

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS.

1	Worksite\Location:	KM:
	Name of Site Manager:	Telephone:
	Date of Injury: : / /	Time of Injury (24hr clock) : : Hour

2.	Surname		First Name	
	Date of Birth: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Is the affected person a SHR worker?		<input type="checkbox"/> Yes Go to Section 2A. <input type="checkbox"/> No Go to Section 2B.	

ID NO:		Employment:		<input type="checkbox"/> Permanent	<input type="checkbox"/> Casual	<input type="checkbox"/> Contract
		Status:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Volunteer <input type="checkbox"/> WFTD
Work Role:						
Was time lost from work?		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes	<u>More than half day.</u>	Date ceased work:	/	/
				Time:	:	Hours <u>24 hour clock.</u>
Will a workers compensation claim be lodged?		<input type="checkbox"/> No	<input type="checkbox"/> Unsure			
		<input type="checkbox"/> Yes	If Yes, forward WorkCover SA claim form and Prescribed Medical Certificate as soon as possible to: SHR Finance Manager and copy to the S&T Coordinator..			

Status: <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Voluntary Worker <input type="checkbox"/> Other	
Home Address: <div style="text-align: right;">Post code:</div>	Telephone:
Name of person in charge: <i>[i.e. SHR person on duty at time]</i>	Work Role:

	What was the affected person doing at the time?
	What happened?

	<p>Describe any <u>prior</u> act or event that may have led up to the injury.</p>
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5. Witnesses If applicable

Name:	Address:
Name:	Address:

6. Place of Injury

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7. Part of Body / Person Injured *In the case of multiple injuries please tick the **most serious***

<input type="checkbox"/> Head (<i>forehead/skull</i>)	<input type="checkbox"/> Vocal chords	<input type="checkbox"/> Elbow	<input type="checkbox"/> Ankle
<input type="checkbox"/> Teeth	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Feet / toes
<input type="checkbox"/> Ears	<input type="checkbox"/> Shoulder (<i>including collarbone</i>)	<input type="checkbox"/> Hand / fingers	<input type="checkbox"/> Groin
<input type="checkbox"/> Nose	<input type="checkbox"/> Trunk (<i>chest / ribs / abdomen</i>)	<input type="checkbox"/> Hip / buttocks	<input type="checkbox"/> Nervous system
<input type="checkbox"/> Eyes	<input type="checkbox"/> Internal organs	<input type="checkbox"/> Thigh	<input type="checkbox"/> Multiple locations
<input type="checkbox"/> Face	<input type="checkbox"/> Upper arm	<input type="checkbox"/> Knee	<input type="checkbox"/> General and/or
<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Lower leg	unspecified locations

8. Nature of Injury *In the case of multiple injuries please tick the **most serious*****NOTE:** If this is a notifiable incident refer *page 4*

<input type="checkbox"/> Sprain / strain	<input type="checkbox"/> Concussion / intracranial injury	<input type="checkbox"/> Disorders of the conjunctiva and cornea (eyes)
<input type="checkbox"/> Open wound	<input type="checkbox"/> Insect bite / sting	<input type="checkbox"/> Respiratory condition due to substances
<input type="checkbox"/> Bruising	<input type="checkbox"/> Bite (<i>human – skin broken</i>)	<input type="checkbox"/> Chemical exposure
<input type="checkbox"/> Superficial injury	<input type="checkbox"/> Bite (<i>human – skin intact</i>)	<input type="checkbox"/> Dermatitis or eczema
<input type="checkbox"/> Fracture	<input type="checkbox"/> Deafness (<i>tinnitus / hearing loss</i>)	<input type="checkbox"/> Mental distress
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Foreign body – no wound (<i>e.g. in eye/s</i>)	<input type="checkbox"/> *Amputation <i>See page 4</i>
<input type="checkbox"/> Burn / scald		
<input type="checkbox"/> Other (<i>Specify</i>):		* Immediately Notifiable

9. Mechanism *How the injury was sustained***NOTE:** If this is a notifiable incident refer to *page 4*

<input type="checkbox"/> Stress / strain while lifting, moving / lowering objects	<input type="checkbox"/> Hit by falling objects (<i>from a height</i>)	<input type="checkbox"/> Injured by a person (<i>accidental</i>)
<input type="checkbox"/> Stress / strain while lifting, moving / assisting person	<input type="checkbox"/> Collapse of furniture (eg chair / shelving)	<input type="checkbox"/> Injured by a person (<i>deliberate - assault</i>)
<input type="checkbox"/> Stress / strain through bending, twisting or reaching	<input type="checkbox"/> *Contact with electricity	<input type="checkbox"/> Physical harassment
<input type="checkbox"/> Stress / strain through repetitive movement	<input type="checkbox"/> Exposure to single sudden sound	<input type="checkbox"/> Verbal harassment
<input type="checkbox"/> Slips, trips and falls	<input type="checkbox"/> Long term exposure to sound	<input type="checkbox"/> Work pressure:
<input type="checkbox"/> Hit object with part of body	<input type="checkbox"/> Single contact with chemical / substance	<i>Circle as appropriate:</i>
<input type="checkbox"/> Hit by moving objects	<input type="checkbox"/> Long term contact with chemical / substance	1. Workload
	<input type="checkbox"/> Contact with hot objects	2. Role ambiguity
	<input type="checkbox"/> Exposure to environmental heat	3. Site management processes
	<input type="checkbox"/> Insect/spider bites and stings	4. Interpersonal conflict
	<input type="checkbox"/> Animal bite	5. Performance issues
		6. Other (<i>eg personal issue, illness, event</i>)
<input type="checkbox"/> Other (<i>Specify</i>):		<input type="checkbox"/> Traumatic experience
		<input type="checkbox"/> Other mental stress factors
		* Immediately Notifiable

10. Agency Causation factor – person, place or object

NOTE: If this is a notifiable incident refer page 4

<input type="checkbox"/> Executive member	<input type="checkbox"/> Live animals	<input type="checkbox"/> Trolleys, handcarts and wheelie bins	<input type="checkbox"/> Mechanical shears, slicers, guillotines
<input type="checkbox"/> Staff member	<input type="checkbox"/> Insects	<input type="checkbox"/> Tractors	<input type="checkbox"/> Pressing, rolling machinery
<input type="checkbox"/> Divisional manager	<input type="checkbox"/> Spiders	<input type="checkbox"/> Other powered garden and outdoor equipment	<input type="checkbox"/> Oxy-acetylene equipment
<input type="checkbox"/> Visitor	<input type="checkbox"/> Snakes and other reptiles	<input type="checkbox"/> Non – powered hand tools	<input type="checkbox"/> Arc welding equipment
<input type="checkbox"/> ONRSR	<input type="checkbox"/> Worksite equipment	<input type="checkbox"/> Portable powered tools, appliances & equipment	<input type="checkbox"/> TIG / MIG / MMA
<input type="checkbox"/> Co Volunteer/Worker	<input type="checkbox"/> Chemicals / chemical products	<input type="checkbox"/> Fixed machinery	<input type="checkbox"/> Blood or body fluids
<input type="checkbox"/> Contractor	<input type="checkbox"/> Fire / flame / smoke	<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Non physical agencies
<input type="checkbox"/> Intruder	<input type="checkbox"/> Kitchen & domestic equipment & appliances		<input type="checkbox"/> Agency not apparent
<input type="checkbox"/> Holes or uneven ground	<input type="checkbox"/> Office electric equipment		<input type="checkbox"/> Furniture
<input type="checkbox"/> Steps and stairways	<input type="checkbox"/> Mechanical lifting equipment		
<input type="checkbox"/> Sun			

11. Treatment of Injury

NOTE: If this is a notifiable incident refer to page 4

<input type="checkbox"/> None required	<input type="checkbox"/> First aid (returned to work)	<input type="checkbox"/> First aid (sent home)
<input type="checkbox"/> Debriefing	<input type="checkbox"/> Professional Counselling	<input type="checkbox"/> Other personal support
<input type="checkbox"/> Medical/dental (Including hospital outpatient treatment)	<input type="checkbox"/> *Hospitalised (Admitted as inpatient)	<input type="checkbox"/> *Fatal
* Immediately Notifiable		

12. Site Manager Section

If insufficient space please attach additional page

Injury reported to me on Date: / /		Time: : Hours 24 hour clock	
Safety measures in place at the time of injury	<input type="checkbox"/> Supervision <input type="checkbox"/> Verbal instructions <input type="checkbox"/> Protective clothing	<input type="checkbox"/> Written instructions <input type="checkbox"/> Local policy / procedure <input type="checkbox"/> Safety guards	<input type="checkbox"/> Contact numbers displayed <input type="checkbox"/> Professional development plan <input type="checkbox"/> Not applicable to this issue
SafeWork SA Inspectorate Notification	Is this an immediately notifiable serious injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this an immediately notifiable dangerous incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either of the above, has SafeWork SA been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <div style="border: 1px solid black; padding: 2px; width: fit-content;">See Note page 4</div>		
What immediate action was taken to address the cause?			
Actions being taken to minimise the likelihood of similar injury happening again	For example: risk assessment process, controls identified / implemented, documentation filed		
If a workers compensation claim is likely briefly outline your views of the circumstances	For example: was the person undertaking their normal duties at the time? Were normal administrative processes in place? Inform S&T Coordinator within 24 hours of being notified of injury.		
Initial rehabilitation assessment by Site Manager. Date: / / (Should be the same as date injury is reported)			
Rehabilitation is required: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Contact S&T Coordinator.			
Site Manager Signature:			

13. Noted by relevant Line Manager / Supervisor (where applicable) and ARHS Executive Representative

13	Line Manager Name:	Signature:	Date: / /
	ARHS Executive Rep:	Signature:	Date: / /

Please print clearly

NOTES TO ASSIST COMPLETION OF INJURY REPORT FORMS

1. SHR WORKERS

Use this form to document and record injuries.

WHERE A WORKER INDICATES THAT A WORKER'S COMPENSATION CLAIM WILL BE LODGED

- a) Notify the S&T Coordinator and Finance Manager immediately.
- b) Complete and forward a WorkCover Worker Report Form and a Prescribed Medical Certificate as soon as possible to the above persons.

2. NON DECD PERSONS

Use the this form to document and record injuries to Non SHR Persons.

3. INJURIES REQUIRING FURTHER NOTIFICATION

Notifiable Incidents

The S&T Coordinator or delegate being the worksite manager is required to complete a Notifiable Incident Report to SafeWork SA: All notifiable incidents should be reported to Train Control in the first instance.

Notifiable Incidents as outlined in Part 3 of the Work Health and Safety (WHS) Act 2012 include:

- The Death of a Person
- Serious Injury or Illness
- An injury or illness that requires immediate treatment as an in-patient in hospital
- Amputation
- Serious head, eye or burn injury
- Degloving or scalping
- Spinal injury
- Loss of bodily function
- Serious laceration
- Exposure to a substance, which requires medical treatment within 48 hours.

The S&T Coordinator or delegate being the worksite manager must notify SafeWork SA as soon as possible. Tel: 1800 777 209

Dangerous Incidents

Exposure of a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the falls from height of any plant, substance or the like
- the collapse, overturning, failure or malfunction of, or damage to, any plant (that requires authorisation in accordance with the WHS Regulations)
- the collapse or partial collapse of a structure

The worksite manager must notify SafeWork SA as soon as possible. Tel: 1800 777 209

Electrical or Gas incident

The Site Manager must also immediately notify the Office of the Technical Regulator

Tel: 1800 558 811. Any person who has received an electric shock must seek professional medical attention as soon as possible after the incident.

Where a dangerous incident or serious injury or illness has occurred the Site Manager must not disturb the site, including plant and substances, (other than to assist injured persons, make the site safe or minimise the risk of further notifiable incidents) until advised otherwise by a SafeWork SA Inspector.