

MyHR WHS - Health and Safety Incident Data Collection Form

Privacy Statement: The Department of Education, Training and Employment (Qld) is collecting personal health and safety incident information on this form in accordance with the Work Health and Safety Act 2011, the Work Health and Safety Regulation 2011, Electrical Safety Act 2002 (Qld), and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (Qld), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor.

Note:

- This form is for data collection purposes only.
- The information collected is to be recorded within MyHR WHS as soon as reasonably practicable e.g. within 3 days of becoming aware of the incident.
- The form can also be scanned and attached to the MyHR WHS Incident record within investigation screens.
- This paper form is to be retained for 12 months at the workplace.
- Use of this form is to be in accordance with departmental procedure: [Health and Safety Incident Recording, Notification and Management](#)

Instructions: Legislation requires the reporting of a 'notifiable' workplace incident to Workplace Health and Safety Queensland (WHSQ) immediately after becoming aware that it has occurred. If you fail to report a notifiable incident, you may face penalties. It is not specified in legislation to report 'non-notifiable' incidents; however, WHSQ recommends that you record and investigate them so that you can prevent something similar from happening again. It also demonstrates that you are identifying hazards to manage risk.

NOTIFIABLE INCIDENTS -

- death;
- serious injury or illness (e.g. amputation, head injury, spinal injury, hospital admission); or
- a dangerous incident (e.g. electric shock, explosion, fire, release of hazardous substance).

HOW TO REPORT?

1. Immediately contact Workplace Health and Safety (WHSQ) by phone: **1300 362 128** to notify them of the incident.
2. WHSQ should provide a reference number for your call. Note that you contacted WHSQ and record the reference number in the "immediate actions taken" section of this form.
3. Complete all relevant information within this form and ensure the data is entered into MyHR WHS as soon as possible.

Not sure? – Check the full definitions within the procedure or phone 1300 362 128

WHEN TO USE THIS FORM:

This is not an official form but can be used to gather information for later entry into the MyHR WHS system. It can be used for:

- Operational convenience
- When an incident occurs away from the workplace (e.g. camps, fetes, sport etc.) or during out-of-hours work.
- For staff with limited access to MyHR WHS (e.g. cleaners, grounds maintenance staff).
- For visitors if necessary.
- System outage.

HOW TO USE THIS FORM?

1. This cover page is for information and advice.
2. Pages 1 - 3 must be completed as they record the details of the incident and the injured person.
3. If relevant, complete a subform (from page 4) for each 'incident type'; electrical, security threat, motor vehicle, fire, environmental or near miss. Each incident type has its own 'subform'.
 - e.g. for an injury sustained while driving a motor vehicle - complete pages 1-3 (which includes the 'injury/illness' details) **and** the 'motor vehicle' subform.
 - If more than one person sustained an 'injury/illness' as a result of the same incident, fill in a separate injury/illness form (pages 2-3) for each person. You do not need to complete separate forms for the incident (pages 1).
4. Record all available information.
5. Check that all mandatory fields (i.e. those marked with *) are completed.
6. Give the completed form to your location administration to complete data entry into MyHR WHS – (if you are not doing this yourself).

NEED HELP? - CONTACT THE MyHR HELPDESK on 3404 8258.

INCIDENT DETAILS

***Incident date:** _____ **Incident Time:** (24 hour HH:MM) _____

If the incident occurred at your school or base location you need **ONLY** complete the School Base location field.

If the incident did not occur at your school/base location then you need to complete the School/Base Location field AND the Other Incident Location field.

***School/Base Location:**

Other Incident Location (address details):

***Summary of incident** (approx. 20 words):

Detailed Description of Incident:

A

* **Immediate Action Taken:** (Including any Lockdown or Evacuation, Parents Contacted, First Aid Administered, Ambulance Called, Doctor/Out Patients or Hospitalisation, Workplace Health and Safety Queensland Notified & reference number, what was done to prevent this or something similar from happening again)

INCIDENT TYPES

INSTRUCTIONS: Select one or more Incident types.

Incident types		
<input type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Near miss
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	
<input type="checkbox"/> Security threat	<input type="checkbox"/> Environmental	

If '*Electrical*' or '*Environmental*' or '*Fire*' or '*Property/Plant/Equipment*' **or** '*Fire*' **or** '*Environmental*' **or** is selected as incident type, the question '*Was this a Dangerous Incident as defined under Legislation?*' Must be answered.

Was this a dangerous incident as defined under Legislation? **YES** **NO** (Not sure? – refer to the 'Definitions of Dangerous Incidents and Electrical Incidents' fact sheet.

REPORTING DETAILS

***Reported Date:**/...../.....

***Reported by:** – (NOTE: at least one 'reported by' field must be populated)

Staff member (Name) _____ (Base Location) _____

Student: (Name) _____ (Base Location) _____

Other person: (Name) _____ (Base Location) _____

Other person's contact details if known: _____

Name of Reviewer: _____

Name of person completing this form: _____

INJURY / ILLNESS DETAILS

***Injured person's details:**

Staff member (Name) _____ (Base Location) _____

Student: (Name) _____ (Base Location) _____

Other person: (Name) _____ (Base Location) _____

Type of other person: Client Contractor Parent Visitor Volunteer Other: _____

Other person's contact details if known: _____

Injury details:

* Injury/illness classification – select <u>one</u> of the following					
<input type="checkbox"/> Serious Injury - Fatality <input type="checkbox"/> Serious Injury – Non Fatality	<input type="checkbox"/> Work Caused Illness <input type="checkbox"/> Psychological Illness	<input type="checkbox"/> Bodily Injury <input type="checkbox"/> Minor Injury or Incident			
Use the reference lists below to complete the body location details and the Nature of Injury/Illness details					
*Bodily Location (reference list)			*Nature of Injury / Illness (reference list)		
<ul style="list-style-type: none"> • Face • Head • Eyes • Ears • Nose • Tooth/teeth • Neck • Arms • Elbows • Shoulders 	<ul style="list-style-type: none"> • Hands • Wrists • Back • Mouth • Chest • Fingers • Abdomen/Stomach • Hips • Legs • Groin Area 	<ul style="list-style-type: none"> • Knees • Foot/Feet • Toes • Ankles • Skin • Respiratory System • Internal Organs • Spine • Psychological Condition • Other e.g. fainting 	<ul style="list-style-type: none"> • Ache/Pain • Cut/Laceration • Amputation • Bite/Sting • Bruising/Crushing • Dislocation • Sprain/Strain • Burn/Scald • Fracture 	<ul style="list-style-type: none"> • Infection/Disease • Hearing Loss/Deafness • Psychological Stress • Allergy • Skin Irritation/Dermatitis • Heat/Cold Stress • Poisoning • Respiratory • Puncture / Needle stick 	<ul style="list-style-type: none"> • Weld Flash • Eye Disorder • Foreign Body • Head Injury • Internal Injury • Heart or Circulatory Condition • Other e.g. fainting

Injury 1.

Body Location: _____ Nature of Injury/Illness: _____

If more than one injury or body location, complete below:

Injury 2.

Body Location: _____ Nature of Injury/Illness: _____

Injury 3.

Body Location: _____ Nature of Injury/Illness: _____

* Cause of injury/illness – select <u>one</u> of the following		
<input type="checkbox"/> Slip, Trip or Fall <input type="checkbox"/> Contact with, or striking against object <input type="checkbox"/> Vibration <input type="checkbox"/> Struck by falling or moving object <input type="checkbox"/> Noise <input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Repetitive movement <input type="checkbox"/> Muscular effort - single event <input type="checkbox"/> Electricity <input type="checkbox"/> Thermal (heat/cold) <input type="checkbox"/> Radiation <input type="checkbox"/> Chemical or substance	<input type="checkbox"/> Animal or insect <input type="checkbox"/> Biological <input type="checkbox"/> Psychological <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: _____
* Contributing factor/agency – select <u>one</u> of the following		
<input type="checkbox"/> Machinery and fixed plant <input type="checkbox"/> Mobile plant/machinery <input type="checkbox"/> Vehicle (Government) <input type="checkbox"/> Vehicle (Private) <input type="checkbox"/> Powered equipment, tools and appliances <input type="checkbox"/> Non-powered tools <input type="checkbox"/> Non-powered equipment (eg: playground)	<input type="checkbox"/> Chemicals <input type="checkbox"/> Foreign Objects (eg: projectiles, splinters) <input type="checkbox"/> Outdoor environment <input type="checkbox"/> Indoor environment <input type="checkbox"/> Animals <input type="checkbox"/> Human agencies <input type="checkbox"/> Biological agent	<input type="checkbox"/> Needle stick <input type="checkbox"/> Fire/explosion <input type="checkbox"/> Electricity <input type="checkbox"/> Radiation/Arc Flash <input type="checkbox"/> Stress/Trauma <input type="checkbox"/> Temperature <input type="checkbox"/> Other : _____
* Activity – select <u>one</u> of the following		
<input type="checkbox"/> Admin general <input type="checkbox"/> Chemical use <input type="checkbox"/> Computer work <input type="checkbox"/> Curriculum prac <input type="checkbox"/> Curriculum theory <input type="checkbox"/> Playground duty <input type="checkbox"/> Equipment usage	<input type="checkbox"/> First aid <input type="checkbox"/> Lifting/Manual handling <input type="checkbox"/> Movement around the worksite <input type="checkbox"/> Grounds Care <input type="checkbox"/> Play (supervised/unsupervised) <input type="checkbox"/> Restraining a student	<input type="checkbox"/> Sport <input type="checkbox"/> Travel to/from workplace <input type="checkbox"/> Excursions/Field trip <input type="checkbox"/> Work General <input type="checkbox"/> Other: _____

*** Medical Response including First Aid Details**

Most serious response:

- Nil – returned to work/class
 First Aid

- Ambulance
 Doctor/Out Patient

- Hospitalisation
Name of hospital (if known):

Related Student First Aid:

For students that have been injured there may already be a first aid record for this incident in the MyHR Student First Aid Module. During data entry, this can be linked to this record.

Is there a Student First Aid Record: No Yes. Record number (if known)

First Aid Information:

Name of person who administered first aid:

Short description of First Aid Types (e.g. rest, ice, immobilised)

Detailed description of first aid or any other medical response if necessary.

ELECTRICAL DETAILS

*** Mandatory fields that must be completed.**

Voltage: High Low

*** Safety switch tripped?** Yes No Not installed

Equipment asset number: _____

Date of last test – safety switch:...../...../.....

Date of last test and tag – equipment:/...../.....

*** Source of electrical event:** (select one of the following statements)

- Serious incident resulting in shock or injury requiring medical treatment or death.
- Shock or injury involving high voltage electrical equipment.
- Electrical work performed by an unlicensed person.
- Work performed with faulty electrical equipment.

Comments:

SECURITY THREAT

* **Mandatory fields that must be completed.**

* **Type of security incident:** (select one or more of the following and provide details)

- | | | |
|--|---|---|
| <input type="checkbox"/> Bomb threat | <input type="checkbox"/> Aggressive act | <input type="checkbox"/> Terrorism |
| <input type="checkbox"/> Verbal threat | <input type="checkbox"/> Biological/chemical threat | <input type="checkbox"/> Intruder on premises |

* **Details of security incident:**

(**Note:** Please record at least one 'person threatened' or one 'aggressor' if applicable)

Name of person/s threatened:

Staff member: _____

Student: _____

Other person: _____

Address and contact details of other person (if known):

Employer of other person threatened (if known): _____

Name of aggressor/s:

Staff member: _____

Student: _____

Other person: _____

Address and contact details of other person (if known):

Employer of other person threatened (if known): _____

Immediate response: (select one or more of the following)

- | | | |
|---|--|---|
| <input type="checkbox"/> Contact emergency services | <input type="checkbox"/> Contact supervising officer | <input type="checkbox"/> Contact Counsellor (EAS)
<small>(Employee Assistance Service)</small> |
| <input type="checkbox"/> Contact next of kin | <input type="checkbox"/> Other: _____ | |

Resolution/Outcome

Reported to Police? YES NO

Police report number: _____

Police contact details: _____

Further details: _____

MOTOR VEHICLE

*** Mandatory fields that must be completed.**

This form can be used to record the details of incidents involving a motor vehicle, however if incident involves more than one vehicle, a separate page should be completed for each driver.

Staff driver name: _____

Student driver name: _____

(If the driver is other than a staff member or a student, fill in the details below, if known)

Other person driver: _____

Type of other person: Client Contractor Parent Volunteer Visitor Other _____

Other person's address: _____ State: _____ Post code: _____

Other person's phone number: _____ Other person's employer: _____

Select <u>one</u> or <u>more</u> to accurately describe the weather conditions at the time of incident		
<input type="checkbox"/> Clear	<input type="checkbox"/> Foggy	<input type="checkbox"/> Sunny
<input type="checkbox"/> Cloudy/Overcast	<input type="checkbox"/> Hot	<input type="checkbox"/> Wet
<input type="checkbox"/> Cold	<input type="checkbox"/> Humid	<input type="checkbox"/> Windy
<input type="checkbox"/> Dry	<input type="checkbox"/> Raining	<input type="checkbox"/> Icy
<input type="checkbox"/> Dusty	<input type="checkbox"/> Flooding	<input type="checkbox"/> Snowy

Time of the day (*select one*): Dawn Dusk Daylight Night

Road type (*select one*): Bend Intersection Parking Area School/Institute Grounds Straight

Road surface conditions (*select one*):

Sealed Unsealed – good Unsealed – muddy Unsealed – loose or potholed

VEHICLE DETAILS:

Vehicle type: _____

Vehicle make: _____

Vehicle model: _____

Vehicle year: _____

Registration plate number: _____

*** Government Vehicle?** YES NO

Driver licence number: _____

Number of hours worked prior to incident: _____

Number of passengers: _____

Police report number: _____

FIRE

* Description of fire:

Source of fuel – select one of the following		
<input type="checkbox"/> Flammable Gas - Acetylene <input type="checkbox"/> Flammable Gas - LPG <input type="checkbox"/> Flammable Gas - Nitrogen <input type="checkbox"/> Flammable Gas - Oxygen <input type="checkbox"/> Flammable Gas - Propane <input type="checkbox"/> Flammable Liquid – Aviation Fuel	<input type="checkbox"/> Flammable Liquid - Diesel <input type="checkbox"/> Flammable Liquid - Kerosene <input type="checkbox"/> Flammable Liquid - Paints <input type="checkbox"/> Flammable Liquid - Petrol <input type="checkbox"/> Flammable Liquid - Solvents <input type="checkbox"/> Flammable Material	<input type="checkbox"/> Paper <input type="checkbox"/> Plastic <input type="checkbox"/> Rubber <input type="checkbox"/> Vegetation <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____

Source of ignition – select one of the following		
<input type="checkbox"/> Auto-ignition <input type="checkbox"/> Cutting <input type="checkbox"/> Electrical <input type="checkbox"/> Exothermic Reaction	<input type="checkbox"/> Friction <input type="checkbox"/> Hot Surface <input type="checkbox"/> Lightning	<input type="checkbox"/> Static Electricity <input type="checkbox"/> Welding <input type="checkbox"/> Other: _____

Method of extinguishment – select one of the following		
<input type="checkbox"/> Extinguisher <input type="checkbox"/> Fire Blanket	<input type="checkbox"/> Fire Hose Reel <input type="checkbox"/> Hydrant	<input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Brigade

Was the Fire brigade called? YES NO

Comments:

ENVIRONMENTAL

* Impact initiating event – select <u>one</u> of the following		
<input type="checkbox"/> Fire <input type="checkbox"/> Maritime incident	<input type="checkbox"/> Land contamination <input type="checkbox"/> Spill and release	<input type="checkbox"/> Theft <input type="checkbox"/> Other: _____ _____

* Contaminant type – select <u>one or more</u> of the following		
<input type="checkbox"/> Dust and Particulates <input type="checkbox"/> Asbestos incident <input type="checkbox"/> Heat	<input type="checkbox"/> Light <input type="checkbox"/> Noise <input type="checkbox"/> Chemical	<input type="checkbox"/> Pesticides <input type="checkbox"/> Other: _____ _____

Volume released (number): _____ Unit (select either kg or litres): _____

Volume recovered (number): _____ Unit (select either kg or litres): _____

Comments:

NEAR MISS

* **Type of near miss** – (select one of the following)

Injury/Illness
 Electrical
 Other: _____

* **Details of near miss** (detail consequences that could have occurred):
