



SAFETY@ND

CRICOS Provider: 01032F

Guide to completing Incident Reports

The incident / injury report form must be completed for any incident, hazard, injury, near miss or instance of workplace violence & aggression **within 24hrs of the incident**. On completion, submit to safety@nd.edu.au

If the incident is categorised as serious or potentially dangerous i.e. notifiable to the regulator, then it must be immediately reported to the HSW Director.

Serious Injury or Illness means an injury or illness requiring a Worker to have immediate treatment as a hospital in-patient and a Dangerous Occurrence means an event occurring in the course of work that exposes a worker or any other person to a serious risk to a person's health or safety.

Confidential incidents

Where an incident occurs that is sensitive in nature or there is specific information you do not wish to disclose to your direct supervisor, employees should tick the confidential box at the top of the page and send the incident report directly to safety@nd.edu.au.

Who Should Complete the Form?

The person who has been injured or affected, any witnesses to the incident and the direct supervisor should all complete the form. If the person involved in the incident is unable to complete the form for any reason, it should be completed by the person's direct supervisor.

Completing the Form

If more than one person is injured or affected, a separate form should be completed for each person.

If additional space is required to complete any of the sections, or if a diagram/photo will assist with the description of the incident, attach a separate sheet.

REPORT TYPE

Select what type of report you are submitting.

REPORT TYPE	
<input type="checkbox"/> Injury/Illness	<input type="checkbox"/> Hazard
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Property damage
<input type="checkbox"/> Security Incident	<input type="checkbox"/> Workplace Violence & Aggression (WPVA)

PART A

Provide information on the person involved in the incident or who is reporting the incident. It is important to indicate whether the person is an employee, a student, an international student, a visitor or a contractor.

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Approver: HSW Director	Contact Health, Safety, Wellbeing Team: safety@nd.edu.au



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PART A: Details of person reporting the incident

Name/Surname	Relationship to University
<input type="text"/>	<input type="text"/>
School/Office	Location
<input type="text"/>	<input type="text"/>
Date of birth	Staff/Student ID
<input type="text"/>	<input type="text"/>
Email	Phone contact
<input type="text"/>	<input type="text"/>

I am the person involved in the incident: Yes No

PART B - INCIDENT DETAILS

Provide date and time of the incident and when it was first reported, details of witnesses, and a succinct statement describing the events leading to the incident, the details of the incident, the type of work being undertaken, any hazards involved in the work and any personal protective equipment being used.

PART B: Incident Details

Date of incident	Contributing factor(s) (Select from the list)
<input type="text"/>	<input type="text"/>
Time of incident	Time reported
<input type="text"/>	<input type="text"/>
Location of incident	Date reported
<input type="text"/>	<input type="text"/>
	Incident reported to
	<input type="text"/>

Please provide details of the incident, including an account of what you were doing in the lead up to the incident and if applicable, provide the name(s).

Witness details (name, contact number, email, association with organisation (e.g. staff, student, visitor etc.))

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Main part of the body affected (select from the list)

Comments: Describe the injury or illness (physical/psychological) and any treatment sought.

Date first noticed symptoms

Date treatment provided

Treated by

Location of treatment

Do you intend to seek further treatment?

Yes

No

Do you wish to lodge a student personal accident claim?

Yes

No

Signature of person involved in incident

Signature:

Date:

Any further information or comments:

Provide a description of the injuries/illness/events incurred by the person involved in the incident including information on the part(s) of the body affected. A formal medical diagnosis is not required in this section. Details of any time lost, and the treatment provided to the injured person should be included. If first aid was administered, include the name of the first aid officer.

PART C – Direct Supervisor

All incidents must be thoroughly and immediately investigated by the person’s direct Supervisor, in consultation with the parties involved. Proposed and completed corrective actions must be recorded on the form before submitting so these can be registered in the HSW system.

NB. This is not required in the case of the person ticking the confidential box.

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PART C: DIRECT SUPERVISOR

Investigate the incident and please provide details, including any background information and details that you feel contributed to the incident/injury:

Please identify immediate, subsequent and pending corrective actions (the aim of corrective/preventative actions is to prevent a repeat):

Name and Signature

Signature:

Date:

Email completed form and attachments (medical reports, photographs etc.) to Safety@nd.edu.au immediately.

HSW Team

The information collected through investigating and documenting the root causes of our incidents, helps us to reduce the likelihood of occurrence and ensure a safe space for all. All incidents will be confidentially recorded and reported to the Board, Senior Management and Health and Safety Committee. Personal details are not shared.

Feedback will be provided as appropriate on any follow-up action required.

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