

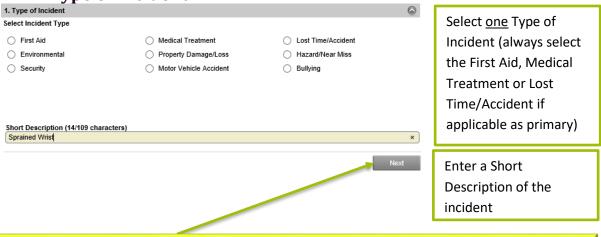
Rapid Incident – Quick Reference Guide for Submitting an Incident Report Online

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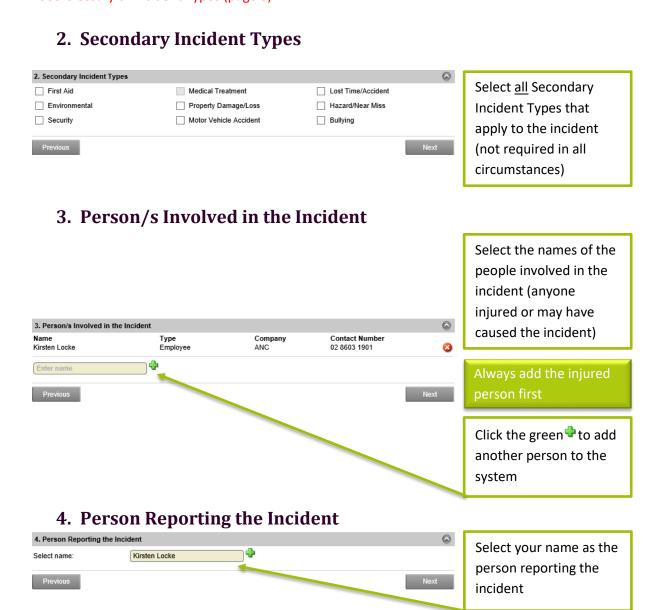


1. Type of Incident



Important – Always click Next after completing a section to save the information entered

*See Glossary of Incident Types (page 8)





5. Incident Reported To



Select the name of the person you verbally reported the incident to and select the time incident reported

6. Witness(es) to the Incident



Select the names of any witnesses to the incident

7. Location Details



Select the location the incident occurred in. As a location is selected, sub locations are displayed. **

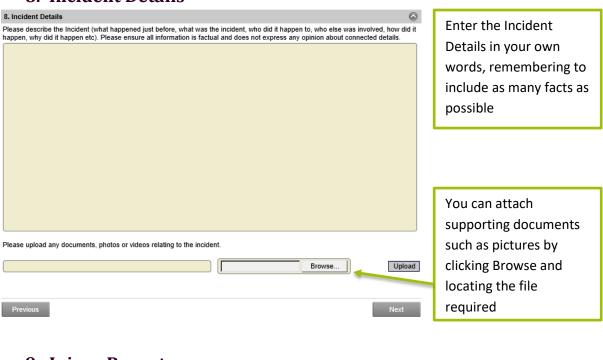
Select the date and time the incident occurred

** If the incident occurred while completing a job for a customer (but not at their premises), please select the customer from the Site options. If the customer does not show in the Site List, select Other Site/Customer and put details in the Exact location field.

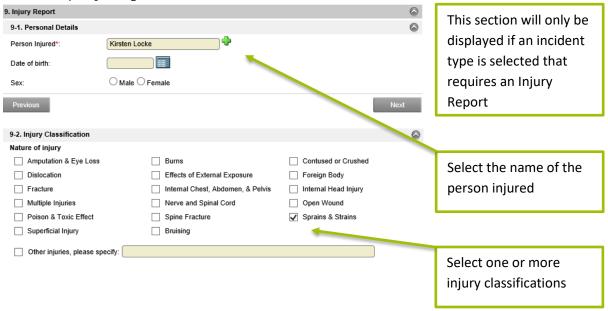
The Exact Location field can be used to record more detail about the location



8. Incident Details



9. Injury Report





| Bodily location of injury (part of body injur Eye Face Neck Wrist Trunk | ☐ Ear ☐ Head ☐ Shoulder & Arm ☐ Hand & Fingers ☐ Back | Clear | (S) | Select the body location(s) of injuries using the tick boxes |
|--|--|--|-------------------------------------|--|
| Hips & Legs (inlcluding knees) Feet & Toes Multiple Locations Other injuries, please specify: | Ankle Internal Organs | | | Show the exact location of the injuries using the body picture |
| Sprained right wrist | yaon | | | Add a description of the injuries |
| | | | | |
| Mechanism of injury (direct cause of injury Contact or exposure to biological factors Fall from height Hit by moving object Long term sound exposure Other muscle stress Repetitive movement with low muscle loading Slide or cave in Other or multiple mechanism: Previous 9-3. First Aid First aid given: Yes Other stress First aid given: | Contact with electricity Fall on same level Hitting object with body Mechanical vibration Pressure changes Sharp sudden sounds Vehicle accident | Exposure mental stress Heat & cold contact or Long term contact with substance Other contact with cher substance Radiation exposure Single contact with cher | exposure chemical or mical or | Select a mechanism of the injury (direct cause of the injury) If First Aid was given, select the name of the person who |
| First aid given by: Enler name Description | administered first aid | | | |
| Outcome: | | | | Add a description of the first aid given. |
| Return to Work Referred for Medical Was Medivac required? Yes 1 Medivac by? Ambulant | | raft | Next | Select the outcome after first aid treatment |



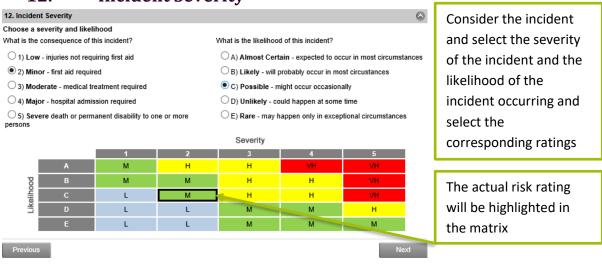
10. Alcohol or Drugs



11. Immediate Actions

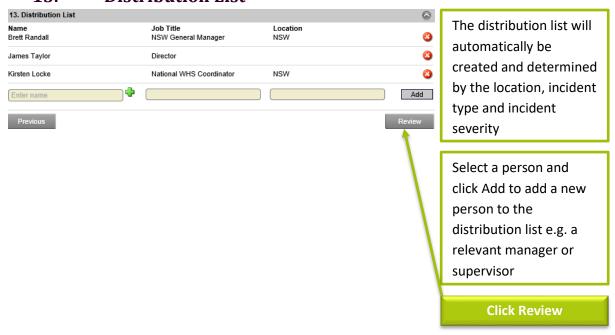


12. Incident Severity





13. Distribution List



The incident report form will be displayed for review. You can edit the report to make changes (and then review again) or submit the report. Submitting the report will send a notification email to everyone on the distribution list.



14. Glossary of Incident Types

- First Aid an injury that requires a single first aid treatment (for example, minor scratches, burns cuts etc) which do not require medical care
- Medical Treatment an injury or illness that resulted in a certain level of treatment (not First Aid) given by a physician or other medical personnel
- Lost Time/Accident a work related injury or illness that resulted in time lost from work of a least one day or shift.
- Environmental any incident that could cause harm to the environment (e.g. spills and leaks of dangerous goods)
- Property Damage/Loss Customers property was damaged or lost
- Near Miss Incident which had the potential to but did not result in any damage or injury
- Security Break in or theft
- Motor Vehicle Accident accident involving vehicles
- Bullying repeated, unreasonable behaviour directed toward a worker or group of workers that creates a risk to health and safety
- Non-Conformance any deviation from policies, procedures, legislation etc. that could either directly or indirectly lead to injury or illness, property damage, damage to the workplace environment, or a combination of these.
- Hazard an object or situation that has the potential to harm a person, the environment or cause damage to property
- Disaster Recovery An unplanned incident that impacts the organisation to continue to operate business critical functions.
- Vehicle Fault A fault with a vehicle that could or has impacted safety
- Fatigue Inadequate sleep and rest breaks
- Load Restraint An incident that involves the load on a vehicle
- Violence & Aggression Verbal and emotional abuse or threats, physical attack to an individual or to property by another individual or group.

It is not possible to list every possible incident type. Use your professional judgement to choose the incident type and if you are unsure, consult your state safety representative.