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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | health & safetyincident report |
| **Incident:** Unplanned event related to a person resulting in or potential for injury/ill health or other loss ((includes dangerous occurrences and system failures)**Incident reporter**: This report form can be used to record an incident prior to entering the details into the Enterprise Risk Management System (ERMS). The incident details must be entered ERMS.For use in conjunction with the *Health & Safety: Incident, injury, hazard reporting and investigation requirements.***More help**: [*http://safety.unimelb.edu.au/#incident-reporting*](http://safety.unimelb.edu.au/#incident-reporting) or contact *ohs-enquiries@unimelb.edu.au**This information will be stored and used only in accordance with the university’s privacy policy:* [*https://policy.unimelb.edu.au/MPF1104*](https://policy.unimelb.edu.au/MPF1104) all fields indicated with this symbol are mandatory. All other fields are completed where relevant. |

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| Incident |
| Who sustained this incident? |
| [ ]  Me (Person type not required) [ ]  Another person (Person type mandatory) |
| Person type: [ ]  Employee [ ]  Honorary [ ]  IT Access [ ]  Student [ ]  Visitor |
| Name of person who sustained the incident:       |
| Additional details if known:       |
| Staff/Student ID:       | Telephone no:       | Email address:       |
| Faculty/Division (optional):       | Department (optional):       |
| Company name (if applicable):       |  |
| When did the incident occur? |
| Date of incident (dd/mm/yyyy):       | Time of incident (00:00am/pm):       |
| Incident Details |
| The incident is located: [ ]  On campus [ ]  Off campus |
| Location details:       |
| What was the work or activity being undertaken at the time of the incident?      |
| Describe the incident/hazard with as much details as possible:      |
| Injury or Illness |
| Did an injury/illness occur? |
| [ ]  No (Do not complete the Injury/Illness Classification) | [ ]  Yes (Complete the Injury/Illness Classification) |
| Witness details |
| Was there a witness?[ ]  No [ ]  Yes (include details below) |
| Include name and phone number if known:       |

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| Incident Breakdown |
| Incident Classification |
| Identify what occurred (Mechanism)  |
| [ ]  Being trapped by moving machinery or equipment [ ]  Biological factors of animal or human origin (exposure to microorganisms or potentially infectious materials)[ ]  Bitten or struck by an animal (vertebrates)[ ]  Bitten or stung by an insect or spider by an animal (invertebrates) [ ]  Body stressing from lifting, carrying, pulling or handling objects[ ]  Body stressing resulting from repetitive or sustained movements, awkward postures or application of force[ ]  Contact with poisonous parts of plant or marine life[ ]  Exposure to or contact with chemicals and other substances[ ]  Falls, trips and slips of a person | [ ]  Hot/cold objects or environments (including low oxygen environment)[ ]  Other and unspecified mechanisms of injury[ ]  Psychosocial (non-traumatic exposures)[ ]  Radiation and electricity [ ]  Sound and pressure[ ]  Striking objects with a part of the body[ ]  Struck by moving/falling objects (including vibration, assault)[ ]  Transport (vehicle/bicycle) incident[ ]  Traumatic event |
| What was the most significant cause (Breakdown Agency)?  |
| [ ]  Biological agencies [ ]  Chemicals[ ]  Human agencies[ ]  Indoor environment[ ]  Live animals [ ]  Machinery and fixed plant [ ]  Mobile plant | [ ]  Non-living animals[ ]  Non-metallic substances [ ]  Non-physical agencies[ ]  Non-powered equipment [ ]  Non-powered hand tools[ ]  Other causes[ ]  Other materials, substances or objects | [ ]  Other transport[ ]  Outdoor environment[ ]  Powered equipment, tools and appliances [ ]  Road transport[ ]  Underground environment |
| Injury/Illness Classification (Injury/Illness only) |
| Identify the type of injury or illness sustained (Nature) (select the most severe)  |
| [ ]  Burns (including hot, cold, chemical, electrical, friction, radiation)[ ]  Circulatory system (including deep vein thrombosis, heart attack)[ ]  Fractures [ ]  Infections and parasites (including food poisoning)[ ]  Injury to nervous system [ ]  Intracranial injuries (including concussion)[ ]  Lacerations, bruises, wounds (including crushing, amputation, needle-stick, punctures, foreign matter intrusion)[ ]  Musculoskeletal (sprain/strain – not traumatic) | [ ]  Other disease (including nervous or sense organs, digestive system, headache with no other information)[ ]  Other injuries (including exposure to extreme temperatures, sunburn, alcohol poisoning, electric shock)[ ]  Psychosocial[ ]  Respiratory system (including asthma)[ ]  Skin condition (including dermatitis)[ ]  Traumatic injury (muscle, tendon, joint or ligament including dislocation)[ ]  Unknown (including nausea) |
| What part of the body was/is most affected (select the most severe)?  |
| [ ]  Ankle, foot or toe[ ]  Arm or elbow[ ]  Back[ ]  Eye [ ]  Finger and thumb[ ]  Hand and wrist | [ ]  Head [ ]  Knee[ ]  Lower limbs, excluding foot and ankle[ ]  Multiple locations[ ]  Neck[ ]  Other | [ ]  Psychological system[ ]  Shoulder[ ]  Systemic locations (respiratory, circulatory, digestive, nervous)[ ]  Trunk, excluding back |
| If applicable, which side of the body was affected?[ ]  Not applicable [ ]  Left [ ]  Right [ ]  Both |
| Assign to:  |
| Manager/Supervisor (name):       |
| Who was notified of this incident? |
| Staff (name):       | Date (dd/mm/yyyy):       | Time (00:00am/pm):       |
| Contractor/visitor/other (name):       | Date (dd/mm/yyyy):       | Time (00:00am/pm):       |

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| Outcome (Incident only) |
| Treatment for injury/illness |
| Was first aid administered? [ ]  No [ ]  YesWas medical treatment provided? [ ]  No [ ]  Yes[ ]  Medical treatment (doctor, emergency/outpatient, physiotherapist or other practitioner)[ ]  Hospital admission/inpatient) |
| Please provide details:      |
| Injury/Illness resulted in |
| [ ]  No lost time from work[ ]  Lost time from work (one or more shifts lost) |
| Immediate Action |
| What immediate action, if any, has been taken?      |

## Attachments

## Include a copy of this incident report once it has been entered into ERMS.

## Supporting documentation can also be attached to the incident report once entered into ERMS. Examples include:

## word, pdf and excel;

## photos;

## emails; and

## videos.