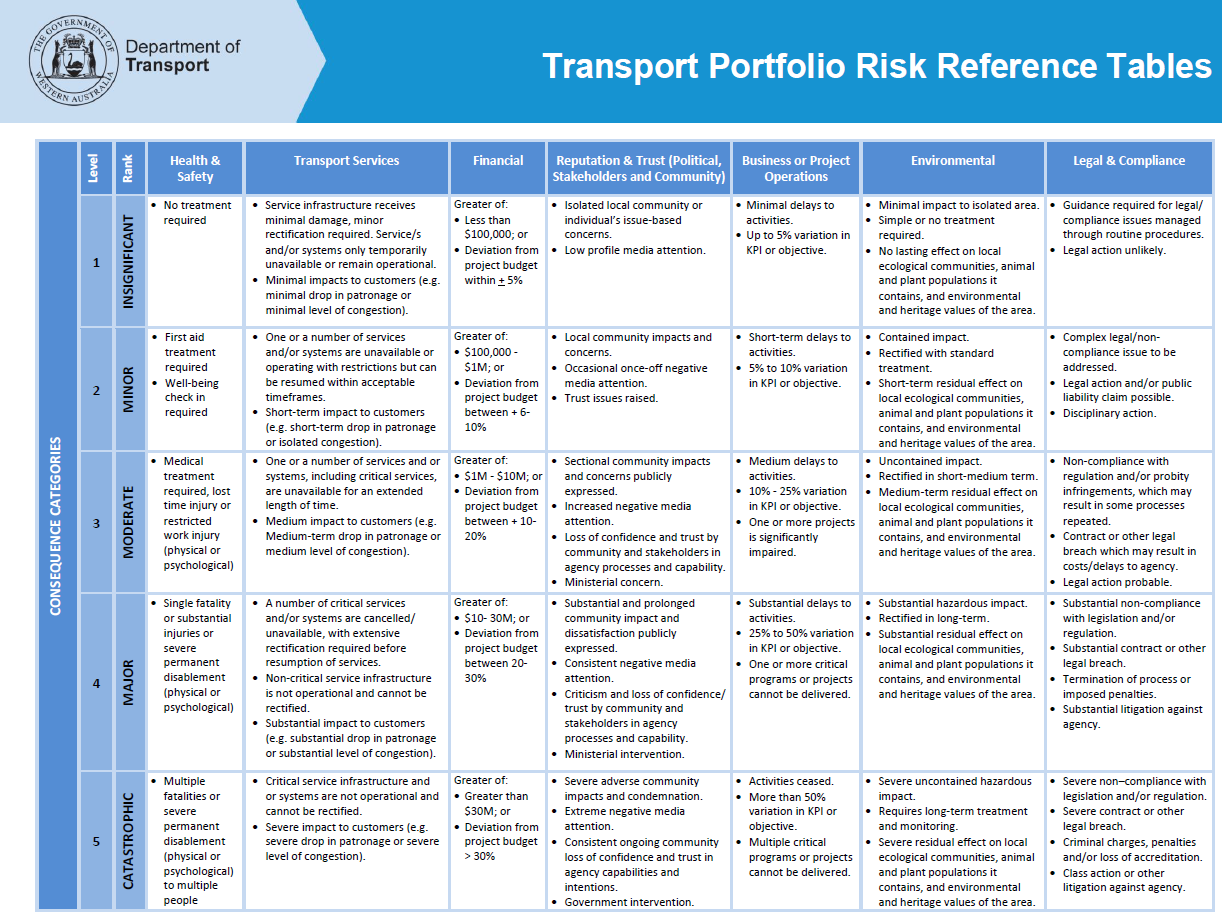
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety, Health and Wellbeing  Incident Report Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INCIDENT REPORTING DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 High  Contractors: 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 Incident Report | | **Medium**  5 Why or equivalent investigation | | | | **High**  ICAM or equivalent investigation | | | | | | | | **Very High**  ICAM or equivalent investigation | | | | | | | | | | |
| **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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