

Guide for completing the OFSC Incident Report

OFSC incident reporting requires companies to provide unit data records for each incident that occurs on site.

Where the accredited contractor is the head contractor on building or civil construction sites, an Incident Report should be submitted for:

- All fatalities irrespective of the project value (notify immediately to 1800 652 500 and provide the report within 48 hours)
- Notifiable incidents or LTIs on both Scheme and non-Scheme projects where the project value is \$3 million or more (provide the report within 48 hours for notifiable incidents and 3 weeks for LTIs)
- Any incident resulting in an MTI or dangerous occurrence on a Scheme project (provide the report within 3 weeks)

Below is detailed guidance on how to complete your Incident Report form

Part A – Project details

Identifies the project and a contact should the OFSC require any clarification on the information provided in the form.

A1 Accredited contractor

Provide the name of the accredited contractor who is the head contractor for the project where the incident occurred.

A2 Accreditation number

Provide the accreditation number the OFSC has allocated to the accredited contractor. This is used to validate question A1. If you are unsure of your accreditation number please contact the OFSC.

A3 Contact person

The name of the person to contact if the OFSC requires any clarification on the information provided in the form.

A4 Position

The nominated contact person's job title. Please also specify the company name if different to the accredited contractor name.

A5 Telephone

Provide the most convenient and available contact number for the nominated contact person.

A6 Email

Provide the email address for the nominated contact person.

A7 Construction type

Select the type of construction for the project. Only one type should be selected, so where a project involves more than one type, please select the type for the largest portion of the project that is managed by the accredited company.

A8

Project name

Provide the full name of the project. For Scheme projects this should match the name that was provided on the Contract Declaration previously submitted to the OFSC.

Contract number

Provide the contract number that has been allocated to the project by the OFSC if the project is a Scheme project. If you do not have the contract number, contact the OFSC on 1800 652 500 for further information. For non-Scheme projects please leave blank.

A9 Project Value

Select the project value range which reflects the value of building and civil construction work on this project.

Part B - Incident details

B1 Date of incident

The date that the incident occurred.

B2 Time of incident

The time of the incident in 24 hour time.

B3 Project site location / address where incident occurred

Provide the location or street address of the project.

B4 Incident type

Select the incident type from the 4 below:

Dangerous occurrence - An incident where no person is injured, but could have been injured, resulting in Serious Personal Injury, Incapacity or Death. Also commonly called a "near miss".

MTI (Medically treated injury) - A work related occurrence that results in treatment by, or under the order of, a qualified medical practitioner, or any injury that could be considered as being one that would normally be treated by a medical practitioner. A qualified medical practitioner is defined as a person with a medical degree. The following would normally be considered medical treatment:

- Treatment of partial or full thickness burns
- Insertion of sutures
- Removal of foreign bodies embedded in eye
- Removal of foreign bodies from a wound if the procedure is complicated by the depth of embedment, size or location
- Surgical debridement
- Admission to a hospital or equivalent for treatment or observation
- Application of antiseptics during second or subsequent visits to medical personnel
- Any work injury that results in a loss of consciousness
- Treatment of infection
- Use of prescription medications (except a single dose administered on the first visit for minor injury or discomfort)

The following on their own would not normally be considered medical treatment:

- Administration of tetanus shot/s or booster/s
- Diagnostic procedures such as X-rays or laboratory analysis, unless they lead to further treatment

LTI Lost time injury - A work related occurrence that results in a fatality, permanent disability or time lost from work of one day/shift or more. Permanent disability is as defined in the legislation of the jurisdiction in which the project is being undertaken.

Fatality - A work related occurrence that results directly or indirectly in the death of a person (including deaths due to natural causes which occur on the project site).

B5 Is this a notifiable incident?

A notifiable incident is one resulting in an injury, or a near miss event, that is required to be notified under the OHS legislation covering notifiable incidents in the jurisdiction in which the project is being undertaken. All notifiable incidents as defined in the legislation of the jurisdiction in which the project is being undertaken are required to be notified to the OFSC.

B6 Break down agency of incident

The *breakdown agency of incident* is intended to identify the object, substance or circumstance that was principally involved in, or most closely associated with, the point at which things started to go wrong and which ultimately led to the most serious injury or disease.

1. Machinery and fixed plant includes:

Cutting, slicing, sawing machinery
Crushing, pressing, rolling machinery
Heating, cooking, baking equipment
Cooling, refrigeration plant and equipment
Conveyors and lifting plant
Electrical installation
Radiation-based equipment
Filling and bottling/packaging plant
Other plant and machinery

2. Mobile plants and transport includes:

Self-propelled plant
Semi-portable plant
Other mobile plant
Road transport
Rail transport
Air transport
Water transport
Other transport

3. Powered equipment, tools and appliances includes:

Workshop and worksite tools and equipment
Kitchen and domestic equipment
Office and electronic equipment
Garden and outdoor powered equipment
Pressure-based equipment not covered elsewhere
Other powered equipment, tools and appliances

4. Non-powered hand tools, appliances and equipment includes:

Hand tools, non-powered, edged
Other hand tools
Fastening, packing and packaging equipment
Furniture and fittings
Other utensils
Ladders, mobile ramps and stairways, and scaffolding
Other non-powered equipment

5. Chemicals and chemical products includes:

Nominated chemicals
Other basic chemicals
Chemical products

6. Material and substances includes:

Non-metallic minerals and substances
Other materials, objects or substances

7. Environmental agencies includes:

Outdoor, indoor and underground environments

8. Animal, human and biological agencies includes:

Live four-legged animals
Other live animals
Non-living animals
Human agencies
Biological agencies

9. Other and unspecified agencies includes:

Non-physical and other and unspecified agencies

(These categories are based on the break down agency of incident classifications listed in the Type of Occurrence Classification System, Version 3.1 (TOOCS3.1). See this document at www.worksafeaustralia.gov.au for more detailed information)

B7 High risk construction category

Select from the list of 19 high risk construction categories the one, if any, that relates the incident.

The high risk construction categories are:

1. Where there is a risk of a person falling two metres or more
2. On telecommunications towers
3. Involving demolition
4. Involving the disturbance or removal of asbestos
5. Involving structural alterations that require temporary support to prevent collapse
6. Involving a confined space
7. Involving excavation to a depth greater than 1.5 metres
8. The construction of tunnels
9. Involving the use of explosives
10. On or near pressurised gas distribution mains and consumer piping
11. On or near chemical, fuel or refrigerant lines
12. On or near energised electrical installations and services
13. In an area that may have a contaminated or flammable atmosphere
14. Tilt-up and precast concrete construction work
15. On or adjacent to roadways or railways used by road or rail traffic
16. Involving powered mobile plant
17. In an area where there are artificial extremes of temperature

18. In, over or adjacent to water or other liquids where there is a risk of drowning
19. Involving diving

Part C – Injury details

A separate copy of this section should be completed for each worker who was injured as a result of the incident.

C1 Injured worker's gender

Indicate if the injured worker is male or female.

C2 Injured worker's age

Provide the injured workers age, in years.

C3 Who is the employer of the injured person?

Select one option from the three listed (accredited contractor, subcontractor or other). If the injured person is neither employed by the accredited contractor or a subcontractor, please select the "other" option. An example of a person who may fit this category is an OFSC or Workcover auditor or other visitor to the site.

C4 Subcontractor name or description for other (relates to C3)

If subcontractor or other was selected for the previous question (C3), please provide the name of the subcontracting company or the nature of the person's reason for being on site.

C5 Worker's occupation

Select one option only from the list which most accurately defines the injured worker's occupation.

C6 Nature of injury

Select from the list the category which best identifies the most serious injury (or disease) that was experienced by the injured worker as a result of the incident.

Below are the kinds of injuries captured by each of the *nature of injury* categories:

A. Intracranial injuries

Brain injury

Other intracranial injury, not elsewhere classified or unspecified

B. Fractures

Fractured skull and facial bones

Fracture of vertebral column without mention of spinal cord lesion

Other fractures, not elsewhere classified or unspecified

C. Wounds, lacerations, amputations and internal organ damage

Internal injury of chest, abdomen and pelvis

Traumatic amputation

Injury to major blood vessel

Laceration or open wound not involving traumatic amputation

Medical sharp/needle-stick puncture

Superficial injury

Contusion, bruising and superficial crushing

D. Burns

Electrical burn

Chemical burn

Cold burn

Hot burn

Friction burn

Combination burn or burn not elsewhere classified or unspecified

E. Injury to nerves and spinal cord

Quadriplegia involving spinal cord injury

Paraplegia involving spinal cord injury

Injuries to nerves and spinal cord, not elsewhere classified or unspecified

F. Traumatic joint / ligament and muscle / tendon injury

Trauma to joints and ligaments

Trauma to muscles and tendons

Residual soft tissue disorders due to trauma or unknown mechanisms

G. Other injuries

Foreign body on external eye, in ear or nose or in respiratory, digestive or reproductive tract

Poisoning and toxic effects of substances

Audio shock, audio shriek

Electrocution, shock from electric current

Traumatic deafness from air pressure or explosion
Heat stress/heat stroke

Hypothermia and effects of reduced temperature

Effects of weather, exposure, air pressure and other external causes, not elsewhere classified

Multiple injuries

Other specified injuries, not elsewhere classified or unspecified

H. Diseases and conditions

Musculoskeletal and connective tissue diseases
Mental diseases
Digestive system diseases
Skin and subcutaneous tissue diseases
Nervous system and sense organ diseases

Respiratory system diseases
Circulatory system diseases
Infectious and parasitic diseases
Neoplasms (Cancer)
Other diseases
Other claims

(These categories are based on the nature of injury classifications listed in the Type of Occurrence Classification System, Version 3.1 (TOOCS3.1). See this document at www.worksafeaustralia.gov.au for more detailed information)

C7 Location of injury

Select from the list the *location of injury which* identifies the part of the body affected by the most serious injury. The parts of the body covered by each of the groups are listed below.

1. Head

Cranium
Eye
Ear
Mouth
Nose
Face - not elsewhere classified
Head - multiple or unspecified locations

2. Neck

Neck

3. Trunk

Back - upper or lower
Chest (thorax)
Abdomen and pelvic region
Trunk - multiple locations/unspecified locations

4. Upper limbs

Shoulder
Upper arm
Elbow
Forearm
Wrist
Hand, fingers and thumb
Upper limb - multiple or unspecified locations

5. Lower limbs

Hip
Upper leg
Knee
Lower leg
Ankle
Foot and toes
Lower limb - multiple or unspecified locations

6. Multiple locations

Neck and trunk
Head and neck
Head and other
Trunk and limbs
Upper and lower limbs
Neck and shoulder
Other specified multiple locations
Unspecified multiple locations

7. Systemic location

Circulatory system
Respiratory system
Digestive system
Genitourinary system
Nervous system
Other and multiple systemic conditions
Unspecified systemic conditions

8. Non physical locations

Psychological system

9. Unspecified locations

Unspecified locations

C8 Mechanism of injury

The mechanism of injury is the action, exposure or event which was the direct cause of the injury (i.e. 'how' the person was hurt).

The mechanism is required in order to complete the variable "Number of LTIs by mechanism of injury reported by all contractors in the course of the project". The following list of standard categories is to be used when completing this item. Entry is only required at group level but sub-groups are provided to assist with selection of the appropriate group:

Group 0 -FALLS, TRIPS AND SLIPS OF A PERSON

- 01 Falls from a height
- 02 Falls on the same level
- 03 Stepping, kneeling or sitting on objects

Group 1-HITTING OBJECTS WITH A PART OF THE BODY

- 11 Hitting stationary objects
- 12 Hitting moving objects
- 13 Rubbing and chafing

Group 2-BEING HIT BY MOVING OBJECTS

- 21 Being hit by falling objects
- 22 Being bitten by an animal
- 23 Being hit by an animal
- 24 Being hit by a person accidentally
- 25 Being trapped by moving machinery or equipment
- 26 Being trapped between stationary and moving objects
- 27 Exposure to mechanical vibration
- 28 Being hit by moving objects
- 29 Being assaulted by a person or persons

Group 3-SOUND AND PRESSURE

- 31 Exposure to single, sudden sound
- 32 Long-term exposure to sounds
- 38 Explosion
- 39 Other variations in pressure

Group 4-BODY STRESSING

- 41 Muscular stress while lifting, carrying, or putting down objects
- 42 Muscular stress while handling objects other than lifting, carrying or putting down
- 43 Muscular stress with no objects being handled
- 44 Repetitive movement, low muscle loading

Group 5-HEAT, ELECTRICITY AND OTHER ENVIRONMENTAL FACTORS

- 51 Contact with hot objects
- 52 Contact with cold objects
- 53 Exposure to environmental heat
- 54 Exposure to environmental cold

- 55 Exposure to non-ionising radiation
- 56 Exposure to ionising radiation
- 57 Contact with electricity
- 58 Drowning/immersion
- 59 Exposure to other environmental factors

Group 6-CHEMICALS AND OTHER SUBSTANCES

- 61 Single contact with chemical or substance
- 62 Long term contact with chemicals or substances
- 63 Insect and spider bites and stings
- 64 Contact with poisonous parts of plant or marine life
- 69 Other and unspecified contact with chemical or substance

Group 7-BIOLOGICAL FACTORS

- 71 Contact with, or exposure to, biological factors of non-human origin
- 72 Contact with, or exposure to, biological factors of human origin
- 79 Contracts with, or exposure to, biological factors of unknown origin.

Group 8-MENTAL STRESS

- 81 Exposure to a traumatic event
- 82 Exposure to workplace or occupational violence
- 84 Work pressure
- 85 Suicide or attempted suicide
- 86 Other mental stress factors
- 87 Work related harassment and/or workplace bullying
- 88 Other harassment

Group 9-VECHICLE INCIDENTS AND OTHER

- 91 Slide or cave-in
- 92 Vehicle incident
- 93 Rollover
- 98 Other and multiple mechanisms of incident
- 99 Unspecified mechanisms of incident

These categories are based on the 10 major mechanism of incident classification groups listed in the Type of Occurrence Classification System, Version 3.1 (TOOCS3.1).

C9 Working days / shifts expected /actually lost

Indicate the number of working days or shifts that were lost for the injured worker as a result of the incident. If the number of working days/shifts lost is not available at the time the report is required to be submitted (because it is continuing), provide an indication of the working days/shifts that are expected to be lost.

C10 Working days / shifts where a significant change to normal duties is made / expected

Indicate the period (from days to months) that the injured worker is or is expected to, at the time the report is due for submission, have a significant change to their normal duties upon return to work. This includes where the injured worker has a gradual return to their normal duties or returns to work to perform a different role, for example administration duties or less involved labour where the usual duties involve intensive labour or operation of mobile plant. This may also include workers sent to unscheduled training due to their incapacity to perform normal duties.

Part D – Descriptive incident details

D1 Description of the incident

Provide a detailed description of the incident including what instigated it, the people, machinery and equipment that was involved and any injuries that were sustained as a result.

D2 Have you conducted any incident investigation regarding this incident?

The report asks for you to select yes or no and provide the requested additional information corresponding to your response. If the information such as an investigation report, is not available at the time the report is due to be submitted, please make a note of this in this section of the report and indicate when it is anticipated that the information will be available.

D3 Details

If you answered no to D2 please provide a response outlining the actions that have been taken to reduce the risk of a similar future occurrence.

An example of a response to this question is *“An incident investigation was conducted, including a JSA and SWMS review. Toolbox meetings were conducted reinforcing SWMS and OHS procedures”*.

Part E – Details of person completing this form

This information is used to indentify the source and validity of the form.

E1 Name

Provide the name of the person completing the incident report form.

E2 Signature

The signature of the person completing the incident report form.

E3 Position

The job position title of the person completing the incident report form.

E4 Date

The date that the incident report form was completed.

E5 Additional comments

Any additional comments relating to the incident or the report being submitted.

Please email, fax or post your completed form to:

Email: OFSCreporting@deewr.gov.au

Fax: 02 6276 7133

Mail: Office of the Federal Safety Commissioner
Loc Code C64NB2
GPO Box 9880
Canberra ACT 2601