



# Incident Reporting Procedure

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# Incident Reporting Procedure

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## 1. Introduction

This document sets out the Dragline Cleaning Services Pty Ltd Incident Reporting Procedure.

## 2. Duty of Care

The (Workplace Health Safety Act 2011) places responsibility through a duty of care on both employers and employees. The duty of care for employers requires:

- Provision of a safe workplace, plant/equipment and safe systems of work
- Provision of information, instruction and training
- Consultation and cooperation with employees
- Provision of personal protective equipment.

This document addresses the following:

1. Notifiable Incidents
2. Hazard risk assessment and controls, job safety analysis
3. Incident investigation and reporting
4. Environmental issues

## 3. Purpose

This Incident Reporting and Investigation Procedure outlines requirements and standard work practices in relation to recording and reporting of health and safety related incidents that occur, as well as any associated injuries and illnesses. It also outlines statutory obligations regarding reporting of notifiable work-related injuries, diseases and dangerous occurrences. It is intended to support Dragline Cleaning Services (DCS) Managers, Supervisors and Safety and Health Representatives by describing the procedures for incident notification, investigation and reporting. It is important that all incidents, near-misses and hazards are reported and recorded so that:

- appropriate investigations can be performed, and corrective action taken to prevent a recurrence of the incident.
- trend analyses of the collected information can be performed, allowing DCS to focus preventative efforts on areas of most concern.
- a formal record is kept for DCS and employee, should it be required later, as evidence that the incident took place; and
- legal requirements connected with reporting of injury and worker's compensation are adhered to.

## 4. Policy Supported

This Procedure supports the DCS Health and Safety Management Plan, Fitness for Work booklet and Fatigue Management Plan Standard.

## 5. Application

This procedure applies to DCS Managers, Supervisors, OH&S Representative and anyone else assisting with the completion of incident reports and investigations in the absence of onsite required procedures.

## 6. Definitions

| Term                         | Definition   |
|------------------------------|--|
| <b>Corrective Action</b>     | An action taken after an Incident to eliminate or reduce the risk of a similar incident recurring.   |
| <b>Hazard</b>                | A situation that has the potential to harm a person or cause damage to the environment or property.  |
| <b>Illness</b>               | Any work-related illness, including disease.   |
| <b>Incident</b>              | Any unplanned event resulting in, or having a potential for injury, ill health, damage or other loss.  |
| <b>Injury</b>                | A personal injury by accident arising out of or in the course of employment, or while the worker is acting under the employer's instructions. An injury is typically classified as a First Aid Injury (FAI), Lost Time Injury (LTI) or a Medical Treatment Injury (MTI), as described in the Injury Classification Guidelines. |
| <b>Near Hit / Miss</b>       | An incident that did not result in harm but that could have resulted in an occupational injury or illness, damage to physical assets or the environment, disruption to a community and/or damage.  |
| <b>Work Related Incident</b> | An incident is classified as Work Related if, at the time of the Incident, the employee or contractor was conducting activities related to his/her employment.   |

## 7. Notifiable Incidents

Notifiable incidents are:

- The death of a person—whether an employee, contractor or member of the public.
- A serious injury or illness.
- A dangerous incident that exposes any person to a serious risk, even if no one is injured.

## 8. Responsibilities

This section describes individual responsibilities for incident reporting and investigation. A serious injury or illness.

## 8.1 Individuals (Managers, Supervisors, Employees)

All individuals including managers, supervisors and employees must:

- Ensure that all incidents in their area or for which they are involved in are reported as soon as possible.
- Participate in any investigation of the incident.
- Cooperate with DCS in conducting its obligations imposed on it under OH&S legislation.

## 8.2 Managers

DCS Managers are responsible for:

- Ensuring all incidents, hazards and near hit/misses involving managers, supervisors, employees and contractors in the Department for which they have responsibility are reported, investigated and have the appropriate corrective actions implemented.
- Ensuring the OH&S Representatives are provided with the time, facilities and assistance they require to perform their functions.
- Ensuring all personnel in their area are aware and understand these procedures and provide suitable training and can demonstrate competency to conduct their role under these procedures should they be required to.
- Reviewing incident reports for the area and discussing this with the Health and Safety Committee for the area.
- Notifying the next of kin in the event of a fatality.

## 8.3 Step-up Managers and/or Supervisors

Step-Up Managers and/or Supervisors are responsible for:

- Ensuring that any incidents involving staff members under their direction are reported, investigated and recorded in accordance with these procedures.
- Partaking in and coordinating with the relevant OH&S Representatives in the investigation of any incident in the area for which they are responsible.
- Reviewing incident notifications.
- Ensuring that the recommended corrective actions are implemented.
- Reviewing corrective actions for effectiveness and the timeliness of implementation.
- Notifying the health and safety department and the manager of any incidents which occurs in their area of responsibility.
- Updating executive management and health and safety department of the progress of investigations.
- Notifying the family of the person involved in the incident if that person has been taken to hospital.

## 8.4 OH&S Representative

OH&S Representatives have several functions aimed at improving health and safety in the workplace.

OH&S Representatives are responsible for:

- Attending the scene of an Incident following notification of the Incident.
- Conducting an investigation in consultation with the management of the area.
- Following-up to ensure all agreed Corrective Actions have been implemented.

## 9. Incident Notification

DCS requires that incidents of all types be reported and managed to ensure that lessons can be learned, and

appropriate controls can be implemented. It is assumed that first responders have taken appropriate steps to provide first aid, arrange for attendance of emergency services and isolate the scene to prevent further injury. For details of Emergency Management procedures see the DCS Health & Safety Management Plan Booklet, DCS Fitness for Work Booklet, and the DCS Fatigue Management Plan Booklet.

## 9.1 Hazard Management

For further information on Incident and Hazard Management, see the DCS Health & Safety Management Plan Booklet, DCS Fitness for Work Booklet, and the DCS Fatigue Management Plan Booklet.

## 9.2 Isolation of the Incident Site

The manager or supervisor should ensure that injured persons have been assisted, that the Incident site has been isolated, or that Corrective Actions essential to prevent a further Incident have been taken. This should be done immediately following Incidents or Hazards for which the potential risk is medium, high or extreme and as soon as possible following low risk Incidents or Hazards. The OH&S Representative for the area or site may inspect the workplace immediately following the Incident. The OH&S Representative should not disturb the Incident site until it is confirmed that the Incident does not require notification to a regulatory authority or until an inspector has authorized the disturbance of the site. Upon confirmation that the site no longer needs to be isolated, investigation, Corrective Actions, site restoration or repair work may be commenced in order to make the site permanently safe.

## 9.3 What should be reported?

All Incidents, including:

- injuries and illnesses
- near hit/miss
- hazards
- environmental incidents
- property loss or damage

## 9.4 Who should report the incident, near hit/miss or hazard?

The injured person, or persons involved in the Incident or near hit/miss or identifying the Hazard. Supervisors and/or eyewitnesses or OH&S Representatives may assist the reporting person where appropriate or necessary.

When should the report be completed and submitted?

As soon as possible.

## 9.5 How can accidents, incidents, near-misses or hazards be reported?

By completing the DCS Incident Investigation Form, which will then be submitted to the DCS Incident Register.

# 10. Incident Reporting and Investigation

All Incidents and Hazards identified in the workplace shall be reported through the DCS Incident Investigation Form, which will then be submitted to the DCS Incident Register.

## 10.1 Submitting an Incident Report

Incident Notifications can be completed using a hard copy DCS Incident Investigation Form (Refer to Appendix 1-3).

## 10.2 Receipt of Incident Report

After an Incident Notification is lodged, Health and Safety will assign the Investigation Team (Manager or Supervisor, Safety & Health Rep, other) for the area where the Incident occurred.

## 10.3 Incident Investigation

Managers and Supervisors, in conjunction with OH&S Representatives, shall coordinate an investigation into any reported Incident/Near Miss or Hazard. The manager or supervisor shall ensure that a formal Incident Investigation is completed within the period required. Use the Severity rating detailed in the Investigation Notification:

- low risk incident or hazard or near hit/miss – due within 24 hours
- medium risk incident or hazard or near hit/miss – due within 24 hours
- high or extreme incident or hazard or near hit/miss – due within 24 hours

## 11. Assigning Corrective Actions

Once an Incident Investigation Report has been completed (including control measures or corrective actions) it should be forwarded to the DCS managers and OH&S Representatives so it can be processed in the incident registry.

### 11.1 Evaluating and Monitoring Corrective Actions

Control measures or Corrective Actions shall be implemented by the due date assigned. The control measures or Corrective Actions are to be evaluated and monitored by the manager and OH&S Representative.

### 11.2 Managers and Supervisors

All control measures or Corrective Actions are to be evaluated and monitored. This can be achieved through collating anecdotal evidence and through revision of Incident/Hazard statistics. Once the desired outcome has been achieved through the implementation of the appropriate controls and actions, monitoring of the system(s) must be on-going in order to ensure that control measures are maintained and do not become obsolete. Managers and supervisors shall monitor the progress of implementation of Corrective Actions, and record and notify the OH&S Representative once implementation of Corrective Actions is finalised.

### 11.3 Step-Up Manager and/or Supervisors

Incident Investigation Reports, control measures and corrective actions are to be evaluated and monitored by the Step-Up Manager and/or Supervisors. The Step-Up Manager and/or Supervisors should nominate a person to review and report to the OH&S Representative on the effectiveness of the implemented control measures.

## 12. REFERENCES

- *Work Health & Safety Act 2011*
- *Occupational Health and Safety Regulations 2017*
- *AS/NZS ISO 14001:2004 Environmental Management Systems – Requirements with Guidance for Use*
- *AS 1885.1-1990 Workplace Injury and Disease Recording Standard*
- *AS/NZS 4801:2001 Occupational Health & Safety Management*









## Incident Investigation Form

### Administrative Review

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

#### Incident Review Panel:

1. Name: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Name: \_\_\_\_\_

#### Authorities Notified (if applicable)

Emergency Services:  
Date/Time/By whom

Site:  
Date/Time/By whom

Work Cover:  
Date/Time/By whom

Work Safe QLD:  
Date/Time/By whom

Insurance Services:  
Date/Time/By whom

#### Corrective Actions:

| Contributing factor<br>(from above list) | Action | Delegate | Due date | Completion Evidence / date<br>and sign |
|--|--------|----------|----------|--|
|  |        |          |          |  |
|  |        |          |          |  |
|  |        |          |          |  |
|  |        |          |          |  |



## Incident Investigation Form

1. Establish the facts of the incident, including:
  - What happened?
  - When and where did it happen?
  - What task was being done?
  - Who was involved?
  - Were there any witnesses?
2. Gather all necessary background information, for example:
  - maintenance records
  - safe work procedures
  - instructions manuals
  - training records.
3. Consider all the potential contributing factors:
  - Environment: Did environmental conditions (e.g. light, noise, floor surfaces) contribute to the incident?
  - Equipment /materials: Did anything about the equipment, materials, tools etc (e.g. equipment failures, missing guards) contribute to the incident?
  - Work systems: Was there something about the system that contributed (e.g. hazard not identified, known hazard not addressed)?
  - People: Was there something the workers, supervisors or contractors did that contributed to the incident (e.g. poor communication, being tired or rushing to finish on time)?
4. Determine the primary cause/s of the incident, that is, those which if they hadn't occurred then the incident wouldn't have occurred. Ask yourself "Would the incident have happened if....?"
5. Identify the root cause / system failures that underlie the primary cause/s and contributing factors.

*One simple technique for identifying the root cause is the 'Five Whys'. This technique involves asking yourself 'Why did this happen?' and continuing to ask 'Why' for each response until you reach a conclusion that does not generate another 'why' and the underlying cause becomes apparent.*
6. The final and most important step in any investigation is to take action to fix all the factors that contributed to the incident, starting with the primary cause/s and working through each of the contributing and underlying causes.



### Motor Vehicle Incident Report

PLEASE COMPLETE ALL DETAILS

#### INCIDENT DETAILS

|   |   |       |       |
|---|---|-------|-------|
| Date:                                     | Day:  | Time: | AM/PM |
| Street:                                   | Suburb & Postcode:  |       |       |
| Number of Vehicles included:              | At the time of the incident the vehicle was: PARKED/STATIONARY/MOVING                 |       |       |
| Speed:                                    | Traffic control: NONE/STOP SIGN/TRAFFIC LIGHTS/ ROUNDABOUT/ GIVE WAY SIGN/OTHER _____ |       |       |
| Weather & Road Conditions:                |   |       |       |
| What happened?                            |   |       |       |
| Who was at fault?                         |   |       |       |
| Injuries? YES/NO (If yes, provide detail) |   |       |       |

#### VEHICLE DETAILS

|                   |         |                      |
|-------------------|---------|----------------------|
| Make:             | Year:   | Registration Number: |
| Model:            | Colour: | Odometer Reading:    |
| Registered Owner: |         |                      |
| Address:          |         |                      |
| Suburb:           | State:  | Postcode:            |



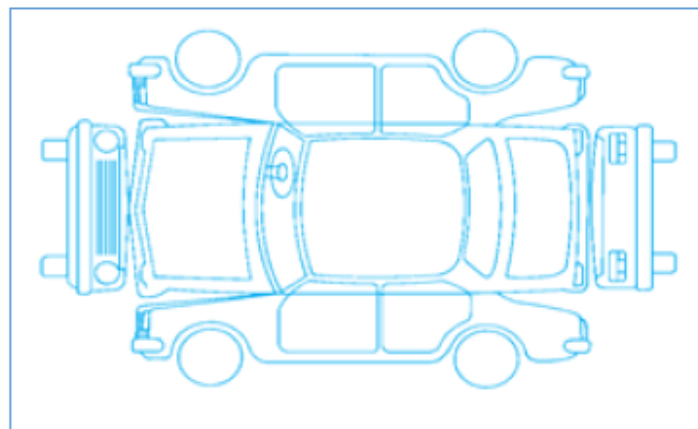
## Motor Vehicle Incident Report

### DRIVER DETAILS

|   |                     |                  |
|---|---------------------|------------------|
| <b>Full Name:</b>   |                     |                  |
| <b>Address:</b>   |                     |                  |
| <b>Suburb:</b>  | <b>State:</b>       | <b>Postcode:</b> |
| <b>Phone Number:</b>  |                     | <b>Email:</b>    |
| <b>Relationship to Insured:</b>   |                     |                  |
| <b>Licence Number:</b>  | <b>Expiry Date:</b> | <b>DOB:</b>      |
| <b>How long has the driver been licenced for this kind of vehicle:</b>  |                     |                  |
| <b>Did the driver drink any alcohol or take any drugs in the past 24 hours? (If yes, provide detail)</b>        |                     |                  |
| <b>Did the driver undergo a breath test, breath analysis or blood test? (If yes, please attach certificate)</b> |                     |                  |

### SKETCH DIAGRAM

**INDICATE POINT OF CONTACT (X)**  
**SHADE IN DAMAGE TO VEHICLE**





## Motor Vehicle Incident Report

### DECLARATION

The information and answers given above are true, correct and complete in every detail.

1. I/we understand the claim may be refused is not true or withheld.
2. I/we declare that all answers and statements made in this application are true, correct, and complete in every respect.

### Employee

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_

### Witness

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_

## APPENDIX 4 Risk Review Matrix

| Severity | Impact types   |   |
|----------|--|---|
|          | Health and safety  | Environment   |
| 7        | >50 fatalities.<br>Permanent impairment >30% of body to more than 500 persons.               | Permanent severe impact to land, habitat, water resource or air.                |
| 6        | >20 fatalities.<br>Permanent impairment >30% of body to more than 100 persons.               | Severe impact (>20 yrs) to land, habitat, water resource, or air.               |
| 5        | 2-20 fatalities.<br>Permanent impairment >30% of body to more than 10 persons.               | Serious or extensive impact (<20 yrs) to land, habitat, water resource, or air. |
| 4        | Single fatality.<br>Permanent impairment >30% of body to one or more persons.                | Major impact (<5 yrs) to land, habitat, water resource, or air.                 |
| 3        | Permanent impairment <30% of body to one or more persons.<br>Restricted duties or lost days. | Moderate impact (<1 yrs) to land, habitat, water resource, or air.              |
| 2        | Objective but reversible impairment.<br>Medical treatment.                                   | Minor impact (<3 mths) to land, habitat, water resource, or air.                |
| 1        | Short term subjective inconvenience.<br>No medical treatment                                 | Low level impact to land, habitat, water resource, or air.                      |

| Likelihood          | Based on industry experience, and expected future conditions, the risk event:                            |
|---------------------|--|
| Almost certain (AC) | Could happen more than once per year   |
| Likely (L)          | Could happen every 1 - 2 years   |
| Possible (P)        | Could happen within 5 years  |
| Unlikely (U)        | Could happen within 5-20 years   |
| Rare (R)            | Could happen within 20 - 50 years  |
| Very rare (VR)      | System failure: Has not happened in 50 years<br>Natural hazard: Could happen once in 100 years or longer |

| RESIDUAL RISK RATING (RRR) |          |          |          |          |          |          |          |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|
| Likelihood                 | Severity |          |          |          |          |          |          |
|                            | 1        | 2        | 3        | 4        | 5        | 6        | 7        |
| AC                         | Moderate | High     | Material | Material | Material | Material | Material |
| L                          | Moderate | Moderate | High     | Material | Material | Material | Material |
| P                          | Low      | Moderate | Moderate | High     | Material | Material | Material |
| U                          | Low      | Low      | Moderate | Moderate | Material | Material | Material |
| R                          | Low      | Low      | Low      | Moderate | Material | Material | Material |
| VR                         | Low      | Low      | Low      | Low      | Material | Material | Material |