

INITIAL INCIDENT REPORT & INVESTIGATION FORM

Follow the Incident Reporting and Investigation Procedure 7.1 refer to flowchart for appropriate forms and actions.

Worker Compensation Claim Form to be completed for injury where any medical cost will be occurred.

All incidents must be reported in person or via phone to Management and your EHS Team member immediately after an incident has occurred.

This form must be completed within 24 hours of the incident occurring by the Manager/Supervisor in conjunction with the employee.

BUSINESS DETAILS

Business:

Wormald



ORIGINATOR DETAILS

Your Name:

Jack Gardner

Your Email Address:

jgardner@wormald.com.au

MANAGER DETAILS

Manager Name:

Lex Williams

Manager Email Address:

lexwilliams@wormald.com.au

INVESTIGATOR DETAILS

Investigator Name:

lexwilliams

Investigator Email Address:

lexwilliams@wormald.com.au

PERSON DETAILS (Injured persons or name of person reporting a non-injury incident)

Surname:

Gardner

Given Name:

Jack

Address:

35 Busteed St West Gladstone 4680

Occupation:

Apprentice Sprinkler Fitter

Date of Birth:

6/09/1991



State/Region:

Queensland



Branch:

Gladstone



INCIDENT DETAILS

Client/Site Name:

Rockhampton Girls Grammar School

Date & Time of Incident:

8/07/2019

4:00 PM

Incident Site Address:-

Cnr Denham & Agnes St Rockhampton

Date & Time Reported:

8/07/2019

4:30 PM

Reported to:

Cathie Murphy/Lex williams

Where on Site:

Luck House outside Room L7

Incident/ Injury Classification:

Report Only



Treatment Received:

☐ Diagnostic☒ Nil

Main task being performed at the time of Incident:

Replacing a Fire Hose Reel

Type of Injury:

Nil



Detailed Description of Incident and Injury:

Jack was given a job to replace several hose reels on site this particular hose reel was outside room L7 at Luck House & a plaque at the entrance to the building indicated asbestos had been removed from the building in January 2013, after removing the old hose reel he had to lower the backing board to suit the new reel and

Mechanism of Injury:

Single contact with chemical or substance (excludes insect and s)



Agency of Injury:

Other materials, substances or objects



Part of Body Injured: L ☐				R ☐			
Head	☐	Toe	☐	Head	☐	Toe	☐
Eye	☐	Neck	☐	Eye	☐	Neck	☐
Ear	☐	Back	☐	Ear	☐	Back	☐
Arms	☐	Chest	☐	Arms	☐	Chest	☐
Hand	☐	Internal	☐	Hand	☐	Internal	☐
Finger	☐	Abdomen	☐	Finger	☐	Abdomen	☐
Leg	☐	Groin	☐	Leg	☐	Groin	☐
Knee	☐	Shoulder	☐	Knee	☐	Shoulder	☐
Feet	☐	Multiple	☐	Feet	☐	Multiple	☐
Hips	☐	Unknown	☐	Hips	☐	Unknown	☐
Ankles	☐	Other	☐	Ankles	☐	Other	☐

Asbestos Register.pdf
1.12 MB

Hose reel photos .msg
17.96 MB

Plaque.msg
18.21 MB

☒ Insert item

CONTRIBUTING FACTORS			
Lack of generic risk assessment	☐	Congested work area	☐
Lack of site specific risk assessment	☐	Inadequate guarding	☐
Inadequate procedures	☐	Ergonomics	☐
Inadequate ventilation	☐	Lack of supervision	☐
Equipment used incorrectly	☐	Lack of safety device	☐
Defective equipment / material	☐	Other (Specify) :	
Exposure to energy sources	☐	Didn't follow site induction	

ROOT CAUSES :

☐ ORGANIZATION

☒ PROCEDURES
 Failed to follow site induction.

☐ PROCESS AND ENVIRONMENT

☐ PLANT AND EQUIPMENT

☐ PEOPLE

Investigation Completed by : Scott Herbert

Complete

Close