MLR HAZARD / INCIDENT REPORT FORM

INSTRUCTIONS - This form is to be completed for all hazards not able to be immediately controlled and all incidents regardless of whether an injury has been sustained.

Hazard: Complete sections ① & ③ of this report prior to forwarding this form to the committee.

Incidents: Complete both section ① & ② of this report prior to forwarding this form to the committee.

Committee: Complete section ④ of this report, commence an incident investigation (if necessary) and develop a Corrective Action Plan to eliminate, control or reduce the identified hazards.

Is this incident an Immediately Notifiable Injury? Yes ☐ No ☐ **An Injury is considered *immediately Notifiable* if one or more of the following applied*:*** • **The injury resulted in death*;*** • **The injury had acute symptoms associated with exposure to a substance at a Club activity work' or,** • **The injury required immediate treatment as an in-patient in a hospital**	Is this incident a Dangerous Occurrence? Yes ☐ No ☐ **A Notifiable *Dangerous Occurrence* can include:** • **Electrical short circuit, malfunction or explosion;** • **An uncontrolled explosion, fire or escape of gas, hazardous substances or steam.**

Are you Completing this Form on behalf of: ❑ Another club member ❑ A Non-club member (eg visitor)

Your Name: **Telephone**:

① Personal Details

Name *(Surname)* *(Given Name)* **Date of Birth:**

Sex ☐ Male ❑ Female

Membership Status ☐ Member ❑ Visitor

② Incident

Date of Incident: **Time**

(Attach a separate sheet if insufficient space in this section)

Location of the incident

What happened? (Describe the incident and include as much detail as possible)

What caused the incident?

Incident resulted in: ❑ Injury ❑ Exacerbation of previous injury ❑ No injury

What injury/illness/disease was sustained?

How exactly was the injury/illness sustained? ……………………………………………………………………………….……….

Injury location: ………..………..

Incident was first reported to: Name: ……………………………….. **Phone:** ………………………………..………

Details of any witness to the incident? Name: ………………………… **Phone:** …………………………………..

Did you require any medical treatment? ❑ Yes ❑ No

If Yes: ❑First Aid Treatment ❑ Critical Incident Treatment ❑ Medical ❑ Debrief (locally) ❑ Hospital ❑ Other

Hazard ③

Date Hazard Identified: ……… / ………../ ………… **Time:** …….:…….. am/pm (Attach a separate sheet if insufficient in this section)

Exact Location of the Hazard ……………………………………………………………………………………

………

What is the hazard?……………………………………………………………………………………………

………

………

Have you advised all others in the area of the Hazard? ❑ Yes ❑ No ❑ N/A

What have you done to eliminate or control the Hazard? ……………………………………………………………

………

List any suggestions you may have to reduce or eliminate the Hazard …………………………………………

………

………

Sign-off

Reported completed by:-

Name: ……………………………………………………… **Signature:** ………………………………………………
(Please print)

Date: …………/ …………. / ……………

Please forward this form to the committee for completion of the next sections.

Committee ④

INITIAL REPORT:

Date this report was received …………/ …………../ ……………

Name of person receiving this report ……………………………………………. **Position:**……………………………………

Describe events that led to the incident/injury? ……………………………………………………………………

………

Did any of the following factors contribute?

- ❑ No written procedure
- ❑ Inadequate training provided
- ❑ Lack of equipment
- ❑ Equipment not available
- ❑ Inadequate storage
- ❑ Inadequate ventilation/lighting
- ❑ Needs on-going training
- ❑ Lack of maintenance
- ❑ Equipment fault
- ❑ Poor access
- ❑ Incorrect method used
- ❑ Critical/Trauma Incident
- ❑ No training provided
- ❑ Possible lack of attention
- ❑ Inappropriate equipment used
- ❑ Inadequate space
- ❑ Unresolved conflict
- ❑ Psychological strain

Describe any action you have taken or propose to take to prevent this incident occurring again: ……………………………

………

Has feedback been provided to the person reporting the incident? ❑ Yes ❑ No

If no, please provide further information …………………………………………………………………… ………………

Is an Incident Investigation being conducted? ❑ Yes ❑ No

Date: …………. / …………/ …………. **Time:** ………:………. am/pm **Name of person:** ……………………………………………

FINAL REPORT – if no incident – forward this form signed by all parties, within 3 working days of final sign off, together with a copy of the Corrective Action Plan developed to control the identified hazard.
If investigation being conducted –follow up with a copy of the incident report corrective action plan within 10 days of final sign off.

Sign-off

President	**Secretary**	**Trip Coordinator**
Name: ………………………………………	**Name:** ………………………………………	**Name:**……………………………………
Signature: …………………………………	**Signature:** …………………………………	**Signature:**………………………………
Date: ………/ ………../ …………	**Date:** ………/ ………../ …………	**Date:** ………/ ………../ …………

This section should be not be signed until a Corrective Action Plan has been development or an Incident Investigation commenced

This report is to be retained by the Secretary