ACT Government

Agency Identification Number (if required)

Accident/Incident Report (AIR)

When to use this form

This form is to be used to report all work related accident/incidents which resulted in a workplace injury to a person **as well as** circumstances which may result in the risk of harm.

Instructions for Person Injured or exposed to an accident/incident (or their representative)

1. Complete **Parts A, B, C and D** (Supervisor/Manager or person's representative, to complete if affected person unable)
2. The Supervisor/ Manager is to complete part E
3. Forward to your Agency's Injury Prevention and Management (IP&M) Team.
4. Return a copy of the completed AIR to the person involved in the accident/incident.
5. If compensation is to be claimed, ensure a copy of this AIR is included with the Workers' Compensation Claim Kit
6. Reporting Requirements – There is a requirement to report all incidents to the appropriate parties as specified in the table below, within the timeframes specified below.

Type of Incident	Report to Whom	When	Also Notify
Death of worker or other person.	1. Supervisor 2. WorkSafe ACT 3. Directorate's IPM Area/Shared Services (HR Unit for small agencies) 4. Original accident report form to CMCD for database entry and recording.	1. Immediately 2. Immediately after becoming aware that a notifiable incident has occurred and by the fastest possible means. (A written report to be provided within 48 hours) 3. Within 2 hours 4. Within 5 working days	Head of Service Director-General HR Executive Business Manager ACTIA (if 3rd party involved) Health & Safety Representative for the relevant work group.
Serious events or dangerous incidents Includes serious injuries or illnesses (see the Glossary for definitions)	1. Supervisor 2. WorkSafe ACT 3. Directorate IPM Area/Shared Services (HR Unit for small agencies) 4. Original accident report form to CMCD for database entry and recording	1. Immediately 2. Immediately after becoming aware that a notifiable incident has occurred and by the fastest possible means. (A written report to be provided within 48 hours) 3. Within 24 hours 4. Within 5 working days	HR Executive/ Business Manager Health & Safety Representative for the relevant work group.
Serious events involving 3rd parties (eg. Clients, visitors, students)	1. Supervisor 2. WorkSafe ACT 3. Directorate's IPM Area/Shared Services (HR Unit for small agencies). 4. Original accident report form to CMCD for database entry and recording	1. Immediately 2. Immediately after becoming aware that a notifiable incident has occurred and by the fastest possible means. (A written report to be provided within 48 hours) 3. Within 2 hours 4. Within 5 working days	HR Executive/ Business Manager ACT Insurance Authority (ACTIA)
All incidents/ accidents involving ACTPS workers (whether or not an injury results)	1. Supervisor 2. Directorate IPM Area/Shared Services (HR Unit for small agencies) 3. Original accident report form to CMCD for database entry and recording	1. Immediately 2. Within 48 hours 3. Within 5 working days	Business Manager Health & Safety Representative for the relevant Workgroup

continued..

Notes:

- **A copy of this form may be forwarded to WorkSafe ACT to satisfy the reporting requirements as outlined above. http://www.worksafety.act.gov.au/page/view/1034 and ph: 02 6207 3000**
- **If forms are printed and sent by facsimile to WorkSafe ACT, confirmation should be made that the appropriate area or person has received the report.**
- **The original hard copy or the original electronic copy of this form must be forwarded to the Chief Minister & Cabinet Directorate for data entry and record keeping IncidentReporting@act.gov.au as well as a copy to the IPM team for your Directorate.**

Note: The person with management or control of a workplace at which an incident which is notifiable to WorkSafe ACT has occurred must ensure so far as is reasonably practicable, that the site where the incident occurred is not disturbed until a WorkSafe ACT inspector arrives at the site or any earlier time that an inspector directs. A site includes any plant, substance, structure or thing associated with the notifiable incident. This requirement does not prevent any action to assist an injured person; or to remove a deceased person; or that is essential to make the site safe or to minimise the risk of a further notifiable incident; or that is associated with a police investigation; or for which an inspector has given permission.

Compensation Claims
Completion of this form is not a claim for workers' compensation. Information regarding workers' compensation can be obtained from your IP & M Team or by contacting Comcare on ph:1300 366 979.

Privacy Notice
The information in this form is collected to comply with the ACT Government's responsibilities for recording workplace accidents/incidents and in accordance with *Work Health and Safety Act 2011* as well as:

- *The Privacy Act 1988 (Cwth)*. The Privacy Act entitles you to check the record processed from the information you have provided and to correct any inaccuracies.
- The ACT *Health Records (Privacy and Access) Act 1997* which outlines the rights of access to records and how they are kept.

The information in this form will only be disclosed to those who have authorisation to receive the information unless written permission is obtained from the person involved.

GLOSSARY

"***Accidents***" and "***Incidents***" include:

- any workplace event that endangers the health or safety of a person;
- any workplace event that results in injury or disease, however minor, including dangerous occurrences.

"***Serious Injury or illness***" for notification purposes under the *Work Health and Safety* (WHS) *Act 2011* refers to:

a) the death of a worker or another person;

b) an injury or illness that requires immediate treatment:
   - as an in-patient at a hospital; or
   - for the amputation of any part of the body; or
   - for a serious head injury; or
   - for a serious eye injury; or
   - for a serious burn; or
   - for the separation of skin from underlying tissue; or
   - for a spinal injury; or
   - for the loss of a bodily function; or serious lacerations.

c) medical treatment within 48 hours of exposure to a substance;

d) any infection where the undertaking of work is a significant contributing factor including any infection that is reliably attributable to work:
   - with micro-organisms; or
   - that involves providing treatment or care to a person; or
   - that involves contact with human blood or body substances; or
   - that involves handling or contact with animals or animal products particularly if any of the following zoonoses have been contracted through this work:
     i. Q fever
     ii. Anthrax
     iii. Leptospirosis
     iv. Brucellosis
     v. Hendra Virus
     vi. Avian influenza; or
     vii. Psittacosis.

e) a serious injury to a person other than a worker;

"***Dangerous Incident***" for notification purposes refers to any incident that endangers or is likely to endanger the work safety of people at a workplace emanating from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance;[1] or
- an uncontrolled implosion, explosion or fire; or
- an uncontrolled escape of gas, steam, or pressurised substance; or
- electric shock; or
- the fall or release from height of any plant, substance or thing; or
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use under the WHS Regulation 2011; or
- the collapse or partial collapse of a structure; or
- 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; or
- any other event prescribed by the WHS Regulations 2011.

"***Worker***" refers to:

- an employee;
- contractors or sub-contractors;
- an employee of a contractor or subcontractor;
- an employee of a labour hire company who has been assigned to work in the business;
- an outworker;
- an apprentice or trainee;
- undertaking student gaining work experience; and
- Volunteers.

"***Person in Control***" means anyone who has control of the relevant premises, plant and equipment or the systems of work and includes anyone who has the authority to make decisions relating to these issues.

"***Risk***" means exposure to the chance of injury or loss.

"***Work Safety Risk Register***" lists all the identified work safety business risks, risk assessment results and associated or recommended control measures. It also includes information on the status of the risk after implementation of the controls.

"***3rd Party***" refers to a person who is not considered to be a worker under the Act and includes visitors or people receiving services in an ACT Government workplace.

[1] This includes the reporting of any event involving asbestos contamination.

PART A to D - PERSON INJURED OR EXPOSED TO AN ACCIDENT/INCIDENT, OR THEIR REPRESENTATIVE, TO COMPLETE

Part A - Personal details of person(s) involved in the accident / incident

1. Family Name/Surname

Given Name/s

Date of Birth DD/MM/YYYY

Male ☐ Female ☐

2. Status of person involved

- ☐ **ACT Govt Employee** **AGS/ID No:**
- ☐ ACT Legislative Assembly Non Members Staff
- ☐ Contractor/Agency Worker
- ☐ Student (eg. CIT). Provide Student id no.
- ☐ Visiting Medical Officer
- ☐ Volunteer Emergency Worker
- ☐ Other Third Party. Provide details:

3. Your Agency/Employer

Agency

Branch/Section

Part B - Accident/Incident Details

4. Date and time of incident

Date DD/MM/YYYY Time eg **16:30** which is 4:30pm

5. Details of Witnesses

Witness 1 Full Name

Contact Number Mobile

Witness 2 Full Name

Contact Number Mobile

6. Where did the accident/incident occur

- ☐ At the usual work place
- ☐ At recess (eg. Lunch)
- ☐ When travelling as part of the job
- ☐ When travelling to work
- ☐ Working away from usual workplace (e.g. in the field)
- ☐ Other. Provide details:

7. What was the exact location of the accident/incident? (e.g. Science lab2, Holder Oval)

8. What task was being performed at the time of the accident/incident?

9. Was the accident/incident caused or related to the above task?

☐ YES ☐ NO

10. Date and Time Agency became aware of the accident/incident?

Date DD/MM/YYYY Time eg **16:30** which is 4:30pm

11. Have you received specific training in the task being performed at the time of the accident/incident?

☐ YES ☐ NO

If **YES what type?**

- ☐ Induction
- ☐ Vocational/ Job Specific
- ☐ Task Specific
- ☐ Other. Provide details:

12. How much experience have you had in doing the tasks you were performing at the time of the accident/incident?

YEARS MONTHS ☐ Not Applicable

13. Was the accident/incident caused by a violent or abusive act?

☐ YES ☐ NO

If **NO, go to question 16**. If **YES,** then

14. Who or what caused the violent abuse?

- ☐ Client
- ☐ Another employee
- ☐ Student
- ☐ Patient
- ☐ Other. Provide details:

15. What form of violence or abuse took place?

- ☐ Verbal
- ☐ Physical
- ☐ Other. Provide details:

16. Describe how the accident/incident happened.

Please include the name of any particular chemical, product or equipment involved in the accident/incident

Note: Click here if you require more space.

17. To what extent did the accident/incident affect you?

- ☐ No injury or illness, it was a hazardous situation - If **NO injury or illness, go to question 22**
- ☐ Minor injury or illness - no time was lost as a result
- ☐ Less than one day of lost work
- ☐ One day or more of lost work

Part C - Injury/Illness Details (Complete if an injury or illness occurred as a result of the accident/incident)

18. Which body parts were affected by the accident/incident?

(Tick all those affected)

☐ Eye	☐ Ear	☐ Mouth	☐ Neck	☐ Shoulder
☐ Arm	☐ Elbow	☐ Wrist	☐ Hand	☐ Finger/Thumb
☐ Back	☐ Knee	☐ Hip/Buttocks	☐ Leg	☐ Ankle
☐ Foot	☐ Toes	☐ Chest/Trunk	☐ Respiratory System	
☐ Internal Organs (other than above)			☐ Face (other than above)	
☐ Head (other than above)			☐ Psychological System	
☐ Other. Provide details:				

19. Describe the injury/illness and how it affects you.

(eg bruised right ankle, unable to bear weight) ***Note: Click here if you require more space.***

Part C - Injury/Illness Details (Continued)

20. What treatment was given?

- ☐ None
- ☐ Hospital Admission
- ☐ On site health centre
- ☐ First aid or alternative treatment
- ☐ Doctor/Casualty/Physiotherapy
- ☐ Paramedic/Ambulance treatment
- ☐ Employee Assistance Program (EAP)
- ☐ Other. Provide details:

21. Was personal protective equipment/clothing worn at the time of the injury/illness? ***(Tick all that are relevant)***

- ☐ None
- ☐ Footwear
- ☐ Eye Protection
- ☐ Ear Protection
- ☐ Respiratory
- ☐ Helmet/Head Protection
- ☐ Hand Protection
- ☐ Harness or Restraint
- ☐ Other. Provide details:

22. What was your employment grade or level at the time of the accident/incident?

23. What was your job title or description at the time of the accident/incident?

24. What was the work status at the time of the accident/incident?

- ☐ Permanent Full-Time
- ☐ Casual Full-Time
- ☐ Permanent Part-time
- ☐ Casual Part-Time
- ☐ Temporary Full-Time
- ☐ Temporary Part-Time
- ☐ Other. Provide details:

25. How many hours do you normally work each week?

☐ 36 Hours, 45 Minutes ☐ 38 Hours ☐ Other. Provide details:

26. What time did you start work on the day of the accident/incident?

27. Are you a shift worker?

☐ YES ☐ NO If **YES** provide details:

Part D - Person completing this form.

Name | Position Level

Contact Number | Mobile

Date | Signature

DD/MM/YYYY

When creating a new electronic signature, ensure that you choose the 1024-bit RSA encryption. See the factsheet on the Shared Services website for more information.

Note: for injured party or representative.

Once you have completed and saved your section of this form to your computer, email or forward it to your Supervisor/Manager to complete.

Keep a copy for your own records.

SAVE PRINT EMAIL

Part E - SUPERVISOR/MANAGER TO COMPLETE

28. Has the designated Work Safety Representative (WSR) been advised of the accident/incident?

☐ YES ☐ NO

29. Is the accident/incident a 'Serious Event" notifiable to WorkSafe ACT?

If **YES continue** If **NO go to question 32**

☐ YES ☐ NO

30. Is WorkSafe ACT going to conduct an investigation?

☐ YES ☐ NO ☐ WorkSafe ACT to advise

31. What date was WorkSafe ACT notified by phone (6207 3000) or facsimile (6205 0336)? Date DD/MM/YYYY

Worksafe Notification Number if known

32. What date was your agency IPM team/SSHS informed?

Date DD/MM/YYYY

33. Who will conduct formal internal investigation?

☐ Manager/Supervisor ☐ SSHS ☐ Internal Investigator

Corrective and Preventative Measures

34. What short term corrective action/s have been taken?

35. What medium/long term corrective action/s have been taken?

PREVENTATIVE ACTIONS	PROPOSED	COMPLETED
Change to induction training	☐	☐
Change to ongoing training	☐	☐
Equipment/machinery modification	☐	☐
Equipment/machinery maintenance	☐	☐
Change to work procedures	☐	☐
Change to work environment	☐	☐
Other job redesign	☐	☐
Other preventative action	☐	☐
Prevention action unnecessary	☐	☐

36. Provide your comments/recommendations on the preventative actions selected:

Name of Supervisor/Manager completing this form

Name | Position Level

Date | Contact Number | Mobile

Branch/Section | Signature

Note: for Supervisor/Manager. *Sign and save a copy of this form for your records and forward to the appropriate parties, including the injured/ill party, IncidentReporting@act.gov.au, your agency IPM Team/SharedServicesSafety@act.gov.au.*

For further information, refer to instructions on Page 1 of this form.

SSHS use Only - Additional recommendations/comments (if required)

SSHS Investigation Required? ☐ YES ☐ NO

SSHS Advisor | Phone | Date

CMD Workplace Injury Performance use Only

Agency Code	Breakdown
Agency	Mechanism
Nature	Body

16. (Cont.) Describe how the accident/incident happened.

Please include the name of any particular chemical, product or equipment involved in the accident/incident

Note: This area provided only if you require more space than that provided at Q.16.

RETURN TO Q.17

19. (Cont.) Describe the injury/illness and how it affects you.

(eg bruised right ankle, unable to bear weight)

Note: This area provided only if you require more space than that provided at Q.19.

RETURN TO Q.20