

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

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1. Type of Incident

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Select Incident Type

☐ First Aid ☐ Medical Treatment ☐ Lost Time/Accident
☐ Environmental ☐ Property Damage/Loss ☐ Hazard/Near Miss
☐ Security ☐ Motor Vehicle Accident ☐ Bullying

Short Description (14/109 characters)

Sprained Wrist

Next

Select one Type of Incident (always select the First Aid, Medical Treatment or Lost Time/Accident if applicable as primary)

Enter a Short Description of the incident

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

*See Glossary of Incident Types (page 8)

2. Secondary Incident Types

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☐ First Aid ☐ Medical Treatment ☐ Lost Time/Accident
☐ Environmental ☐ Property Damage/Loss ☐ Hazard/Near Miss
☐ Security ☐ Motor Vehicle Accident ☐ Bullying

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Select all Secondary Incident Types that apply to the incident (not required in all circumstances)

3. Person/s Involved in the Incident

3. Person/s Involved in the Incident


Name	Type	Company	Contact Number
Kirsten Locke	Employee	ANC	02 8603 1901

Enter name

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Select the names of the people involved in the incident (anyone injured or may have caused the incident)

Always add the injured person first

Click the green  to add another person to the system

4. Person Reporting the Incident

4. Person Reporting the Incident

Select name: Kirsten Locke


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Select your name as the person reporting the incident

5. Incident Reported To

5. Incident Reported To

Name
Darryl Goodwin

Enter name 

When was the incident reported?
24-11-2015 11:00

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

6. Witness(es) to the Incident

6. Witness(es) to the Incident

Enter name 

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Select the names of any witnesses to the incident

7. Location Details

7. Location Details

State: NSW
Site: Bunnings
Store Type: Retail

Incident Date/Time: 24-11-2015 11:00

Exact location: 1 Main Street, Blacktown

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

Select the date and time the incident occurred

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

** 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.

8. Incident Details

8. Incident Details

Please describe the Incident (what happened just before, what was the incident, who did it happen to, who else was involved, how did it happen, why did it happen etc). Please ensure all information is factual and does not express any opinion about connected details.

Please upload any documents, photos or videos relating to the incident.

Browse...


Enter the Incident Details in your own words, remembering to include as many facts as possible


You can attach supporting documents such as pictures by clicking Browse and locating the file required

9. Injury Report

9. Injury Report

9-1. Personal Details

Person Injured*: 

Date of birth: 

Sex: ☐ Male ☐ Female

9-2. Injury Classification

Nature of injury

<input type="checkbox"/> Amputation & Eye Loss	<input type="checkbox"/> Burns	<input type="checkbox"/> Contused or Crushed
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Effects of External Exposure	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Fracture	<input type="checkbox"/> Internal Chest, Abdomen, & Pelvis	<input type="checkbox"/> Internal Head Injury
<input type="checkbox"/> Multiple Injuries	<input type="checkbox"/> Nerve and Spinal Cord	<input type="checkbox"/> Open Wound
<input type="checkbox"/> Poison & Toxic Effect	<input type="checkbox"/> Spine Fracture	<input checked="" type="checkbox"/> Sprains & Strains
<input type="checkbox"/> Superficial Injury	<input type="checkbox"/> Bruising	

☐ Other injuries, please specify:

This section will only be displayed if an incident type is selected that requires an Injury Report

Select the name of the person injured

Select one or more injury classifications

Bodily location of injury (part of body injured)

- | | |
|---|--|
| <input type="checkbox"/> Eye | <input type="checkbox"/> Ear |
| <input type="checkbox"/> Face | <input type="checkbox"/> Head |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder & Arm |
| <input checked="" type="checkbox"/> Wrist | <input type="checkbox"/> Hand & Fingers |
| <input type="checkbox"/> Trunk | <input type="checkbox"/> Back |
| <input type="checkbox"/> Hips & Legs (including knees) | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Feet & Toes | <input type="checkbox"/> Internal Organs |
| <input type="checkbox"/> Multiple Locations | |
| <input type="checkbox"/> Other injuries, please specify: <input type="text"/> | |

[Clear](#)

Select the body location(s) of injuries using the tick boxes

Show the exact location of the injuries using the body picture

Add a description of the injuries

Injury Description

Sprained right wrist



Mechanism of injury (direct cause of injury)

- | | | |
|--|--|---|
| <input type="checkbox"/> Contact or exposure to biological factors | <input type="checkbox"/> Contact with electricity | <input type="checkbox"/> Exposure mental stress |
| <input type="checkbox"/> Fall from height | <input checked="" type="checkbox"/> Fall on same level | <input type="checkbox"/> Heat & cold contact or exposure |
| <input type="checkbox"/> Hit by moving object | <input type="checkbox"/> Hitting object with body | <input type="checkbox"/> Long term contact with chemical or substance |
| <input type="checkbox"/> Long term sound exposure | <input type="checkbox"/> Mechanical vibration | <input type="checkbox"/> Other contact with chemical or substance |
| <input type="checkbox"/> Other muscle stress | <input type="checkbox"/> Pressure changes | <input type="checkbox"/> Radiation exposure |
| <input type="checkbox"/> Repetitive movement with low muscle loading | <input type="checkbox"/> Sharp sudden sounds | <input type="checkbox"/> Single contact with chemical |
| <input type="checkbox"/> Slide or cave in | <input type="checkbox"/> Vehicle accident | |
| <input type="checkbox"/> Other or multiple mechanism: <input type="text"/> | | |

Select a mechanism of the injury (direct cause of the injury)

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9-3. First Aid

First aid given: ☒ Yes ☐ No

First aid given by:

Description

Outcome:

☐ Return to Work ☐ Referred for Medical Treatment ☐ Not Applicable

Was Medivac required? ☒ Yes ☐ No

Medivac by? ☐ Ambulance ☐ Boat ☐ Helicopter ☐ Aircraft

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If First Aid was given, select the name of the person who administered first aid

Add a description of the first aid given.

Select the outcome after first aid treatment

10. Alcohol or Drugs

10. Alcohol or Drugs

Was testing undertaken? ☐ No ☒ Yes

Type of test(s)

Drug ☒

Alcohol ☒

Drug Test Result

☐ Non-negative

☐ Negative

☐ Unknown at notification

☐ Refusal

Alcohol Test Result

☐ Non-negative

☐ Negative

☐ Unknown at notification

☐ Refusal

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Select the appropriate responses

11. Immediate Actions

11. Immediate Corrective Actions

Enter details of corrective action

Assigned to Due Date Status

Open Save

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Describe any actions taken straight after the incident to make the situation safe

12. Incident Severity

12. Incident Severity

Choose a severity and likelihood

What is the consequence of this incident?

☐ 1) Low - injuries not requiring first aid

☒ 2) Minor - first aid required

☐ 3) Moderate - medical treatment required

☐ 4) Major - hospital admission required

☐ 5) Severe death or permanent disability to one or more persons

What is the likelihood of this incident?

☐ A) Almost Certain - expected to occur in most circumstances

☐ B) Likely - will probably occur in most circumstances

☒ C) Possible - might occur occasionally

☐ D) Unlikely - could happen at some time

☐ E) Rare - may happen only in exceptional circumstances

		Severity				
		1	2	3	4	5
Likelihood	A	M	H	H	VH	VH
	B	M	M	H	H	VH
	C	L	M	H	H	VH
	D	L	L	M	M	H
	E	L	L	M	M	M

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Consider the incident and select the severity of the incident and the likelihood of the incident occurring and select the corresponding ratings

The actual risk rating will be highlighted in the matrix

13. Distribution List

13. Distribution List

Name	Job Title	Location
Brett Randall	NSW General Manager	NSW
James Taylor	Director	
Kirsten Locke	National WHS Coordinator	NSW

The distribution list will automatically be created and determined by the location, incident type and incident severity

Select a person and click Add to add a new person to the distribution list e.g. a relevant manager or supervisor

Click Review

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.