

**TITLE: REPORTING AND INVESTIGATING ACCIDENTS/INCIDENTS**

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**POLICY**

The *Occupational Safety and Health Act 1984* places various responsibilities on employees. These are detailed in the CHSHA Human Resources Manual Section 9.1 Occupational Health, Safety and Welfare, and Section 9.2 Injury Management.

**RELATED POLICIES, PROCEDURES AND GUIDELINES**

*The Occupational Safety and Health Act 1984*

Aquatic Activities

Human Resource Manual Section 9 (Occupational Health and Safety)

Student Health Care

Student Transport

**PROCEDURE**

College Managers must immediately advise the college safety and health representative of any accident or dangerous occurrence that occurs at the workplace. It is one of the functions of the safety and health representatives to investigate such incidents and arrangements need to be made to allow them to do so.

The Country High School Hostels Authority has developed a form for use by all college managers. The ***Accident/Incident Report Form*** should be used to report and investigate reported accidents and incidents. All workplace accidents should be recorded on the above form, and the form retained at the college.

It is important to learn about how, when and why injuries occur by recording accident/incident information. This information can provide a factual record in the event of further enquires or litigation. It can also be used to identify hazards, determine causative factors and assist in the development of preventative strategies.

**EFFECTIVE DATE:** 6 December 2007

**APPENDIX:** Accident/Incident Report Form

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Accident/Incident report Form

For Residential College Employees, Students and Visitors

To be completed by the College Manager or designated person. Number: \_\_\_\_\_

Date: \_\_\_\_\_

Please record facts not opinions

Type of Accident:  Injury  Illness  Dangerous Event / Near Miss

Residential College: .....
College Manager:.....
Name of Person providing information (i.e. College Manager/Senior Supervisor)
.....

Person/s injured:  Staff  Student  Visitor

Name of person/s injured/ involved in the accident/incident and their Date of Birth:
.....
Statement:  Yes  No
Address: .....
Report Number:.....Date of Accident:.....
Time of Accident:.....AM / PM

Date of investigation:.....Time of investigation .....AM / PM
Investigation conducted by:..... Position:.....
Photographs taken?  Yes  No

Description of task being performed:.....
Description of accident/incident (How did it occur?):.....

Were any items of equipment damaged?       Yes       No

If yes, a brief description:

.....

.....

.....

.....

.....

.....

Details of items or equipment involved in the accident/incident:

.....

.....

.....

.....

.....

.....

Environmental conditions:

Lighting:..... Confined Space:.....

Ventilation:..... Floor Surface:.....

Wind/Rain:..... Temperature:.....

Others:.....

Skill level of person/s performing this task:.....

.....

Is formal training required for this activity?       Yes       No

If yes, was it provided?       Yes       No

Was personal protective equipment required?       Yes       No

If yes, was it worn?       Yes       No

Has a similar event occurred in the college previously?       Yes       No

If yes, comments.....

.....

.....

.....

Supervision

Was the task being supervised?       Yes       No

Is this task normally supervised?       Yes       No

Comments:.....  
.....  
.....  
.....  
.....

Control Measures:  
What immediate correction action was taken?  
.....  
.....  
.....  
.....

Future recommendations:.....  
.....  
.....  
.....

Did this accident result in absence from work/school/college?       Yes       No  
If yes, the number of full days lost: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Has a First Medical Certificate been supplied? (employees only)       Yes       No  
Has Rehabilitation been recommended? (employees only)       Yes       No

**Signed by:**

College Manager: ..... Date: .....

Safety and Health Representative: ..... Date: .....