This injury, illness and incident report (IIIR) form replaces all previous versions of the forms and is to be used to report any injury, illness or incident which occurs on University of Queensland premises or whilst on duty for the University of Queensland. This record is required by Section 53 of the Workplace Health & Safety Regulation 1997.

**Workers compensation:**

This form does not replace the need for employees injured at work or with a work-related illness to complete a worker’s compensation claim which should be forwarded to the Work Injury Management Section, Occupational Health & Safety Unit, University of Queensland.

The IIIR form is designed to be used in any situation where an injury, illness or incident has occurred - involving students, staff, visitors, or contractors. In the case of fatalities, serious bodily injury, work-caused illness or a dangerous event, after completing any emergency action required, details of the accident must be provided without delay within 12 hours to the Director of Occupational Health & Safety (tel ext. 52365).

Please be sure to provide a contact phone number and address of the person injured or involved. If the person has not yet returned to work at the time of completion of the form, be sure to advise the Occupational Health & Safety Unit upon return to work.

An injury, illness & incident report comprises two sheets (1 green, 1 white). (Please note that in previous printings the first sheet was printed on yellow paper. This had caused confusion as workers compensation claims, by law, must be printed on yellow paper). If the forms are downloaded from the OH&S Unit’s webpage, please be sure to send both staff member’s and supervisor’s sections of the report to the OH&S Unit in due course.

**Page 1 (green sheet)**

is to be filled out by the person injured or involved (or a person acting on their behalf) and returned without delay to the Director, Occupational Health & Safety within 7 days of the injury or incident.

**Page 2 (white sheet)**

There are further instructions at the top of this page, the rest is a duplicate of page 1.

**Page 3 (reverse of white sheet)**

This is to be completed as follows -

Sections 1 & 2 relate to slips, trips or falls and needle/sharps injuries and are to be filled out by the person injured or involved.

Sections 3 & 4 to be filled out by the supervisor and Section 5 to be filled out by the Head of School or Section in order to -

- provide additional information required
- identify necessary corrective action, and
- request any additional resources or assistance required to undertake this corrective action.

In faculties or schools where workplace health & safety officers have been appointed, the officer concerned should be advised of the incident and consulted where necessary.

The completed white sheet should be returned to the Director of Occupational Health & Safety with the green sheet or as soon as possible thereafter.

**Reporting of hazards:**

Hazards, if not corrected, can lead to accidents involving injury and damage. Property & Facilities should be contacted for problems or hazards in areas where corrective action can be taken by them (telephone 52222). This is particularly important for urgent work requests that do not require OH&S input. The OH&S Unit’s hazard report form is designed to facilitate speedy rectification of problems. It is intended to supplement rather than replace the Property & Facilities work order system. Copies of the OH&S Unit’s hazard report form can be obtained by phoning the Unit on 52365 or from our web page - http://www.uq.edu.au/ohs/

Revised 1/2003
Details of person injured or involved (to be filled in by person injured/involved if possible)

Name: Date of birth: / / Sex: M F

Occupation: School/Section Faculty Superviser: (if appropriate)

Employed in this position years

Full-time Part-time Casual Contractor/employed by contractor

Visitor Patient Unpaid/volunteer

Event details

Date of event / / Time of event a.m./p.m. Activity at time of event: on duty meal/break

Place of event: travel to/from work other

Room Building Campus

Description of events (Describe tasks being performed & list sequence of events)

Injury details

Nature or type

- Amputation
- Asphyxiation
- Bruise or crushing
- Burn or scald
- Concussion
- Cut or open wound
- Dislocation
- Exposure
- Foreign body
- Fracture
- Heart or circulatory condition
- Infectious disease
- Inhalation
- Internal injury
- Nervous system injury or disorder
- Poisoning
- Puncture
- Respiratory (inhalation)
- Skin disorder
- Sprain or strain
- Other (specify)

Body part

FRONT REAR

(please mark the injured part(s))

Agent of damage

- Animal or insect
- Biological
- Chemical
- Electricity
- Equipment or tool - powered
- - not powered
- Explosion or implosion (pressure)
- Muscular effort - single event
- - repetitive or postural
- Needle or sharp (see white sheet)
- Noise
- Psychological
- Radiation
- Slip, trip or fall (see white sheet)
- Stepping on or striking against object
- Struck by falling or moving object
- Thermal (heat or cold)
- Vehicle
- Vibration
- Other (specify)

Medical treatment obtained

Nil First aid University Health Service Other doctor Hospital casualty Hospital admitted Other

Outcome for injured person:

Time lost from work? days hours. Not yet returned to work (If latter, please advise OH&S on return to work).

Signature of person injured or involved Date / / Contact tel. no.

This sheet should now be sent to the OH&S Unit. Pages 2-3 should be referred to your Supervisor/H/Dept.

(continued overleaf)

(printed 3/2003)
Details of person injured or involved (to be filled in by person injured/involved if possible)

Name: ___________________________ Date of birth: / / Sex: M F
Occupation: ________________________
School/Section __________________ Faculty __________________
Supervisor: ________________________

Employed in this position years
Full-time ☐ Part-time ☐ Casual ☐ Contractor/employed by contractor ☐ Visitor ☐ Patient ☐ Unpaid/volunteer ☐

Event details
Date of event / / Time of event a.m./p.m. Activity at time of event: ☐ on duty ☐ meal/break
Place of event: ☐ travel to/from work ☐ other
Room __________________ Building __________________ Campus __________________

Description of events (Describe tasks being performed & list sequence of events)

Injury details

Nature or type
☐ Amputation
☐ Asphyxiation
☐ Bruise or crushing
☐ Burn or scald
☐ Concussion
☐ Cut or open wound
☐ Dislocation
☐ Exposure
☐ Foreign body
☐ Fracture
☐ Heart or circulatory condition
☐ Infectious disease
☐ Inhalation
☐ Internal injury
☐ Nervous system injury or disorder
☐ Poisoning
☐ Puncture
☐ Respiratory (inhalation)
☐ Skin disorder
☐ Sprain or strain
☐ Other (specify) ___________________________

Body part

(please mark the injured part(s))

Agent of damage

☐ Animal or insect
☐ Biological
☐ Chemical
☐ Electricity
☐ Equipment or tool - powered
☐ - not powered
☐ Explosion or implosion (pressure)
☐ Muscular effort - single event
☐ - repetitive or postural
☐ Needle or sharp (see white sheet)
☐ Noise
☐ Psychological
☐ Radiation
☐ Slip, trip or fall (see white sheet)
☐ Stepping on or striking against object
☐ Struck by falling or moving object
☐ Thermal (heat or cold)
☐ Vehicle
☐ Vibration
☐ Other (specify) ___________________________

Medical treatment obtained
Nil ☐ First aid ☐ University Health Service ☐ Other doctor ☐ Hospital casualty ☐ Hospital admitted ☐ Other

Outcome for injured person:
Time lost from work? ____ days ____ hours. Not yet returned to work ☐ (If latter, please advise OH&Safety on return to work).
Signature of person injured or involved ___________________________ Date / / Contact tel. no. ___________________________
Additional information about the incident and corrective action required

Sections 1 & 2 to be filled out by the person injured or involved:

1) If “slip, trip or fall” involved, provide additional detail:
   Slip/fall along the ground
   Slip/fall on stairs or sloping surface
   Fall from a height

   Condition of walking surface
   Type & condition of footwear
   What was being done at time of incident

2) If “needle or sharps” injury/incident (contact University Health Service)
   Yes   No
   Was the needle or sharp sterile?
   Has the person been subsequently tested for HIV, Hepatitis B and Hepatitis C?

Sections 3 & 4 to be filled out by the supervisor:

3) Information about personal protective equipment (ppe)
   Should ppe have been worn during the task being undertaken at the time of the incident?
     Yes   No
     Was it available?
     Was it being worn/used?
   Type of PPE required:

4) Corrective action recommended by supervisor & action taken

<table>
<thead>
<tr>
<th>Changes to work environment:</th>
<th>ACTION TAKEN</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modifications or repairs to machinery, equipment or tools:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes to work practices/job design:</td>
<td></td>
<td></td>
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<tr>
<td>Personal protective equipment (additional or changes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Training:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Supervisor..................................Please print name:..................................(Phone)........ ..........Date...............

Section 5 to be filled out by Head of School or Section:

5) Difficulties in implementing the corrective action recommended above & additional resources or assistance required to implement them:

Signature of Head of School or Section ......................................................... Date ................................

Return this form to the Occupational Health & Safety Unit.