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| Safety, Health and Wellbeing Incident Report Form |
| INCIDENT REPORTING DETAILS |
| **Date of Incident:** | / / | **Time of incident: (please use 24hr format)** |
| **Incident Reported by:** | **Name:** | **Contractor** [ ]  (name) **Sub-Contractor** [ ]  (name)**Main Roads employee** [ ]  (name)  |
| **Project Relation****(if applicable):** | **[ ]**  Construction Project[ ]  Maintenance Works[ ]  Other / None | **Project Name:** | **Contract No:** |
| **Project Manager (PM)****(if Applicable):** | **Name:** | **PM Email:** |
| **Location of Incident:**(Where applicable enter either facility / building details and/or road location details) | **Region:**[ ]  Great Southern Region [ ]  Other [ ]  Goldfields Esperance Region [ ]  Kimberley Region [ ]  Metropolitan Region [ ]  Mid West Gascoyne Region[ ]  Pilbara Region[ ]  South West Region[ ]  Wheatbelt Region | **Location of incident:** *(Road Name, SLK or GPS, Depot, etc)* |
| **Outcome of the incident:** | [ ]  Lost Time Injury (1 full shift or longer lost)[ ]  Injury /Illness - Medical Treatment Injury[ ]  Injury /Illness - First Aid Injury[ ]  Injury /Illness – No Treatment [ ]  Near Miss (damage/loss) or (injury) ***circle one***[ ]  Damage (Damage to property or assets)[ ]  SHW Procedure Breach [ ]  Security incident | **Incident Notification:**For serious incidents:Actual Outcome of Moderate (injury) or Potential Outcome of High or Very HighContractors: Main Roads Project/Contract Manager to be notified within 24 hours**Date notified:** / /  |
| **Is this incident required to be reported to WorkSafe or Energysafe?**  | [ ]   **Yes** [ ]  **No** | **Report made by:** **Reference No:** **Date Report Made: / /**  |
| DESCRIPTION OF INCIDENT: |
| **Incident Description:****(Step by step account of the incident)****Include Immediate Action taken**  |  |
| **What are the existing controls in place?** | *(e.g. spill kits, bunding, clearing area pegged, PPE worn, machine guarding)* |
| **Corrective Actions** | **Action Description** | **Responsible Person and Role** | **Due Date** | **Completion Date** |
| **Control(s) put in place before and after the incident to Rectify, Contain or Remedy the situation** |  |  |  |  |
| **Persons Involved** | **Name:** | **Job Title(s):** | **Employee Type:** (MRWA Employee OR Contractor OR Member of Public) (If applicable include Contractor name)  |
| **1.****2.****3.****4.** | **1.****2.****3.****4.** | **1.****2.****3.****4.** |
| **What was the actual consequence? (Refer to Appendix A below)** | [ ]  **Insignificant**Complete Incident Report | [ ]  **Minor**Complete Incident Report | [ ]  **Moderate**5 Why (MTI), ICAM or equivalent investigation (LTI) | [ ]  **Major**ICAM or equivalent investigation | [ ]  **Catastrophic**ICAM or equivalent investigation |
| **What was the Potential Outcome?** | [ ]  **Low**Complete IncidentReport | [ ]  **Medium**5 Why or equivalent investigation | [ ]  **High**ICAM or equivalent investigation | [ ]  **Very High**ICAM or equivalentinvestigation |
| **Potential Likelihood** | **[ ]  Rare***Less than once every 5 years* | *[ ]* **Unlikely** *Once every 10-50 years* | **[ ]  Possible** *Once every 1-10 years* | **[ ]  Likely** *Once every 1-10 years* | **[ ]  almost Certain** *Once every 1-10 years* |
| INJURY DETAILS (only applicable if the incident resulted in personal injury): |
| **Nature of injury** | [ ]  Intracranial injuries [ ]  Fractures[ ]  Wounds, Bruises, Lacerations, Amputations, internal organ damage [ ]  Musculoskeletal and Connective Tissue Disease [ ]  Respiratory system disease  | [ ]  Burn[ ]  Nerves and spinal cord [ ]  Joint Ligament and Muscle/Tendon injury[ ]  Contact to heat and cold[ ]  Contact with electricity [ ]  Other |
| **Work Related Injury** | This is a **work** related injury [ ]  This is a **non-work** related injury [ ]  |
| **Bodily location of the injury:****(Please select all that apply)** | [ ]  Eye[ ]  Face[ ]  Ear[ ]  Neck[ ]  Head (other than the above) | [ ]  Shoulders and arms[ ]  Hands and fingers[ ]  Back[ ]  Hips and legs[ ]  Feet and toes | [ ]  Internal organs[ ]  Trunk (other than back and excl internal)[ ]  General and unspecified locations |
| DETAILS OF PERSON COMPLETING THIS FORM, REVIEW AND SIGNOFF |
| **Form completed by:** | **Name:****Role:** | **Signature:** | **Date:** / /  |
| ***Contractor Review and Sign Off* (construction / maintenance)** |
| **Name:****Role:** | **Signature:** | **Date:** / /  |
| ***Provide the completed incident report form to the Main Roads Project Manager for review and send to Safety Health and Wellbeing Advisor***  |

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| Appendix A – Likelihood / Consequence and Risk Ranking Tables |

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