# ALC Safety Improvement Request Form

ALC requires that all injuries, incidents, hazards and near misses are properly reported, investigated and recorded. The Work Health and Safety Act requires the state regulator to be notified of certain ‘notifiable incidents’. To submit your report, please complete Part 1 and forward the form to the Business Manager. Your report will be acknowledged within 2 workings days and you will be advised of the outcome of this report in writing. To submit electronically send to [WHSA@alc.edu.au](mailto:WHSA@alc.edu.au)

## Report of incident/issue

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Part 1 | Origin | | | | | | | | | | | | | | | | | | | |
|  | Accident | | | |  | External audit finding | | | | | | |  | | Hazard report | | | | |
|  | Internal audit finding | | | |  | Near miss | | | | | | |  | | Observation or suggestion | | | | |
|  | WorkCover claim | | | |  | Other (specify): | | | | |  | | | | | | | | |
| Details | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Priority rating | | | | | | | | | | | | | | | | | | | |
|  | **Critical** | |  | **Urgent** | | |  | | **High** | | |  | | **Normal** | | |  | | **Low** |
| **Name of notifier** | |  | | | | | | **Signature** | |  | | | | | | **Date** | |  | |

## WHS committee response

|  |  |  |  |  |  |  |  |  |  |  |
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| Part 2 |  | Immediately undertake initial **risk assessment** to determine action required | | | | | | | | |
|  | Advise and consult with Health & Safety Rep and/or notifier | | | | | | | | |
|  | Incident is notifiable—SafeWork SA to be advised (refer to section 4.2 of the ALC [Safety-Manual](http://alcsharepoint/core/Published/policy/Safety-Manual.docx), page 41) | | | | | | | | |
|  | Coordinate further investigation, final risk assessment and final control measures to be taken | | | | | | | | |
|  | Notification to the LCA Insurance Fund is required, as per note at the beginning of Part 4 | | | | | | | | |
|  | Sensitive information—personal details to be kept confidential | | | | | | | | |
|  | Forward relevant details to Health & Safety Committee via Safety Improvement Register | | | | | | | | |
| **Name of Officer** | |  | | **Signature** | |  | | **Date** |  |
| Part 3 | Investigation summary | | | | | | | | | |
| **Root cause(s)** | | |  | | | | | | |
| **Level of risk from risk analysis matrix** | | |  | | | | | | |
| **Control measures to be taken and timeframe** | | |  | | | | | | |
| **Referred to for action** | | |  | | | | **Target date** | |  |
| **Name of investigator** | | |  | | **Signature** |  | | **Date** |  |
| **Date initiator notified of action to be taken** | | | | | |  | | | |
| Action taken | | | | | | | | | |
| **Details** | | |  | | | | | | |
| **Name of implementer** | | |  | | **Signature** |  | | **Date** |  |
| Verification | | | | | | | | | |
| **Details** | | |  | | | | | | |
| **Name of Principal** | | |  | | **Signature** |  | | **Date** |  |

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| Part 4 | | | | | | | | | | | | | | | | | | | |
| Note: This section requests the details required by LCA Insurance and is to be completed for any injury where there is a possibility (however slight) of permanent disability or legal action. | | | | | | | | | | | | | | | | | | | |
| Contact person | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | | | | | | | |
| **Contact details** | **Phone** | |  | | | | | **Fax** | | | |  | | | | | | | |
| Details of the injured person | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | **Date of birth** | | | | | | | |  | | | |
| **Status** |  | **Guest/Public** | | | | | |  | | **Worker** | | | | | | | | | |
|  | **Student** | | | | | |  | | **Volunteer** | | | | | | | | | |
|  | **Other** | | |  | | | | | | | | | | | | | | |
| **Occupation** |  | | | | | | | | | | | | | | | | | | |
| **Home address** |  | | | | | | | | | | | | | | | | | | |
| **Postcode** |  | | | | | | | | | | | | | | | | | | |
| Details of the incident | | | | | | | | | | | | | | | | | | | |
| **Date of incident** |  | | | | | **Time** |  | | | |  | | | | **a.m.** | | |  | **p.m.** |
| **Place** |  | | | | | | | | | | | | | | | | | | |
| **Circumstances of Incident** |  | | | | | | | | | | | | | | | | | | |
| **Nature of injuries** |  | | | | | | | | | | | | | | | | | | |
| **Describe treatment administered** |  | | | | | | | | | | | | | | | | | | |
| **Name of doctor** |  | | | | | | | | **Phone** | | | | |  | | | | | |
| **Address of doctor** |  | | | | | | | | **Postcode** | | | | |  | | | | | |
| Witnesses | 1 | | | | | | | | 2 | | | | | | | | | | |
| **Name** |  | | | | | | | |  | | | | | | | | | | |
| **Address** |  | | | | | | | |  | | | | | | | | | | |
| **Postcode** |  | | | | | | | |  | | | | | | | | | | |
| Witness statements | | | | | | | | | | | | | | | | | | | |
| PLEASE NOTE: Reports from witnesses are vital and must be sent to the LCA Property Provident Fund as soon as possible. | | | | | | | | | | | | | | | | | | | |
| **Have witnesses completed statements?** | | | | | | | | | | | | | | | | | | | |
| **Yes – copy attached** |  | | | | | | | |  | | | | | | | | | | |
| **No – to be completed** |  | | | | | | | |  | | | | | | | | | | |
| **Other – describe** |  | | | | | | | |  | | | | | | | | | | |
| Signatures | | | | | | | | | | | | | | | | | | | |
| **Person involved in incident** | | | |  | | | | | | | | | **Date** | | | |  | | |
| **Business Manager** | | | |  | | | | | | | | | **Date** | | | |  | | |
| **Person in charge of activity (if applicable)** | | | |  | | | | | | | | | **Date** | | | |  | | |
| **Remember:**   * Statements taken at the time of the incident or shortly afterwards are of greater use in defending a lawsuit than recollections months or possibly years later. * Do not admit liability to anyone as you may jeopardise a claim under your insurance cover. Your insurer will advise you if you are required to make a statement with the claim. * Forward this form and all correspondence concerning the incident to the LCA Insurance Fund as soon as possible; do not try to defend any claim by yourself. * A claim for damages involving a child may be made many years after the incident so keep all reports in a safe place in case they are needed. | | | | | | | | | | | | | | | | | | | |

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| Part 5 | | | |
| Office use only | | | |
| **Date received** |  | **Logged on register** |  |
| Response to notifier | | | |
| **Outcome advised (feedback)** |  | | |
| **Date** |  | | |

### Excerpt from section 4.2 of the [Safety-Manual](http://alcsharepoint/core/Published/policy/Safety-Manual.docx): Incident investigation and corrective or preventive action

#### Notifiable Incident

The PCBU [Principal] is to immediately report the following incidents to SafeWork by telephone (SA 1800 777 209) and the LCA Office by telephone or email:

* any death
* serious injury or illness
* a dangerous incident

Serious injury or illness includes:

* immediate treatment as an inpatient in a hospital
* immediate medical treatment for: amputation, serious head injury, serious eye injury, serious burn, de-gloving, scalping, spinal injury, the loss of a body function, serious lacerations
* medical treatment within 48 hours of exposure to a substance
* any other treatment described by Regulations

Dangerous Incidents include:

* an uncontrolled escape, spillage or leakage of a hazardous substance
* an uncontrolled implosion, explosion or fire
* an uncontrolled escape of gas, steam or pressurised substance
* electric shock
* fall or release from height of any plant, substance or object
* the collapse, overturning, failure, malfunction or damage to any plant that is requires to be authorised for use in the regulations
* the collapse or partial collapse of a structure
* the collapse or failure of an excavation or of any shoring supporting an excavation
* the inrush of water, mud or gas in workings in an underground excavation or tunnel
* the interruption of the main system of ventilation in an underground excavation or tunnel
* any other event prescribed in the Regulations

The site where the incident has occurred, including any plant, substances or structures must not be disturbed until directed by an Inspector, unless it is to make the site safe or to retrieve injured or deceased persons.