

OHS001**OHS Hazard, Incident, Injury and Illness Report Form****UNSW**
THE UNIVERSITY OF NEW SOUTH WALESUse this form is for reporting OHS hazards, incidents, injuries, illnesses, or issues at UNSW. Refer to the [OHS Hazard, Incident, Injury and Illness Report Procedure](#) (Ctrl+click) before completing this form.**PART A To be completed by the person reporting****Personal Details**

Title:	Family Name:	First Name:	Staff/student no.:
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor
Home Address:			
Email:		Phone (w):	Phone (h):
Faculty/Division:		School/Unit:	
Position:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Supervisor:		Phone:	email:

Report details

Tick one box only	<input type="checkbox"/> Hazard	<input type="checkbox"/> Incident with no injury or illness (e.g. a near miss)
	<input type="checkbox"/> Incident with work related injury	<input type="checkbox"/> Injury related to travel to or from work
	<input type="checkbox"/> Incident with work related illness	<input type="checkbox"/> Issue for resolution at local OHS committee
	<input type="checkbox"/> Other, please specify:	
	Date issue identified/injury occurred: _____	
Attach separate sheet if further space required for questions (1) to (8)		
(1) Describe the Hazard, incident or illness:		
(2) Were there any specific injuries and symptoms? (include parts of body affected, left or right side etc):		
(3) Did you have any time off work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes specify dates:
(4) Did your normal work need to be altered due to injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it still altered? Yes <input type="checkbox"/> No <input type="checkbox"/>
(5) Did you see a doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(6) Did you obtain a medical certificate?	Yes <input type="checkbox"/> (please attach) No <input type="checkbox"/>	
(7) Have there been costs associated with this injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, specify:
(8) Was there a witness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Witness:
Witness contact details	Phone:	Email or Address:
Location of Incident/Hazard (attach Google® Map if applicable and available):		
Building:	Floor:	Room:
External Location, if applicable:		

Signature

I approve the release of the information in this form to approved authorities, which may include medical practitioners, legal representatives, employee associations, insurance companies and WorkCover NSW.

Your signature:

Date forwarded to Supervisor:

Send Part A to:

- (1) If reporting an **injury/illness** it must be reported to OHS and Workers compensation within 48 hours. Therefore send **original** to OHS Workers Compensation Manager and give a **copy** of both part A and B to your Supervisor. Keep a copy for yourself.
- (2) If reporting a hazard give the original to your supervisor. Keep a copy for yourself.

You will be advised by your supervisor once all required corrective actions have been implemented.

Name of Person Reporting Incident:

Date of Incident:

PART B To be completed by the supervisor

This section is to be completed by the Supervisor as soon as possible in response to receiving Part A. Refer to the OHS Hazard, Incident, Injury and Issue Report Procedure before completing this form

Serious hazards, incidents, injuries, illnesses and issues must be notified immediately to the OHS&WC Unit by phone on 9385-2214.

Assess the risk

What is the identified hazard?

What is the risk being controlled?

The risk rating of a hazard is based on a combination of Consequence and Likelihood. Please complete the following table by referring to the [UNSW Risk Rating Procedure](#) (Ctrl+click). Circle one option only in each section below.

<u>Consequence</u>	1	2	3	4	5	<u>Likelihood</u>	A	B	C	D	E	<u>Risk Rating</u>	Low	Medium	High	Very High
Action required:	Very High: Act Immediately			High: Act Today			Medium: Act This Week			Low: Act This Month						

Corrective Action Plan

The supervisor is responsible for ensuring corrective actions are entered on the local Corrective Actions Register, completed and of notifying the person completing Part A. The Head of School/Centre/Unit is responsible for supervisors completing corrective actions in a timely manner.

Corrective Actions to be taken (must be used in this order where possible)	By whom	By when
Eliminate the hazard or risk by:		
Substitute with something less hazardous:		
Engineering controls (e.g. hand truck, trolley, machine guarding, fume cupboard):		
Administrative controls (signage, safe working procedure, risk assessment, training):		
Personal Protective Clothing & Equipment:		

A combination of the above measures may be required to be taken to minimise the risk to the lowest level reasonably practicable if no single measure is sufficient for that purpose.

Please explain why you have not used controls higher up the hierarchy of risk controls if applicable:

Supervisors Signature

Name: _____ Signature: _____ Date: _____

Send copies to:

Copies of this form with all required details completed are to be sent by the supervisor to:

1. Chairperson of local School/Unit OHS Committee
2. Manager, OHS&WC - fax 9385 2365
3. OHS Coordinator for you Faculty

For incidents requiring action by Facilities Management ring FM Help Desk on ext 55111

Job Number:	Date Job Request Placed:	Date Completed: