☐ Environmental ☐ Geology ☐ SHET	☐ Mechanical ☐ Production ☐ Site Prep	☐ Site Rehabilitation ☐ Technical Services ☐ Tenements
1.10	Contracting Company Name (if required)				
1.11	Incident Reported to:				

1.12	Energy Source (select the most relevant):				
	☐ Atmospheric	☐ Environmental	☐ Noise	☐ Propulsion	☐ Other:
	☐ Biological	☐ Gravity	☐ Overstress	☐ Radiation	
	☐ Chemical	☐ Hydraulics	☐ Pneumatic	☐ Stored Energy	
	☐ Electrical	☐ Mechanical	☐ Pressure	☐ Thermal	

1.13	Estimated Cost:	
1.14	Photos (sufficient photos must be taken of the incident/scene)	☐ Photos taken
1.15	Incident Description (list all relevant information about the event):	

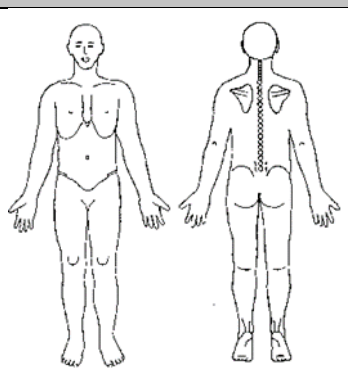
2.0	**Person and Roster Details** (details supplied must be from the most relevant person involved in incident)				
2.1	Name of Person Involved:				
2.2	Position:				
2.3	Site Experience:	☐ 0-1 years	☐ 1-5 years	☐ 5-10 years	☐ 10+ years
2.4	Industry Experience:	☐ 0-1 years	☐ 1-5 years	☐ 5-10 years	☐ 10+ years
2.5	Date of Birth:		2.6	Age:	
2.7	Incident Reported by:				
2.8	Supervisor of Person Involved:				
2.9	Accountable Position of Supervisor:				
2.10	Shift Start Time (24hr):		2.11	Shift Type:	☐ Day ☐ Afternoon ☐ Night
2.12	Shift Length (hours):	☐ 0 ☐ 8 ☐ 10 ☐ 12 ☐ 14	2.13	Overtime Shift:	☐ Yes ☐ No
2.14	Hours into Shift:		2.15	Days into Roster:	
2.16	Roster Type:	☐ Midweek ☐ Weekend ☐ Unknown ☐ N/A			
2.17	Drug Test Completed:	☐ Yes ☐ No	2.18	Drug Test Result:	☐ Negative ☐ non-Negative
2.19	Alcohol Test Completed:	☐ Yes ☐ No	2.20	Alcohol Test Result:	☐ Negative ☐ Positive BAC Result: _0.000_____
2.21	Witness Statement?	☐ Yes ☐ No			

3.0	**Injury Details** (if applicable, select the most relevant only):
3.1	**Was a minor or greater injury sustained?**

☐ Report Only ☐ First Aid Applied ☐ Medical Treatment ☐ Restricted Work ☐ Lost Time ☐ Occupational ☐ Other:

3.2 Body Location:

☐ Abdomen
☐ Ankle
☐ Back / Vertebrae
☐ Biceps
☐ Buttocks
☐ Calf
☐ Chest
☐ Ears
☐ Elbow
☐ Eyes
☐ Face
☐ Fingers
☐ Forearm
☐ Genitals
☐ Groin
☐ Hamstring
☐ Hand
☐ Head
☐ Heel
☐ Hips
☐ Internal Injury
☐ Foot
☐ Knee
☐ Mouth
☐ Neck
☐ Nose
☐ Quadriceps
☐ Rib
☐ Shin
☐ Shoulder
☐ Throat
☐ Toe
☐ Wrist
☐ Other:_____



3.3 Position of Body: ☐ Both sides ☐ Left Side ☐ Right Side ☐ Upper ☐ Middle ☐ Lower ☐ N/A

3.4 Nature of Injury:

☐ Sprain / Strains
☐ Bruising / Crushing
☐ Laceration
☐ Jarring
☐ Abrasions
☐ Burns
☐ Head Injury
☐ Eye Injury / Disorder
☐ Open Wound
☐ Poisoning / Toxic Effects
☐ Multiple Injuries
☐ Fracture
☐ Infection
☐ Internal Injury
☐ Disease Respiratory
☐ Foreign Body
☐ Heat Stress
☐ Dislocation
☐ Dermatitis/Skin Disorder
☐ Disease Deafness
☐ Concussion
☐ Amputation
☐ Exposure
☐ Electric Shock
☐ Fumes
☐ Spinal
☐ Nerve Damage
☐ Fluid Injection
☐ Other: _____

3.5	Mechanism of Injury:		
☐ Caught in or between	☐ Contact or Exposure Heat / Cold	☐ Contact or Exposure Chemicals
☐ Struck Against	☐ Repetitive	☐ Weather
☐ Fall from Height	☐ Fall from same Height	☐ Contact or Exposure Biological

3.6	Outcome:		
☐ Return to normal duties	☐ Medical Certificate received	☐ Referred to medical treatment (Doctor/Hospital/Medical Facility)
☐ Returned to alternate duties	☐ Injury Management required	

3.6	First Aid Details:

4.0	Vehicle, Equipment, Machinery and Plant (VEMP) Damage (if applicable)			
4.1	Identify Number of VEMP:			
4.2	Type of VEMP (LV, HR, Drill Rig etc.)			
4.3	Make, Model and Year of VEMP:			
4.4	Type of Damage: No Damage	☐ Electrical ☐ Interior ☐ Mechanical	☐ Panel or Body ☐ Structural ☐ Tyres or Rims	☐ Windows or Mirrors ☐ Other: _____

5.0 INVESTIGATION PEEPO QUESTIONNAIRE - Supervisor or Responsible Manager to complete

Complete the Investigation questionnaire for all incidents.

Blue areas checked in Y/N columns are <u>contributing factors</u> and are to addressed through corrective actions (Part 5.1)

People		Y	N	N/A	People		Y	N	N/A
PE1	Were person(s) experienced in task?				PE10	Did they know what PPE was required?			
PE2	Had they been adequately trained?				PE11	Was the person(s) aware of hazards associated with the task?			
PE3	Did the person(s) understand the task?				PE12	If hazards were identified, was a Hazard Report form filled out?			
PE4	Were person(s) competent to perform task?				PE13	Were controls in place to rectify hazards?			
PE5	Could they physically do the work?				PE14	Was communication effective with workgroup or persons conducting other activities during task?			
PE6	Were they under work/personal stress?				PE15	Was there a breach/violation?			
PE7	Was fatigue a factor?				PE16	Was this breach/violation intentional?			
PE8	Was required PPE worn for the task?				PE17	Other contributing factors:			
PE9	Was PPE worn correctly?								
Environment		**Y**	**N**	**N/A**	**Environment**		**Y**	**N**	**N/A**
EN1	Were weather conditions a factor?				EN7	Were toxic or hazardous gases present?			
EN2	Were any housekeeping issues involved?				EN8	Was air sampling conducted, if required?			
EN3	Did location of work area contribute?				EN9	Was surrounding noise present?			
EN4	Did design of work area contribute?				EN10	Were roads and ground in good condition?			
EN5	Was visibility an issue (e.g. lighting, dust)?				EN11	Other contributing factors:			
EN6	Was there adequate access/egress?								
Equipment		**Y**	**N**	**N/A**	**Equipment**		**Y**	**N**	**N/A**
EQ1	Was there any fault/failure with equipment?				EQ7	Was maintenance conducted as per plan/schedule?			
EQ2	Was design/quality of equipment a factor?				EQ8	Are regular inspections/pre-start checks conducted on equipment?			
EQ3	Were appropriate equipment/tools available for task?				EQ9	Was required isolation conducted?			
EQ4	Was equipment working within its limitations				EQ10	Was a documented risk assessment carried out on equipment?			
EQ5	Were any safety devices inoperative at time of incident?				EQ11	Other contributing factors:			
EQ6	Were any modifications made to equipment?								
Procedures		**Y**	**N**	**N/A**	**Procedures**		**Y**	**N**	**N/A**
PR1	Were procedures/SWPs available for task?				PR7	Were area/location inspections conducted?			
PR2	Were they used? Was correct version used?				PR8	Was a risk assessment conducted prior to task or when conditions changed (e.g. Take 5, JHA)?			

PR3	Did they anticipate/identify hazards that led to the incident?				PR9	Are equipment registers and/or logbooks used and reviewed regularly (e.g. harnesses, calibration)?			
PR4	Are they adequate for use?				PR10	Was change management completed and communicated?			
PR5	If a permit was required, was it used for task?				PR11	Other contributing factors:			
PR6	Are required competencies documented?								
Organisation		**Y**	**N**	**N/A**	**Organisation**		**Y**	**N**	**N/A**
OR1	Was supervision adequate and effective?				OR6	Is behavioural observation information available for task?			
OR2	Was training provided to personnel to conduct task?				OR7	Is there suitable availability of PPE and/or equipment for personnel?			
OR3	Have similar incidents occurred previously?				OR8	Are inspections or maintenance schedules/ plans adequately managed?			
OR4	Were identified hazardous condition(s) corrected?				OR9	Other contributing factors:			
OR5	Did communication on safety systems occur?								

Evidence checklist required for 1 and 2 Incidents (*Evidence collected is checked off below)*

☐ Statements from all persons	☐ Training records for persons	☐ Drug and alcohol tests
☐ Maintenance service records	☐ Radio downloads	☐ Dispatch downloads
☐ Photos of incident scene	☐ Sketches	☐ Survey of incident
☐ SWPs for task	☐ Take 5s for shift (all persons	☐ JHA
☐ PSI	☐ Other (specify):	

5.1: KEY INVESTIGATION FINDINGS

Contributing factors are events or conditions necessary for the incident to happen.

Each of these contributing factors has a corresponding corrective action plan (see Part 2.5).

PEEPO ref.	Contributing factors

5.2: ROOT CAUSE

The incident is believed to have occurred due to the underlying cause or causes below, including the factor (present or absent) that allowed the incident to occur.

6.0	**Consequence Rating** (select the most relevant column):				
Supervisors Must Assist in the Risk Rating of the Incident					
		People, Injury or Illness	**Damage and Cost and Time**	**Environmental Impact**	**Community or Reputation**
Actual Risk Rating		☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5.	☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5.	☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5.	☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5.
Potential Risk Rating		☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5.	☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5.	☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5.	☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5.
Level 5 CATASTROPHIC	Requires SSE Sign Off.	Multiple Fatalities.	Future operations at site seriously affected. Total loss of asset. Loss of production >6 months. Cost >$50M	Material Environmental Harm Event – extending off-site. Possible suspension of licence to operate. Remedial time and cost as per (D).	National impact – National media attention.
Level 4 MAJOR	Requires SSE Sign off.	Permanent total disabilities; single fatality.	Major damage requiring significant external input to rectify. Loss of production 2 weeks to 6 months. Cost $5M - $50M AUD	Environmental Harm Event – extending off-site OR Material Environmental Harm Event (as per EPAct 1994). Environmental prosecution possible Remedial time and cost as per (D).	Regional impact – Regional public concern. Regional media attention.
Level 3 MODERATE	Requires SSE sign off.	Major injury or health effects: >1 work day lost case; permanent disability.	Moderate damage typically requiring external resources to repair. Loss of production 1 day – 2 weeks. Cost $250,000 - $5M AUD	Environmental Harm Event (as per EPAct 1994) – localised to site. Environmental infringement notice possible. Remedial time and cost as per (D).	Considerable impact; regional public concern and multiple complaints. Local Media attention.
Level 2 MINOR	Requires Senior Geologist sign off.	Minor injuries or health effects: minor medical, restricted work; or <1 work day lost case.	Minor damage. Repair with onsite resources. Loss of production <1 day Cost $10,000 - $250,000 AUD	Environmental nuisance event (as per EPAct 1994). No regulatory action likely. Remedial time and cost as per (D).	Limited impact – some local public concern and complaints.
Level 1 INSIGNIFICANT	Requires Senior Geologist sign off.	Slight injury or health effects: first aid treatment level or less.	Insignificant damage to equipment. Can be immediately rectified. No loss of production. Cost <$10,000 AUD	No environmental harm or remedial action.	Slight impact – public awareness may exist but no public concern (complaint).

7.0	Corrective Actions and Further Controls:		
7.1	Immediate Corrective Actions: (List all actions which were immediately taken to control the incident, prevent further loss or to control the hazard)		
Action Taken:		By Who:	Time (24hr):
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
7.2	Proposed Controls to be considered: (List all controls which are required to prevent further loss and to prevent a reoccurrence of the incident)		
Proposed Controls:		Assigned To:	Due Date:
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			

8.0	Sign Off and Document Control	
8.1	Does the Incident Require Further Investigation?	☐ No ☐ Yes (refer to VUL-FRM-05-03-ICAM Investigation Report)
8.2	What is the classification of the incident?	

☐ First Aid Injury (FAI)
☐ High Potential Incident (HPI)
☐ Lost Time Injury (LTI)
☐ Medical Treatment Injury (MTI)
☐ Restricted Work Injury (RWI)
☐ Near Miss
☐ Serious Accident

For HPI – See CMSHR Schedule 1C and Schedule 2

For Serious Accidents – See CMSHR Schedule 2

SSE Notification Requirement and Record

☐ Reportable (to DNRME)

Who: Date: Time:

☐ Reportable (to ISHR)

Who: Date: Time:

8.3	Supervisor Completing Incident Report		
Name	Sign	Date	Time
Comment:			

8.4	Responsible Department Head – Review, Acceptance and Further Requirements:		
Name	Sign	Date	Time
Comment:			

8.5	Responsible Statutory Position Holder (tick as applicable)		
☐ OCE	☐ EEM	☐ Other	☐ N/A
Name	Sign	Date	Time
Comment:			

8.6	HST - Review, Acceptance and Further Requirements:		
Name	Sign	Date	Time
Comment:			

8.7	SSE – Review, Acceptance and Further Requirements:		
Name	Sign	Date	Time
Comment:			

WITNESS STATEMENT TO BE ATTACHED TO INCIDENT REPORT IF REQUIRED