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| **PERSON COMPLETING REPORT** | | | | | | | | | | | | | |
| **Full Name:** | | | |  | | | | | | | | | |
| **Position:** | | | | Trainer / Administration / Student / Employer / Other | | | | | | | | | |
| **Date:** | | | | \_\_\_\_ / \_\_\_\_ /\_\_\_\_ | | | | | | | | | |
|  | | | |  | | | | | | | | | |
| **INCIDENT DETAILS** | | | | | | | | | | | | | |
| **1.** | | **Describe the incident:** | | | | | | | | | | | |
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| **2.** | | **Date and time incident occurred:** | | | | | | | | | | | |
|  | | Date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_ | | | | | | | Time: \_\_\_\_:\_\_\_\_\_ am / pm | | | | |
| **3.** | | **Where did the incident occur:** | | | | | | | | | | | |
|  | | | * Training Room * Kitchen * Toilets * Administration Office | | | | * Main Office * Within 5 meters of RTO * On Work Placement * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **4.** | **What was the injured person doing at the time of the incident?** | | | | | | | | | | |
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| **5.** | | **Witnesses to the Incident:** | | | | | | | | | | | |
|  | | Full Name: | | |  | | | | | | | | |
|  | | Contact Details: | | |  | | | | | | | | |
|  | |  | | | | | | | | | | | |
| **INJURY REPORT (if applicable)** | | | | | | | | | | | | | |
| **1.** | **Details of Injured Person:** | | | | | | | | | | | | |
| First Name: | | | |  | | | | | | | | | |
| Surname: | | | |  | | | | | | | | | |
| Title: | | | | Employee / Contractor / Student / Visitor | | | | | | | | | |
| Home Address: | | | |  | | | | | | | | | |
| Suburb: | | | |  | | | | | | Postcode: |  | | |
| Phone Number: | | | |  | | | | | | | | | |
| Date of Birth: | | | | \_\_\_\_ / \_\_\_\_ /\_\_\_\_ | | Gender: | | Male / Female / Neutral | | | | | |

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| **2.** | **Location of Injury on Body: (circle on diagram below)**  blank body | Human body diagram, Body template, Body diagram | | | |
| **3.** | **Was medical treatment required?** | Yes No |
|  | If yes, describe treatment and location | | |
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| **HAZARD IDENTIFICATION AND RISK CONTROL** | | | | |
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| **1.** | **What hazard caused the incident?** | | |
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| **2.** | **Were any control measures in place?** | YES NO | |
|  | If yes, please describe: | |
|  |  | |
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| **3.** | **Was Personal Protective Equipment (PPE) in use?** | YES NO |
|  | If yes, please describe: | |
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| **4.** | **Immediate Corrective Actions Taken:** | |
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| **INCIDENT INVESTIGATION** | | | | | | | |
| **1.** | | **Investigator Details** | | | | | |
| First Name | | |  | | | |
| Surname | | |  | | | |
| Title | | | Employee / Contractor / Student / Visitor | | | |
| Date: | | |  | | | |
|  | | |  | | | |
| **2.** | **Hierarchy of Control Measures Implemented (select all that apply):** | | | YES NO | | |
|  | If yes, please describe: | | | |
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| **3.** | **Psychosocial Factors Identified:** | | | YES NO |
|  | If yes, please describe: | | | |
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| **4.** | **Was a WHS Risk Assessment Undertaken?** | | YES NO | |
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| **5.** | **Opportunity for Improvement Identified?** | | YES NO | |
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| **6.** | **Actions Discussed at Quality and Compliance Meeting?** | | **Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_** | |

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| **ACTION TAKEN / REQUIRED** | | | | | |
| **1.** | **Was the risk eliminated?** | | YES NO | |
|  | If yes, please describe: | | |
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| **2.** | **Was a substitute introduced, isolated, or engineered to minimise risk?** | | YES NO |
|  | If yes, please describe: | | |
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| **3.** | **Were administrative controls put into place?** | YES NO | |
|  | If yes, please describe: | | |
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| **4.** | **Was PPE required to be introduced?** | YES NO | |
|  | If yes, please describe: | | |
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| **CONTINUOUS IMPROVEMENT** | | | | | | |
| **1.** | **How will this incident inform continuous improvement?** | | |  | |
|  | Were new risks or hazards identified? | | | YES NO | |
|  | Describe changes to be implemented in policies, procedures, or training: | | | |
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| **2.** | **Follow-Up Actions for Continuous Improvement:** | | |  |
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| **3.** | **Date for Reviewing Improvements:** | | \_\_\_ / \_\_\_ / \_\_\_\_\_ | |
|  |  | |  | |
| **RECORD KEEPING AND SUBMISSION** | | | | | | |
| **1.** | **Form Submission Details:** | | |  | |
|  | Submitted by: |  | | |
|  | Date: |  | | |
| **2.** | **Storage and Record-Keeping:** | | |  |
|  | Stored at: |  | | |
|  | Retention Period: |  | | |
|  | Register No: | WHS | | |
|  | **Note:** Once this form has been completed, forward it to the RTO Office for further action and monitoring. | | | |

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| **FINAL SIGN-OFF** | | | | | |
| **1.** | **Person Completing the Form:** | |  | |
|  | Signature: |  | |
|  | Full Name: |  | |
|  | Date: |  | |
| **2.** | **WHS Officer Review:** | |  |
|  | Signature: |  | |
|  | Full Name: |  | |
|  | Date: |  | |
|  |  |  | |