

Title

INCIDENT, ACCIDENT AND HAZARD INVESTIGATION REPORT



Document ID
Date of Issue

FORM 0604/8
11/10/2022

INCIDENT, ACCIDENT AND HAZARD INVESTIGATION REPORT

Who uses this form	Two (2) people – the client/employee and their supervisor/manager
Purpose	When an incident, accident or hazard occurs. Record what happened, what investigations occurred and what was done to prevent future injury or illness in relation to this incident or accident.
What should happen	The employer keeps the original copy and a copy is given to the client/employee. Original to be kept on file with the employees name on it.

Incident Type: please circle	Near Miss	Incident	Accident	Hazard
Refer page 3 for incident types. Refer COL 0552 Serious Incident Reporting				

Part A – to be completed by all relevant people – client/s and employee/s

Name of client/employee		Date of incident	
Time of incident / accident		Supervisor	
Location of incident / accident		Witness	
<i>If you did not see the incident, when were you first told about it?</i>		Time/date told	
Describe the incident, accident or hazard - detail what happened – include area and task, equipment and people involved, injured parties and immediate action taken.			
Nature of Injury / treatment			
Possible solution to help prevent re-occurrence. Any suggestions to fix the problem or preventing a repeat			

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All clients/employees are required to complete consent and information sharing

Consent by client/s provided:	Yes	No	Client Signature:
Consent by employee provided:	Yes	No	Employee Signature:

Part B – to be completed by the Supervisor / OHS Coordinator

Results of the investigation – determine whether the incident, accident or hazard is likely to cause an injury and explain what factors caused the event

Part C – to be completed by the General Manager / Chief Executive Officer

Action taken – GM / CEO to identify actions to prevent illness or injury			
#	Action	Responsibility	Comp. Date
1			
2			
3			
4			
5			
Tick which external organisations/authorities have been contacted (if required)			
GM informed	YES / NO / NA	Police Contacted	YES / NO / NA
Police Officer’s Name		Police Station Phone Number	
Police Investigation Required	YES / NO / NA	Next of Kin Contacted	YES / NO / NA
WorkSafe Vic Contacted	YES / NO / NA	Coroner Contacted	YES / NO / NA

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Follow up action required from Management – further planned actions

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Feedback has been provided to person who reported the hazard / incident / accident	Yes	No
Employee representative (HSR) Name		
Date		
Manager		
Date		

Incident Type list:

Absent/Missing client	Drug/Alcohol - Use - Unknown
Abuse /neglect or exploitation of any kind	Drug/Alcohol - Use - Alcohol
Accident (without injury)	Drug/Alcohol - Use - Amphetamines
Administrative Error	Drug/Alcohol - Use - Barbiturates
Assault Physical - Actual client > client	Drug/Alcohol - Use - Benzodiazepines
Assault Physical - Actual client > other	Drug/Alcohol - Use - Cannabis/Marijuana
Assault Physical - Actual client > staff	Drug/Alcohol - Use - Chroming/Inhalants
Assault Physical - Actual other > client	Drug/Alcohol - Use - Hallucinogens
Assault Physical - Actual staff > client	Drug/Alcohol - Use - Heroin/Narcotics
Assault physical threatened client > client	Drug/Alcohol - Use - Multiple drugs
Assault physical threatened client > other	Drug/Alcohol - Use - Other
Assault physical threatened client > staff	Fire- major
Assault physical threatened other > client	Fire- minor
Assault physical threatened staff > client	Illness
Assault Sexual - Indecent client > client	Injury- to client not requiring medical attention
Assault Sexual - Indecent client > other	Injury- to client requiring medical attention
Assault Sexual - Indecent client > staff	Injury- to staff not requiring medical attention
Assault Sexual - Indecent other > client	Injury- to staff requiring medical attention
Assault Sexual - Indecent staff > client	Medical condition (known) - deterioration
Assault Sexual - rape actual client > client	Medication error - incorrect
Assault Sexual - rape actual client > other	Medication error - missed
Assault Sexual - rape actual client > staff	Medication error - PRN misuse

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Assault Sexual - rape actual other > client	Medication error - refused by client
Assault Sexual - rape actual staff > client	Medication error- other
Assault Sexual - rape threatened client > client	Medication error- pharmacy
Assault Sexual - rape threatened client > other	Missing person/s
Assault Sexual - rape threatened client > staff	Money - missing
Assault Sexual - rape threatened other > client	Neglect
Assault Sexual - rape threatened staff > client	Poor quality of care concern
Behaviour - verbal abuse	Possession - of illegal arms, explosives, dangerous goods, matches, lighter
Behaviour- dangerous	Possession - of illegal drugs/syringe/drug use equipment
Behaviour- disruptive	Possession- of alcohol or cigarettes
Behaviour- sexual	Property- damage
Breach of privacy confidentiality matters	Property- disruption at premises (building problems)
Community concern	Property-damage threatened
Death- client	Self harm - suicide threatened
Death- other	Self harm - attempted
Death- staff	Self harm - suicide attempted
Drug/Alcohol - Possible Overdose – Alcohol	Self-harm - threatened
Drug/Alcohol - Possible Overdose – Amphetamines	Theft/Robbery
Drug/Alcohol - Possible Overdose – Barbiturates	Property-Prowlers on/at premises
Drug/Alcohol - Possible Overdose – Benzodiazepines	Sexual harassment
Drug/Alcohol - Possible Overdose - Cannabis/Marijuana	Vehicle accident (major injury)
Drug/Alcohol - Possible Overdose - Chroming/Inhalants	Drug/Alcohol - Possible Overdose - Multiple Drugs
Drug/Alcohol - Possible Overdose – Hallucinogens	Drug/Alcohol - Possible Overdose – Unknown
Drug/Alcohol - Possible Overdose - Heroin/Narcotics	Drug/Alcohol - Possible Overdose – Other

WORKSAFE INCIDENT REPORTING:

If the Incident needs to be reported to Worksafe, go to <https://www.worksafe.vic.gov.au/report-incident> to complete the Worksafe Incident Notification Form.

For a list of reportable Incident criteria, refer to <https://www.worksafe.vic.gov.au/report-incident-criteria-notifiable-incidents>.

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A handwritten signature in black ink, appearing to read "K. Selby", is written over a faint, illegible printed name.

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