

HAZARD AND INCIDENT REPORT

SF-08

- NOTES:**
- Refer to Procedure SPS-10 *Accidents and Incidents*.
 - Report **all** incidents to QSE Manager and Project Manager by phone (08 8347 1888) or email as quickly as possible.
 - **Form SF-08 (this written report) must reach the QSE Manager within 24 hours of the event**
 - Complete and submit this report to the persons nominated below.
 - If this incident is notifiable to the Safety Regulator, do not disturb the site until permission has been received from an inspector. You may make the site safe and/or rescue and assist injured personnel.

HAZARD/INCIDENT NUMBER:			
Project Name:			Job No.:
Incident/Hazard occurred:	Day:	Date:	Time:
Brief Description:			
.....			
.....			

SECTION 1: Initial Incident details

Type of Occurrence			
<input type="checkbox"/> Fatality	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Environmental
<input type="checkbox"/> First Aid	<input type="checkbox"/> Incident/Near Miss	<input type="checkbox"/> Hazard	<input type="checkbox"/> Illness/Disease
<input type="checkbox"/> Vandalism/Theft	<input type="checkbox"/> Public Incident	<input type="checkbox"/> Service Damage	<input type="checkbox"/> Recurrence of Injury
<input type="checkbox"/> Motor Vehicle Accident (Public Roads)	<input type="checkbox"/> Other (Provide details):		
Initial Incident Classification		<input type="checkbox"/> Minor	<input type="checkbox"/> Significant
		Negligible Consequence (Report = form SF-08)	Actual Moderate Consequence or likely potential of a Major Consequence Investigation = ICAM (or alike)
		<input type="checkbox"/> Moderate	
		Actual Moderate or Minor Consequence (e.g. MTI) or Restricted Work Injury case (Investigation = form SF-10)	

Consequence				
Negligible - First Aid Injury; minor environmental effects; financial loss <\$500	Minor - Medical Treatment; short term environmental effects; financial loss \$500 - \$2,000	Moderate - Restricted Work Injury; medium term environmental effects; financial loss \$2,000 - \$10,000	Major - Lost time injury; long term environmental damage; financial loss \$10,000 - \$100,000	Critical - Fatality, permanent disability; serious, long term environmental damage; significant financial loss >\$100,000

Personnel Involved		
Personnel Details	Injuries and First Aid given	Employer notified?
Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		
Occupation:		
Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		
Occupation:		

Notification Requirements				
Supervisor Name:				
Reported to Supervisor:	Day:	Date:	Time:	
Immediate Notification:	Project Manager	QSEM	Client	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Copy to: (Within 24 hours)	Project Manager	Head Office	Client	HR (Return to Work Plan)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: Describe the incident or nature of the hazard
Who? When? What? Where? Why? How? (include vehicle registration numbers or similar for plant)

SECTION 3: Immediate action taken after the incident <u>or</u> to address the hazard <u>or</u> to make safe

SECTION 4: Damage to equipment and property (include identifiers for each item)
Who? When? What? Where? Why? How? (include vehicle registration numbers or similar for plant)

SECTION 5: Witnesses	
Name	Employer

SECTION 6: Drugs and Alcohol	
Names of personnel tested for drugs and alcohol	

SECTION 7: Completion	
Report signed by those involved	
I agree with the statements above:	
Name:	Signature:
Name:	Signature:
This report was completed by:	
Name:	Signature:
Reported to Police: <input type="checkbox"/> Yes <input type="checkbox"/> No	Report No.:

SECTION 8: Investigation required?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The completed incident investigation must be received by Head Office within 72 hours of the incident occurring or a request for extension

SECTION 9: Project Manager's review and actions

Project Manager to review, provide any comments and put in place corrective actions resulting from the hazard/incident.

Comments:

Action	By Whom	Due Date

 Project Manager has added the required corrective actions to the *QSE Improvement Register* (Form SF-48).

 (Name)

 (Signature)

 (Date)

RECEIVED BY HEAD OFFICE	OFFICE USE ONLY (Codes)	
Name:	Date:	Nature of injury/disease:
Signed:		Bodily location:
Project Value > \$3 million: <input type="checkbox"/> Yes <input type="checkbox"/> No		Mechanism:
Federal Scheme Project: <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency:
Incident reported to:	<input type="checkbox"/> Safety Regulator <input type="checkbox"/> Gas Authority <input type="checkbox"/> OFSC <input type="checkbox"/> EPA <input type="checkbox"/> Electrical Authority <input type="checkbox"/> Water Authority <input type="checkbox"/> Telstra	
Reported by whom?	How?	
What was the response?		