|  |
| --- |
| Following an incident the ***Supervisor or Senior Site person*** present should where necessary initiate the following actions in accordance with the classification level of the incident: |
|  |
| Nature of the incident: |  |  | Date: |  |  |
|  |
| Location of the incident: |  | Number of persons involved: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Supervisor Actions** | **Initial** | **Time** |
|  | Stop the task/s immediately |  |  |
|  | Ensure the area is safe |  |  |
|  | Ensure welfare of injured person/s |  |  |
|  | Restrict access to the area |  |  |
|  | Notify the Leadership Team as detailed on this form (pg. 2) |  |  |
|  | Preserve the incident scene to retain valuable information for investigative purposes:* Take photos
* Barricade the area
* Ensure perishable evidence is preserved
 |  |  |
|  | Carry out a preliminary assessment of the incident level |  |  |
|  | Determine the necessary level of the investigation |  |  |
|  | Arrange for Fitness For Work Test of all personnel involved (if required): Worker Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Worker Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Identify all persons who may have information about the incident and gather the following documentation:* Witness Statements
* Take 5, Job Safety Analysis, Pre Start Inspections, Maintenance Records
* Photos
* Incident Report Form to be completed (prior to the end of shift)
 |  |  |
|  | **Within 24 Hours of the Incident** Incident details to be entered into ***(insert company name)*** incident register |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Notifications to Leadership Team**  | **Time** | **Contacted (Y/N)** |
|  | On-Shift ***Supervisor*** to contact ***(insert senior management position e.g. site manager)*** as soon as possible. |  |  |
|  | On-Shift ***Supervisor*** to contact ***Work Health and Safety Coordinator*** and notify of incident as soon as possible. |  |  |
|  | ***(insert senior management position e.g. site manager)*** to contact relevant regulatory body as soon as possible (if required). |  |  |

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| **Contact Details** |
| ***(insert senior management position e.g. site manager)*** | xxxx xxx xxx |
| ***Work Health and Safety Coordinator***  | xxxx xxx xxx |
| Ambulance | 000 |
| Fire | 000 |
| SafeWork SA  | 1800 777 209 |
| Office of the Technical Regulator - Electrical | (08) 8226 5518 1800 558 811 A/H |
| Office of the Technical Regulator - Gas Leaks | 1800 427 532 |
| EPA South Australia | (08) 8204 20041800 623 445 |
| ***Others*** |  |

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| Work shall only resume after relevant evidence has been collected and suitable controls have been instated to ensure that there is no further risk to Personnel, Equipment and / or the Environment and approval from the ***(insert senior management position e.g. site manager)*** is given. |
|  |
| Supervisors Name: |  |  |  |
|  |
| Signature |  |  |  |
|  |
| **A copy of this form shall be retained with all other evidence and documentation relating to the incident** |