



INJURY/INCIDENT/HAZARD REPORT FORM PROCESS

ALL incidents, injuries, illnesses or hazards involving University staff, students, contractors or visitors to the University, irrespective of their seriousness, must be reported on the Incident Report Form.

HOW TO COMPLETE THE FORM

Refer to the table below to determine what sections of the form you **MUST** complete for the type of report you are completing.

Serious injuries/Incidents/Hazards **must** be reported immediately to Health & Safety on extension 15263.

All Forms must be signed by the reporting person & their Supervisor/Manager/Head of School.

	Part A	Part B	Part C	Part D	Part E
Personal Injury/Illness	✓	✓	✓	✓	✓
Hazard	✓	✓		✓	✓
Incident (Near Miss)	✓	✓		✓	✓

PART A: “Involved Person” (to be completed by the injured person or person attending)

Please ensure that a contact telephone number is provided.

PART B: “Incident/Hazard Notification” (to be completed by the injured person or person attending)

Please identify the precise location where the accident/incident occurred. If the incident/potential hazard occurred on the University grounds, eg pathway, roadway, provide a diagram clearly indicating the location.

PART C: “The Injury/Illness” (to be completed by injured person or person attending)

Please identify the activity/task in which the injured person was engaged at the time of injury.

NB: This section of the form **must** be signed.

AFTER COMPLETION OF SECTIONS A, B AND C:

Staff Member – Direct the form to your supervisor/manager for their information/necessary action.

Student – Direct the form to your Head of School/Discipline or Lecturer for their information/necessary action.

NB: “Injured Party” should retain a copy for their records. (The “Injured Party” copy does not have to be signed by supervisor/manager).

PART D: “Basic Cause/Risk Assessment” (to be completed by Supervisor/Manager of the injured person/person reporting hazard)

Supervisor/Manager/Head of School **must**:

- Review the form and participate in the investigation of the accident/incident
- Identify the basic cause ([click here for definitions of the basic cause options](#)) of the accident and calculate the risk of it occurring again

CALCULATING THE RISK

First, consider the consequences of this incident occurring - what could reasonably have happened as well as what actually happened. From the list of descriptions, choose the most suitable consequence.

Second, consider how likely the consequence identified above is to occur. From the list of descriptions, choose the most suitable likelihood.

EXAMPLE:

Consequence = “3” (first aid treatment) and Likelihood = “C” (could occur, but only rarely), therefore the “**Risk Score**” in this example would be “M” (Medium).

PART E: “Corrective Action” (to be completed by Supervisor/Manager of the injured person/person reporting hazard)

Supervisor/Manager will need to:

- Use the “Hierarchy of Risk Controls” as a guide to provide details of prevention, ie action taken to prevent this accident/incident occurring again
- Forward completed form to Health and Safety, Human Resource Services, **within 24 hours**

NB: If the hazard has been reported to Facilities Management please indicate the date on which it was reported and the Job No. provided by Facilities Management.

DISTRIBUTION OF COPIES

The original form is to be forwarded to Health & Safety, Human Resource Services, **within 24 hours** of the accident occurring. A copy of the form is to be retained by the injured party/person reporting the hazard.

NB: The original Injury/Incident/Hazard Report Form is retained by Health & Safety and recorded in the Injury Database. A summary report of injuries may be provided to Faculties on request.

FOR ASSISTANCE PLEASE CONTACT HEALTH & SAFETY ON EXTENSION 17721.