

INJURY, ILLNESS & INCIDENT REPORT

Occupational Health & Safety Unit

(Store catalogue No. 11840)



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/>

INJURY, ILLNESS & INCIDENT REPORT - Page 1

- Use this form to report any accident, injury, incident or illness that occurred on University of Queensland premises or whilst on duty for the University of Queensland.
- For urgent accident investigation, i.e. in the case of serious injury or dangerous occurrence, phone the Occupational Health & Safety Unit on 52365 after completing any emergency action required. Events involving serious injury **must** be reported to the OH&S Unit within 12 hours of the occurrence.
- Return completed forms to - Director, Occupational Health & Safety, The University of Queensland.
- If a Workers' Compensation report or claim is to be made, (employees of UofQ only) a separate Workers' Compensation claim form must be completed and returned to Work Injury Management Section, Occupational Health & Safety Unit, University of Queensland.

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

If Student: No.

Supervisor: (if appropriate)

Phone:

If contractor/employed by contractor: Name of Contractor:

Event details

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

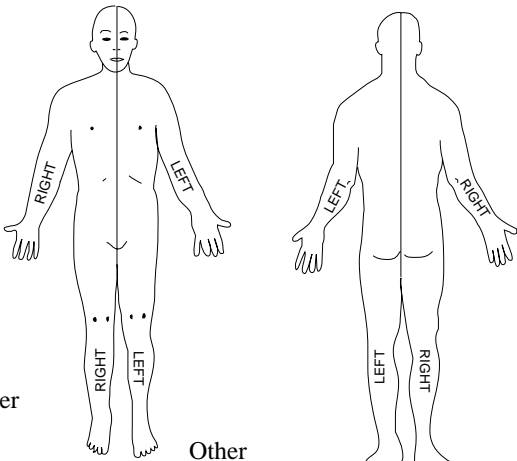
Place of event: travel to/from work other

Room Building Campus

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

- Attach further information overleaf if space insufficient and sketches and photographs, plus information from witnesses if applicable

Injury details

<i>Nature or type</i>	<i>Body part</i> (please mark the injured part(s))	<i>Agent of damage</i>
	FRONT REAR	
<input type="checkbox"/> Amputation		<input type="checkbox"/> Animal or insect
<input type="checkbox"/> Asphyxiation		<input type="checkbox"/> Biological
<input type="checkbox"/> Bruise or crushing		<input type="checkbox"/> Chemical
<input type="checkbox"/> Burn or scald		<input type="checkbox"/> Electricity
<input type="checkbox"/> Concussion		<input type="checkbox"/> Equipment or tool - powered
<input type="checkbox"/> Cut or open wound		<input type="checkbox"/> - not powered
<input type="checkbox"/> Dislocation		<input type="checkbox"/> Explosion or implosion (pressure)
<input type="checkbox"/> Exposure		<input type="checkbox"/> Muscular effort - single event
<input type="checkbox"/> Foreign body		<input type="checkbox"/> - repetitive or postural
<input type="checkbox"/> Fracture		<input type="checkbox"/> Needle or sharp (<i>see white sheet</i>)
<input type="checkbox"/> Heart or circulatory condition		<input type="checkbox"/> Noise
<input type="checkbox"/> Infectious disease		<input type="checkbox"/> Psychological
<input type="checkbox"/> Inhalation		<input type="checkbox"/> Radiation
<input type="checkbox"/> Internal injury		<input type="checkbox"/> Slip, trip or fall (<i>see white sheet</i>)
<input type="checkbox"/> Nervous system injury or disorder		<input type="checkbox"/> Stepping on or striking against object
<input type="checkbox"/> Poisoning		<input type="checkbox"/> Struck by falling or moving object
<input type="checkbox"/> Puncture		<input type="checkbox"/> Thermal (heat or cold)
<input type="checkbox"/> Respiratory (inhalation)		<input type="checkbox"/> Vehicle
<input type="checkbox"/> Skin disorder		<input type="checkbox"/> Vibration
<input type="checkbox"/> Sprain or strain		Other (specify) <input type="text"/>
Other (specify) <input type="text"/>	Other <input type="checkbox"/> Teeth	
	<input type="checkbox"/> Brain	
	<input type="checkbox"/> Organ (specify) <input type="text"/>	

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.

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

(continued overleaf)

The relevant sections of this two-sided sheet should be completed by the injured party and then referred to the Supervisor & Head of School or Section to complete their sections on the reverse side relating to:
 1) *additional information on the incident*
 2) *corrective measures to be taken to reduce the risk of recurrence.*
 When completed, return the white copy of this form (pages 2 & 3) to the OH&S Unit.

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

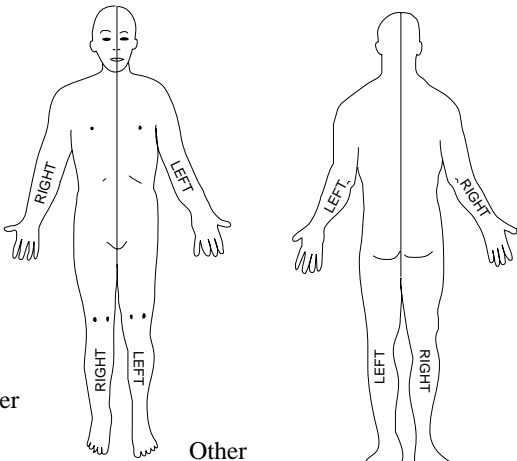
Family name Given names
 Name: Date of birth: / / Sex: M F
 Occupation: If Student: No.
 School/Section Faculty Supervisor: (if appropriate)
 Supervisor: Phone:
 Employed in this position years If contractor/employed by contractor:
 Full-time Part-time Casual Contractor/employed by contractor Visitor Patient Unpaid/volunteer
 Name of Contractor:

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)

• Attach further information overleaf if space insufficient and sketches and photographs, plus information from witnesses if applicable

Injury details

<i>Nature or type</i>	<i>Body part</i> (please mark the injured part(s))	<i>Agent of damage</i>
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<input type="checkbox"/> Poisoning		<input type="checkbox"/> Struck by falling or moving object
<input type="checkbox"/> Puncture		<input type="checkbox"/> Thermal (heat or cold)
<input type="checkbox"/> Respiratory (inhalation)		<input type="checkbox"/> Vehicle
<input type="checkbox"/> Skin disorder		<input type="checkbox"/> Vibration
<input type="checkbox"/> Sprain or strain		Other (specify) <input type="text"/>
Other (specify) <input type="text"/>	Other <input type="checkbox"/> Teeth	
	<input type="checkbox"/> Brain	
	<input type="checkbox"/> Organ (specify) <input type="text"/>	

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.

(continued overleaf)

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 Condition of walking surface
- Slip/fall on stairs or sloping surface Type & condition of footwear
- Fall from a height 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)

Yes No

- Should ppe have been worn during the task being undertaken at the time of the incident?
- Was it available?
- Was it being worn/used?
- Type of PPE required:

4) Corrective action recommended by supervisor & action taken

	ACTION TAKEN	DATE
Changes to work environment:		
Modifications or repairs to machinery, equipment or tools:		
Changes to work practices/job design:		
Personal protective equipment (additional or changes)		
Additional Training:		

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.