|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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). |  |  |

|  |  |
| --- | --- |
| **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 2004  1800 623 445 |
| ***Others*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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** | | | |