

WHS Hazard and Incident Reporting Procedure

# About this document

## Document purpose

This procedure and associated form is used to ensure that DataTrust remains pro-active and diligent in reporting identified hazards and unexpected or unplanned incidents in the workplace.

## Document authority

This WHS hazard and incident reporting procedure has been authorised by the manager and is available to all staff. It has been developed in line with all relevant legislation, in consultation with the WHS committee and the WHS Officer and will be revised on a regular basis.

This document is part of the overall DataTrust Workplace Health and Safety Management System (WHSMS). Please refer to the WHSMS for more information.

## Document application

All employees must comply with this procedure at all times as applicable in their conduct of official business for DataTrust.

## Expected update frequency

Yearly

## Document location

<https://sites.google.com/classroom.nctafe.edu.au/datatrust/intranet>

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# Procedure

Reporting hazards and incidents is a legal obligation of every DataTrust employee’s member under the *Work Health and Safety Act 2011* (*WHS Act*). It needs to be completed as soon as possible after either the identification of a hazard or the occurrence of an incident.

A **near miss** is when an incident ***nearly*** occurs. Imagine a box ***nearly*** landing on someone as they walk through the packing room or you ***nearly*** slipping down the stairs on your way out of the office. Reporting near misses works as an “early warning” system.

DataTrust are committed to the management of risks through a robust and seamless identification and reporting system. Please refer to the WHS management system for more information.

**Instructions for completing the form**

* Remember hazards can be identified either as part of a routine hazard checklist or anytime throughout your day to day operation.
* Complete the personal details as accurately as possible.
* Give a detailed overview and thoroughly describe the hazard, incident or near miss.
* Consider the potential or actual likelihood or consequences and award a risk rating (using the matrix).
* You can always ask for help from your manager, the WHS Officer or a member of the DataTrust WHS committee.
* Submit this form within 24 hours of an incident to your manager.

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# WHS hazard and incident report form

This form is to be used by all employees when reporting a workplace hazard, incident or near miss. Any serious illness or injury must be reported to a DataTrust CIO immediately.

**PART A - TO BE COMPLETED BY THE PERSON REPORTING**

*If you are completing the form on behalf of someone else complete their details below:*

## Personal details

**Employee name:** [Name]

**Position:** [Enter employee job position] **Line Manager:** [Name]

**Staff:** ☐ Yes ☐ No **Contractor/Labour hire:** ☐ Yes ☐ No

**Volunteer: Visitor:** ☐ Yes ☐ No

**Home address: Email:**

**Telephone:**

* Yes ☐ No

[Click here to enter address] [Click here to enter email address]

[Enter phone number]

**Mobile:**

[Enter mobile]

**Report details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of issue:** ☐ | Hazard | ☐ | Near miss | ☐ | Workplace inspection |  |
| ☐ | Incident/Injury | ☐ | Security | ☐ | Environment |  |

*If reporting an incident, please complete the section below:*

**Date of hazard/incident: Time of hazard/incident: Location of hazard/incident:**

**Hazard/incident category:**

[Click here to enter the date] [Enter details]

[Enter details]

☐

☐

☐

☐

☐

☐

☐

Electrical/Physical (ergonomics, manual handling, slips/trips/falls) Biological (disease, mould, infection)

Environmental (air quality, pollution, conditions) Psychological (stress, bullying)

Chemical (exposure, hazardous materials) Noise

Other category (please specify)

**Description of hazard/incident/near miss:**

[Click here to enter text]

**Description of injury:**

[Click here to enter text]

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**Signature**

|  |
| --- |
| **Did this incident result in time off work?** ☐ Yes ☐ No  **Specify dates:** [Click here to enter dates] |
| **Did this incident require work to be altered due to the injury?** ☐ Yes ☐ No  **Is it still altered?** [Click here to enter text] |
| **Did this incident require medical attention by a doctor?** ☐ Yes ☐ No  **WorkCover medical certificate issued?** ☐ Yes ☐ No |
| **Did this incident receive first aid?** ☐ Yes ☐ No  **First aider name:** [Click here to enter]  **First aid treatment received:** [Click here to enter] |
| **Have there been costs associated with this injury?** [Please specify] |
| **Was there a witness?** ☐ Yes ☐ No  **Witness details:** [Click here to enter text] |

|  |  |  |
| --- | --- | --- |
| I approve the release of the information in this form to approved persons which may include medical practitioners, legal representatives, employee associations, insurance companies and to the appropriate regulator in my state (WorkCover or WorkSafe). | | |
| **Signature:** | **Date:** | [Click here to enter the date] |
| **Send Part A to:**   1. Your line manager 2. WHS Committee   **Date forwarded:** [Click here to enter the date] | |  |

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**PART B - TO BE COMPLETED BY THE LINE MANAGER**

*This section is to be completed by the line manager as soon as possible in response to receiving Part A.*

## Risk assessment

**Likelihood of hazard/incident to reoccur:**

**Risk rating** (refer to Risk Management Procedure for risk rating table):

**Action:**

**Do you think there could also be a risk to the environment?**

[Click here to enter text]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consequence**   * Extreme | **of this hazar**   * Major | **d:**   * Moderate | * Minor | * Insignificant |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Almost certain | * Likely | * Possible | * Unlikely | * Remote |

|  |  |  |  |
| --- | --- | --- | --- |
| * High | * Significant | * Medium | * Low |

|  |  |  |  |
| --- | --- | --- | --- |
| * Immediately | * Today | * This week | * This month |

**Risk control**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hierarchy of control** | **Yes/No** | **Corrective action** | **By who?** | **By when?** |
| 1. Elimination: (Can this hazard be eliminated)? | [Yes/No] |  | [Name] | [Enter date] |
| 2. Substitution: (Can this hazard be substituted by something less dangerous)? | [Yes/No] |  | [Name] | [Enter date] |
| 3. Isolation: (Can access to this hazard be limited)? | [Yes/No] |  | [Name] | [Enter date] |
| 4. Engineering control: (Can you modify the plant or equipment used)? | [Yes/No] |  | [Name] | [Enter date] |
| 5. Administrative control: (Can processes, procedures, or training be improved)? | [Yes/No] |  | [Name] | [Enter date] |
| 6. Can you reduce the Hazard risk by using personal protective equipment or clothing? | [Yes/No] |  | [Name] | [Enter date] |
| 7. Do you have any other suggestions or comments? | [Yes/No] |  | [Name] | [Enter date] |

A combination of the above measures may be required to minimise the risk; they must be prioritised in order of 1 to 6 to follow the hierarchy of control.

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|  |  |  |
| --- | --- | --- |
| **Name:** | [Name] |  |
| **Signature:** | **Date:** | [Click here to enter the date] |
| **Send copies to:**   * The injured/affected person (named in Part A) * WHS Committee * DataTrust CIO (if required) | |  |

**NOTE:** Managers must follow up on the corrective actions identified and ensure they are completed within the timeframe specified on this form.

**Managers signature**

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# Likelihood rating categories

|  |  |
| --- | --- |
| **Rating** | **Description** |
| **Almost certain** | Most likely to occur many times a week |
| **Likely** | May occur several times a week – frequent |
| **Possible** | May occur several times per month or less – infrequent |
| **Unlikely** | Could occur but only once per year or less – rarely |
| **Remote** | Could occur, but very unlikely – maybe only once every 10 years |

Consequence rating categories

|  |  |
| --- | --- |
| **Rating** | **Description** |
| **Extreme** | Fatalities or extensive long term injury involving hospitalisation, long term treatment and significant lost time |
| **Major** | Serious long term injury involving hospitalisation, long term treatment and significant lost time |
| **Moderate** | Significant injury involving medical treatment or hospitalisation and lost time |
| **Minor** | Minor medical treatment with or without potential for lost time |
| **Insignificant** | No treatment or first aid only required |

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# Risk assessment matrix

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Likelihood rating** | **Almost certain** | **4** | **8** | **9** | **10** | **10** |
| **Likely** | **3** | **6** | **7** | **9** | **10** |
| **Possible** | **3** | **5** | **6** | **8** | **9** |
| **Unlikely** | **2** | **3** | **5** | **6** | **7** |
| **Remote** | **1** | **2** | **3** | **4** | **5** |
|  | | **Insignificant** | **Minor** | **Moderate** | **Major** | **Extreme** |
| **Consequence rating** | | | | |

Risk rating key and action required

|  |  |  |
| --- | --- | --- |
|  | **Risk Rating** | **Action Required** |
|  | **High** | Report to CIO within 24 hrs of assessment |
|  | **Significant** | Report to Manager within 24 hrs of assessment |
|  | **Medium** | Report to Manager within 48 hrs of assessment |
|  | **Low** | Report to Manager within 7 days of assessment |

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