

**REPORTING DETAILS**

\* Denotes mandatory fields that must be completed.

\*Date reported: \_\_\_\_\_ Time incident was reported (24hr eg: HH:MM): \_\_\_\_\_

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

Staff member \_\_\_\_\_

Student: \_\_\_\_\_

Other person: \_\_\_\_\_

Type of other person:  Client  Contractor  Parent  Visitor  Volunteer  Other: \_\_\_\_\_

Other person's address (if known): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Other person's contact number: (M) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Other person's employer: \_\_\_\_\_

Reported to: \_\_\_\_\_

**INCIDENT DETAILS**

\*Incident date: \_\_\_\_\_ Time incident occurred: (24 hour HH:MM) \_\_\_\_\_

If the incident occurred at a departmental location, enter this location as the departmental incident location below.

If the incident occurred at a non-departmental location enter your base location and complete the non-departmental incident location field.

\*Departmental incident location or base location: \_\_\_\_\_

Non-departmental incident location: \_\_\_\_\_

\*Actual incident address (1): \_\_\_\_\_  
(Actual address of DETE or non-DETE incident location)

Actual incident address (2): \_\_\_\_\_

\*Suburb: \_\_\_\_\_ \*State: \_\_\_\_\_ Post code: \_\_\_\_\_

\*Summary/description of incident: \_\_\_\_\_

\* Immediate Action Taken: (eg: Parents Contacted, First Aid Administered, Ambulance Called, Doctor/Out Patients or Hospitalisation, Workplace Health and Safety Queensland Notified)

Was a hazard identified as a result of the incident?  Yes (detail below)  No  
 Hazards can be entered into MyHR WHS Solution via "enter new hazard" on the MyHR WHS Home Page

Hazard Details: \_\_\_\_\_

\*Supervising officer: \_\_\_\_\_  
(NOTE: The Supervising officer is a DETE employee who should review the details of this incident eg: HOD, Principal, Deputy Principal, Team Leader or Director)  
 In the MyHR WH&S Solution, the supervising officer can review the incident details)

Elected Health & Safety Representative (if applicable): \_\_\_\_\_

## EVACUATION DETAILS

Did an evacuation occur?  Yes  No

Did a lockdown occur?  Yes  No

Location/s involved:

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## INCIDENT TYPES

**INSTRUCTIONS:** Select one or more Incident types – however if incident is considered a 'Near Miss' no other selection can be made.

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

If 'Property/Plant/Equipment' **or** 'Fire' **or** 'Environmental' **or** 'Electrical' 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.

Did this incident occur during a journey to or from work or during an ordinary recess break at work?  **YES**  **NO**

## INJURY / ILLNESS DETAILS

**\* Denotes Mandatory Fields that must be completed.**

**Provide a detailed description of the injury/illness** (eg: sprained right ankle, deep cut to left knee)

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**\*Injured person's details:** (Select one tick box only per injury record. If more than one person was injured in the same incident, please complete a separate injury/illness sub-form for each person).

Staff member

Student

Other person eg: *volunteer*

Given name:

Surname:

Base location:

DETE staff role at time of injury/illness:

### For "Other" only

Other person's address:

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Other person's suburb: \_\_\_\_\_ Post code: \_\_\_\_\_ Other person's phone number: \_\_\_\_\_

Type of other person (*select one*):  Client  Contractor  Parent  Visitor  Volunteer  TAFE volunteer tutor

Other: \_\_\_\_\_

**\* Injury/Illness classification – select one of the following**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Serious Injury - Fatality<br><br><input type="checkbox"/> Serious Injury – Non Fatality | <input type="checkbox"/> Work Caused Illness<br><br><input type="checkbox"/> Psychological Illness | <input type="checkbox"/> Bodily Injury<br><input type="checkbox"/> WorkCover Journey/Recess Claim<br><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**

<b>*Bodily Location (reference list)</b>			<b>*Nature of Injury / Illness (reference list)</b>		
<ul style="list-style-type: none"> <li>• Face</li> <li>• Head</li> <li>• Eyes</li> <li>• Ears</li> <li>• Nose</li> <li>• Tooth/teeth</li> <li>• Neck</li> <li>• Arms</li> <li>• Elbows</li> <li>• Shoulders</li> </ul>	<ul style="list-style-type: none"> <li>• Hands</li> <li>• Wrists</li> <li>• Back</li> <li>• Mouth</li> <li>• Chest</li> <li>• Fingers</li> <li>• Abdomen/Stomach</li> <li>• Hips</li> <li>• Legs</li> <li>• Groin Area</li> </ul>	<ul style="list-style-type: none"> <li>• Knees</li> <li>• Foot/Feet</li> <li>• Toes</li> <li>• Ankles</li> <li>• Skin</li> <li>• Respiratory System</li> <li>• Internal Organs</li> <li>• Spine</li> <li>• Psychological Condition</li> <li>• Other <i>e.g. fainting</i></li> </ul>	<ul style="list-style-type: none"> <li>• Ache/Pain</li> <li>• Cut/Laceration</li> <li>• Amputation</li> <li>• Bite/Sting</li> <li>• Bruising/Crushing</li> <li>• Dislocation</li> <li>• Sprain/Strain</li> <li>• Burn/Scald</li> <li>• Fracture</li> </ul>	<ul style="list-style-type: none"> <li>• Infection/Disease</li> <li>• Hearing Loss/Deafness</li> <li>• Psychological Stress</li> <li>• Allergy</li> <li>• Skin Irritation/Dermatitis</li> <li>• Heat/Cold Stress</li> <li>• Poisoning</li> <li>• Respiratory</li> <li>• Puncture / Needlestick</li> </ul>	<ul style="list-style-type: none"> <li>• Weld Flash</li> <li>• Eye Disorder</li> <li>• Foreign Body</li> <li>• Head Injury</li> <li>• Internal Injury</li> <li>• Heart or Circulatory Condition</li> <li>• Other <i>e.g. fainting</i></li> </ul>

**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: \_\_\_\_\_

Injury 4.  
 Body Location: \_\_\_\_\_ Nature of Injury/Illness: \_\_\_\_\_

Injury 5.  
 Body Location: \_\_\_\_\_ Nature of Injury/Illness: \_\_\_\_\_

**\* Cause of injury/illness – select one of the following**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Slip, Trip or Fall<br><input type="checkbox"/> Contact with, or striking against object<br><input type="checkbox"/> Vibration<br><input type="checkbox"/> Struck by falling or moving object<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Explosion or implosion (pressure variation) | <input type="checkbox"/> Repetitive movement<br><input type="checkbox"/> Muscular effort - single event<br><input type="checkbox"/> Electricity<br><input type="checkbox"/> Thermal (heat/cold)<br><input type="checkbox"/> Radiation<br><input type="checkbox"/> Chemical or substance | <input type="checkbox"/> Animal or insect<br><input type="checkbox"/> Biological<br><input type="checkbox"/> Psychological<br><input type="checkbox"/> Vehicle<br><input type="checkbox"/> Other: _____ |
|---|---|---|

**\* Contributing factor/agency – select one of the following**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Machinery and fixed plant<br><input type="checkbox"/> Mobile plant/machinery<br><input type="checkbox"/> Vehicle (Government)<br><input type="checkbox"/> Vehicle (Private)<br><input type="checkbox"/> Powered equipment, tools and appliances<br><input type="checkbox"/> Non-powered tools<br><input type="checkbox"/> Non-powered equipment (eg: playground) | <input type="checkbox"/> Chemicals<br><input type="checkbox"/> Foreign Objects (eg: projectiles, splinters)<br><input type="checkbox"/> Outdoor environment<br><input type="checkbox"/> Indoor environment<br><input type="checkbox"/> Animals<br><input type="checkbox"/> Human agencies<br><input type="checkbox"/> Biological agent | <input type="checkbox"/> Needlestick<br><input type="checkbox"/> Fire/explosion<br><input type="checkbox"/> Electricity<br><input type="checkbox"/> Radiation/Arc Flash<br><input type="checkbox"/> Stress/Trauma<br><input type="checkbox"/> Temperature<br><input type="checkbox"/> Other : _____ |
|---|--|---|

**\* Activity – select one of the following**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Admin general<br><input type="checkbox"/> Chemical use<br><input type="checkbox"/> Computer work<br><input type="checkbox"/> Curriculum prac<br><input type="checkbox"/> Curriculum theory<br><input type="checkbox"/> Playground duty<br><input type="checkbox"/> Equipment usage | <input type="checkbox"/> First aid<br><input type="checkbox"/> Lifting/Manual handling<br><input type="checkbox"/> Movement around the worksite<br><input type="checkbox"/> Grounds Care<br><input type="checkbox"/> Play (supervised/unsupervised)<br><input type="checkbox"/> Restraining a student | <input type="checkbox"/> Sport<br><input type="checkbox"/> Travel to/from workplace<br><input type="checkbox"/> Excursions/Field trip<br><input type="checkbox"/> Work General<br><input type="checkbox"/> Other: _____ |
|---|---|---|

**\* Initial response – select one of the following**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Nil – returned to work/class<br><input type="checkbox"/> First Aid | <input type="checkbox"/> Ambulance<br><input type="checkbox"/> Doctor/Out Patient | <input type="checkbox"/> Hospitalisation<br>Name of hospital (if known): _____ |
|---|---|--|

If First Aid was provided, please detail below what assistance was provided and by whom:

Does the injured or ill person want to lodge a WorkCover claim for this incident?  YES  NO

**WORKCOVER** - Workers compensation claim forms are available from – [www.workcoverqld.com.au](http://www.workcoverqld.com.au)  
 - Please advise your supervisor if a Workers Compensation claim has been lodged.

**NOTE:** If more than one person (staff, student or other person) was injured in this incident please complete a separate Injury/illness sub-form for each injured person. *Need Help?* Contact the MyHR Help Desk – 3404 8258