

OFSC Incident Report

This report should be completed for the following incident types where they occur on building or civil construction sites and the accredited contractor is the head contractor (all subcontractor incidents should be included);

- All fatalities irrespective of the project value (notify immediately to 1800 652 500 and provide report within 48 hours);
- Notifiable incidents where the project value is \$3 million or more (provide report within 48 hours);
- Any incident resulting in a LTI (even if alternate duties are found) where the project value is \$3 million or more (provide report within 3 weeks);
- Any MTI or dangerous occurrence on a Scheme project (provide report within 3 weeks).

All questions should be answered however Part C is not required to be completed for incidents where no injury occurred.

Part A - Project details	
A1 Accredited contractor:	
A2 Accreditation number:	
A3 Contact person:	A4 Position:
A5 Telephone:	A6 Email:
A7 Construction type: <input type="checkbox"/> Commercial <input type="checkbox"/> Civil <input type="checkbox"/> Residential	
A8 Project name:	Contract number (Scheme project):
A9 Project value: <input type="checkbox"/> < \$3 million <input type="checkbox"/> \$3 million to < \$10 million <input type="checkbox"/> \$10 million or more	

Part B - Incident details	
B1 Date of incident:	B2 Time of incident:
B3 Project site location/address where incident occurred:	
B4 Incident type: <input type="checkbox"/> Dangerous Occurrence <input type="checkbox"/> MTI <input type="checkbox"/> LTI <input type="checkbox"/> Fatality	
B5 Is this a notifiable incident *: <input type="checkbox"/> Yes <input type="checkbox"/> No	
B6 Breakdown agency of incident: <i>(The main event that initiated the incident)</i> <input type="checkbox"/> 1. Machinery and fixed plant <input type="checkbox"/> 2. Mobile plant and transport <input type="checkbox"/> 3. Powered equipment, tools and appliances <input type="checkbox"/> 4. Non-powered hand tools, appliances and equipment <input type="checkbox"/> 5. Chemical and chemical products <input type="checkbox"/> 6. Materials and substances <input type="checkbox"/> 7. Environmental agencies <input type="checkbox"/> 8. Animal, human and biological agencies <input type="checkbox"/> 9. Other and unspecified agencies	B7 High Risk Construction category: <i>(The most significant risk category, if any, that relates to the incident)</i> <input type="checkbox"/> 1. Where there is a risk of a person falling two metres or more <input type="checkbox"/> 2. On telecommunications towers <input type="checkbox"/> 3. Involving demolition <input type="checkbox"/> 4. Involving the disturbance or removal of asbestos <input type="checkbox"/> 5. Involving structural alterations that require temporary support to prevent collapse <input type="checkbox"/> 6. Involving a confined space <input type="checkbox"/> 7. Involving excavation to a depth greater than 1.5 metres <input type="checkbox"/> 8. The construction of tunnels <input type="checkbox"/> 9. Involving the use of explosives <input type="checkbox"/> 10. On or near pressurised gas distribution mains and consumer piping <input type="checkbox"/> 11. On or near chemical, fuel or refrigerant lines <input type="checkbox"/> 12. On or near energised electrical installations and services <input type="checkbox"/> 13. In an area that may have a contaminated or flammable atmosphere <input type="checkbox"/> 14. Tilt-up and precast concrete construction work <input type="checkbox"/> 15. On or adjacent to roadways or railways used by road or rail traffic <input type="checkbox"/> 16. Involving powered mobile plant <input type="checkbox"/> 17. In an area where there are artificial extremes of temperature <input type="checkbox"/> 18. In, over or adjacent to water or other liquids where there is a risk of drowning <input type="checkbox"/> 19. Involving diving

* Please refer to the notifiable incident definition on page 12 of the 2009 Reporting Pack

Part C - Injury details (complete for each worker injured by this incident)			
C1 Injured worker's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
C2 Injured worker's age:			
C3 Who is the employer of the injured person: <input type="checkbox"/> Accredited Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other			
C4 Subcontractor name or description for other (relates to C3):			
C5 Worker's occupation: <i>(select one only)</i> <input type="checkbox"/> 1. Labourers <input type="checkbox"/> 2. Tradesmen <input type="checkbox"/> 3. Professional <input type="checkbox"/> 4. Transport workers <input type="checkbox"/> 5. Managers and administrators <input type="checkbox"/> 6. Clerical <input type="checkbox"/> 7. Other	C6 Nature of injury: <i>(select one only)</i> <input type="checkbox"/> A. Intracranial injuries <input type="checkbox"/> B. Fractures <input type="checkbox"/> C. Wounds, lacerations, amputations and internal organ damage <input type="checkbox"/> D. Burns <input type="checkbox"/> E. Injury to nerves and spinal cord <input type="checkbox"/> F. Traumatic joint/ligament and muscle/tendon injury <input type="checkbox"/> G. Other Injuries <input type="checkbox"/> H. Diseases and Conditions	C7 Location of injury: <i>(select one only)</i> <input type="checkbox"/> 1. Head <input type="checkbox"/> 2. Neck <input type="checkbox"/> 3. Trunk <input type="checkbox"/> 4. Upper Limbs <input type="checkbox"/> 5. Lower Limbs <input type="checkbox"/> 6. Multiple locations <input type="checkbox"/> 7. Systemic location <input type="checkbox"/> 8. Non-physical location <input type="checkbox"/> 9. Unspecified locations	C8 Mechanism of injury: <i>(select one based on main cause)</i> <input type="checkbox"/> 0. Falls, trips and slips of a person <input type="checkbox"/> 1. Hitting objects with part of the body <input type="checkbox"/> 2. Being hit by moving objects <input type="checkbox"/> 3. Sound and pressure <input type="checkbox"/> 4. Body stressing <input type="checkbox"/> 5. Heat, electricity and other environmental factors <input type="checkbox"/> 6. Chemical and other substances <input type="checkbox"/> 7. Biological factors <input type="checkbox"/> 8. Mental stress <input type="checkbox"/> 9. Vehicle incidents and other
C9 Working days/shifts expected/actually lost: <i>(Select the appropriate duration)</i> <input type="checkbox"/> A. 1 day to less than 3 days <input type="checkbox"/> B. 3 days to less than 1 week <input type="checkbox"/> C. 1 week to less than 2 weeks <input type="checkbox"/> D. 2 weeks to less than 1 month <input type="checkbox"/> E. 1 month to less than 3 months <input type="checkbox"/> F. 3 months or more	C10 Working days/shifts where a significant change to normal duties is made/expected: <i>(Select the appropriate duration)</i> <input type="checkbox"/> A. 1 day to less than 3 days <input type="checkbox"/> B. 3 days to less than 1 week <input type="checkbox"/> C. 1 week to less than 2 weeks <input type="checkbox"/> D. 2 weeks to less than 1 month <input type="checkbox"/> E. 1 month to less than 3 months <input type="checkbox"/> F. 3 months or more		

Part D – Descriptive incident details
D1 Description of the incident (if insufficient space please attach additional details):
D2 Have you conducted any incident investigation regarding this incident? <input type="checkbox"/> Yes - please provide information regarding the investigation, such as a copy of the incident investigation report and details of actions that have been subsequently taken to reduce the risk of a similar future occurrence <input type="checkbox"/> No - please provide information at D3 regarding actions that have been subsequently taken to reduce the risk of a similar future occurrence. D3 Details:

Part E – Details of person completing this form	
E1 Name:	E2 Signature:
E3 Position:	E4 Date:
E5 Additional comment:	