

MyHR WHS: Health and Safety Incident Data Collection Form

Privacy statement: The Department of Education (DoE) is collecting personal health and safety incident information on this form in accordance with the Work Health and Safety Act 2011 (Qld), the Work Health and Safety Regulation 2011 (Qld), and/or the Electrical Safety Regulation 2002 (Qld). The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (Qld), WorkCover Queensland, industrial organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor.

When to use this form

- This form is for data collection purposes only and is **not** a required form to complete. It is to be used to gather information for later entry into the MyHR WHS – Incident module. It is mandatory to use MyHR WHS for recording health, safety and wellbeing incidents.
- It can be used:
 - when an incident occurs away from the workplace e.g. camps, fetes, sports
 - for staff working out of hours or with limited access computers e.g. cleaners, grounds maintenance staff
 - for visitors or contractors
 - to implement a local protocol where data entered into MyHR WHS by a limited number of staff
 - during system outage.
- Every effort is to be made to verbally report an incident to the school/workplace on the day of the incident to enable a record to be made in MyHR WHS no later than the next business day
- The [Health, Safety and Wellbeing Incident Management procedure](#) is to be followed.

Notifiable incidents must be reported to WHSQ. Notifiable incidents include:

- death
- serious injury or illness e.g. amputation, head injury, spinal injury, hospital admission
- dangerous incidents e.g. electric shock, explosion, fire, release of hazardous substance.

How to report:

1. Immediately contact WHSQ by phone: 1300 362 128 to notify them of the incident.
2. WHSQ should provide a reference number for your call. Note that you contacted WHSQ and record the reference number in the 'immediate actions taken' section of this form.
3. Complete all relevant information within this form and ensure the data is entered into MyHR WHS as soon as possible.

Not sure? Check the full definitions within the procedure, contact your Regional Health and Safety Consultant or phone WHSQ.

How to use this form

1. This cover page is for information and advice.
2. Pages 1-3 are to be completed as they record the details of the incident and the injured person.
3. If relevant, complete a sub form (page 4) for each 'incident type'; electrical, security threat, motor vehicle, fire, environmental or near miss. Each incident type has its own 'sub form'.
 - e.g. for an injury sustained while driving a motor vehicle – complete pages 1-3 (which includes the 'injury/illness' details) **and** the 'motor vehicle' sub form
 - if more than one person sustained an 'injury/illness' as a result of the same incident, fill in a separate injury/illness form (pages 2-3) for each person. You do not need to complete separate forms for the incident (page 1)
4. Record all available information.
5. Check that all mandatory fields, e.g. those marked with *, are completed.
6. Give the completed form to your supervisor or administration to enable data entry into MyHR WHS OR enter into MyHR WHS yourself on return to the workplace.
7. This form can be scanned and attached to the MyHR WHS incident record within investigation screens.
8. This paper form is to be retained for 12 months at the workplace.



INCIDENT DETAILS

***Incident date:** ____ / ____ / ____ **Incident time:** (24 hour HH:MM) ____ : ____

If the incident occurred at your school or base location, you need **ONLY** complete the School/base location field. If the incident did not occur at your school/base location, then you need to complete the School/base location field and the Other incident location field.

***School/base location:** _____

Other incident location (address details): _____

***Summary of incident** (approx. 20 words): _____

Detailed description of incident: _____

***Immediate action taken** (including any lockdown or evacuation, parents contacted, first aid administered, ambulance called, doctor/out patients or hospitalisation, WHSQ notified and reference number, what was done to prevent this or something similar from happening again, etc.): _____

INCIDENT TYPES

Instructions: select one or more incident types.

Incident types		
<input type="checkbox"/> injury/illness <input type="checkbox"/> electrical <input type="checkbox"/> security threat	<input type="checkbox"/> motor vehicle <input type="checkbox"/> fire <input type="checkbox"/> environmental	<input type="checkbox"/> near miss (no injury or illness)

If 'electrical' or 'environmental' or 'fire' or 'property/plant/equipment' is selected as incident type, the question 'Was this a dangerous incident as defined under legislation?' must be answered.

Was this a dangerous incident as defined under legislation? Yes No

If you are unsure, refer to the [Definitions of Dangerous Incidents and Electrical Incidents page on the WorkSafe website.](#)

REPORTING DETAILS

***Reported date:** ____ / ____ / ____

***Reported by:** (at least one 'reported by' field must be populated)

Staff member (name): _____ Base location: _____

Student (name): _____ Base location: _____

Other person (name): _____ Base location: _____

Other person's contact details if known: _____

Name of reviewer: _____

Name of person completing this form: _____

INJURY/ILLNESS DETAILS

***Injured person's details:**

Staff member (name): _____ Base location: _____

Student (name): _____ Base location: _____

Other person (name): _____ Base location: _____

Type of other person:

Client Contractor Parent Visitor Volunteer Other: _____

Other person's contact details if known: _____

Injury details

*** Injury/illness classification – select one of the following**

- | | |
|--|---|
| <input type="checkbox"/> Class 1 – Fatality or life threatening
<input type="checkbox"/> Class 2 – Hospital admission | <input type="checkbox"/> Class 3 – Medical treatment
<input type="checkbox"/> Class 4 - No more than first aid |
|--|---|

Use the reference lists below to complete the body location details and the nature of injury/illness details

Bodily location (reference list)			*Nature of injury/illness (reference list)		
<ul style="list-style-type: none"> • Face • Head • Eyes • Ears • Nose • Tooth/teeth • Neck • Arms • Elbows • Shoulders 	<ul style="list-style-type: none"> • Hands • Wrists • Back • Mouth • Chest • Fingers • Abdomen/stomach • Hips • Legs • Groin area 	<ul style="list-style-type: none"> • Knees • Foot/feet • Toes • Ankles • Skin • Respiratory system • Internal organs • Spine • Psychological condition • Other e.g. fainting 	<ul style="list-style-type: none"> • Ache/pain • Cut/laceration • Amputation • Bite/sting • Bruising/crushing • Dislocation • Sprain/strain • Burn/scald • Fracture 	<ul style="list-style-type: none"> • Infection/disease • Hearing loss/deafness • Psychological stress • Allergy • Skin irritation/dermatitis • Heat/cold stress • Poisoning • Respiratory • Puncture/needle stick 	<ul style="list-style-type: none"> • Weld flash • Eye disorder • Foreign body • Head injury • Internal injury • Heart or circulatory condition • Other e.g. fainting

Injury 1

Body location: _____ Nature of injury/illness: _____

If more than one injury or body location, complete below.

Injury 2

Body location: _____ Nature of injury/illness: _____

Injury 3

Body location: _____ Nature of injury/illness: _____

*** Cause of injury/illness – select one of the following**

- | | | |
|---|---|--|
| <input type="checkbox"/> Animal or insect
<input type="checkbox"/> Biological
<input type="checkbox"/> Chemical or substance
<input type="checkbox"/> Contact with, or striking against object
<input type="checkbox"/> Electricity
<input type="checkbox"/> Explosion or implosion (pressure variation) | <input type="checkbox"/> Muscular effort - single event
<input type="checkbox"/> Noise
<input type="checkbox"/> Occupational violence & aggression
<input type="checkbox"/> Psychological
<input type="checkbox"/> Radiation
<input type="checkbox"/> Repetitive movement
<input type="checkbox"/> Slip, trip or fall | <input type="checkbox"/> Struck by falling or moving object
<input type="checkbox"/> Thermal (heat/cold)
<input type="checkbox"/> Vehicle
<input type="checkbox"/> Vibration
<input type="checkbox"/> Other: _____ |
|---|---|--|

*** Contributing factor/agency – select one of the following**

- | | | |
|---|---|---|
| <input type="checkbox"/> Animals
<input type="checkbox"/> Behaviour of parent or caregiver
<input type="checkbox"/> Behaviour of staff
<input type="checkbox"/> Behaviour of student
<input type="checkbox"/> Behaviour of other
<input type="checkbox"/> Biological agent
<input type="checkbox"/> Chemicals
<input type="checkbox"/> Electricity | <input type="checkbox"/> Fire/explosion
<input type="checkbox"/> Foreign objects (e.g. projectiles, splinters)
<input type="checkbox"/> Human agencies
<input type="checkbox"/> Indoor environment
<input type="checkbox"/> Machinery and fixed plant
<input type="checkbox"/> Mobile plant/machinery
<input type="checkbox"/> Needle stick
<input type="checkbox"/> Non-powered equipment (e.g. playground) | <input type="checkbox"/> Non-powered tools
<input type="checkbox"/> Outdoor environment
<input type="checkbox"/> Powered equipment, tools and appliances
<input type="checkbox"/> Radiation/arc flash
<input type="checkbox"/> Stress/trauma
<input type="checkbox"/> Temperature
<input type="checkbox"/> Vehicle (government)
<input type="checkbox"/> Vehicle (private)
<input type="checkbox"/> Other : _____ |
|---|---|---|





* Activity – select <u>one</u> of the following		
<input type="checkbox"/> Abuse - physical <input type="checkbox"/> Abuse - verbal <input type="checkbox"/> Abuse – physical and verbal <input type="checkbox"/> Abuse – written (including online/cyberbullying) <input type="checkbox"/> Admin general <input type="checkbox"/> Chemical use <input type="checkbox"/> Computer work <input type="checkbox"/> Curriculum prac <input type="checkbox"/> Curriculum theory	<input type="checkbox"/> Equipment usage <input type="checkbox"/> Excursions/field trip <input type="checkbox"/> First aid <input type="checkbox"/> Grounds care <input type="checkbox"/> Lifting/manual handling <input type="checkbox"/> Movement around the worksite <input type="checkbox"/> Play (supervised/unsupervised) <input type="checkbox"/> Playground duty	<input type="checkbox"/> Restraining a student <input type="checkbox"/> Sport <input type="checkbox"/> Travel to/from workplace <input type="checkbox"/> Work general <input type="checkbox"/> Other: _____

First Aid Details

Related student first aid

For students that have been injured, there may already be a first aid record for this incident in the MyHR Student First Aid Module. During data entry, this can be linked to this record.

Is there a student first aid record? Yes No Record number (if known): _____

First aid information

Name of person who administered first aid: _____

Short description of first aid types (e.g. rest, ice, immobilisation): _____

Detailed description of first aid or other medical response if necessary: _____

NOTE:
 This is the end of the data collection form unless an additional incident type was selected e.g. electrical, security threat, motor vehicle, environmental, near miss.



THE FOLLOWING PAGES REQUIRE COMPLETION **ONLY** IF ONE OF THE FOLLOWING INCIDENT TYPES WAS SELECTED:

- electrical
- security threat
- motor vehicle
- environmental
- near miss.

Complete and print only the relevant Incident Type sections.

ELECTRICAL DETAILS

***Mandatory fields that must be completed.**

Voltage: High Low

***Safety switch tripped:** Yes No Not installed

Equipment asset number: _____

Date of last test – safety switch: ____/____/____ Date of last test and tag – equipment: ____/____/____

***Source of electrical event** (select one of the following statements)

- Serious incident resulting in shock or injury requiring medical treatment or death.
- Shock or injury involving high voltage electrical equipment.
- Electrical work performed by an unlicensed person.
- Work performed with faulty electrical equipment.

Comments: _____



SECURITY THREAT

***Mandatory fields that must be completed.**

***Type of security incident:** (select one or more of the following and provide details)

- | | | |
|--|---|---|
| <input type="checkbox"/> Bomb threat | <input type="checkbox"/> Aggressive act | <input type="checkbox"/> Terrorism |
| <input type="checkbox"/> Verbal threat | <input type="checkbox"/> Biological/chemical threat | <input type="checkbox"/> Intruder on premises |

***Details of security incident:** _____

(Note: please record at least one 'person threatened' or one 'aggressor' if applicable).

Name of person/s threatened

Staff member: _____
 Student: _____
 Other person: _____
 Address and contact details of other person (if known): _____

Employer of other person threatened (if known): _____

Name of aggressor/s

Staff member: _____
 Student: _____
 Other person: _____
 Address and contact details of other person (if known): _____

Employer of other person threatened (if known): _____

Immediate response (select one or more of the following)

- | | | |
|---|---|---|
| <input type="checkbox"/> Contact emergency services | <input type="checkbox"/> Contact supervisor | <input type="checkbox"/> Contact counsellor (EAP) |
| <input type="checkbox"/> Contact next of kin | <input type="checkbox"/> Other: _____ | |

Resolution/outcome

Reported to police Yes No
 Police report number: _____
 Police contact details: _____
 Further details: _____



MOTOR VEHICLE

***Mandatory fields that must be completed.**

This form can be used to record the details of incidents involving a motor vehicle, however if incident involves more than one vehicle, a separate page should be completed for each driver.

Staff driver name: _____

Student driver name: _____

(if the driver is other than a staff member or a student, fill in the details below if know).

Other person driver: _____

Type of other person:

- Client
 Contractor
 Parent
 Visitor
 Volunteer
 Other: _____

Other person's address: _____ State: _____ Post code: _____

Other person's phone number: _____ Other person's employer: _____

Select one or more to accurately describe the weather conditions at the time of incident		
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy/overcast <input type="checkbox"/> Cold <input type="checkbox"/> Dry <input type="checkbox"/> Dusty	<input type="checkbox"/> Foggy <input type="checkbox"/> Hot <input type="checkbox"/> Humid <input type="checkbox"/> Raining <input type="checkbox"/> Flooding	<input type="checkbox"/> Sunny <input type="checkbox"/> Wet <input type="checkbox"/> Windy <input type="checkbox"/> Icy <input type="checkbox"/> Snowy

Time of the day (select one):

- Dawn
 Dusk
 Daylight
 Night

Road type (select one):

- Bend
 Intersection
 Parking area
 School grounds
 Straight

Road surface conditions (select one):

- Sealed
 Unsealed – good
 Unsealed – muddy
 Unsealed – loose

Vehicle details:

Vehicle type: _____ Vehicle make: _____

Vehicle model: _____ Vehicle year: _____

Registration plate number: _____

***Government vehicle** Yes No

Driver licence number: _____	Number of hours worked prior to incident: _____
Number of passengers: _____	Police report number: _____



FIRE

***Description of fire:** _____

Source of fuel – select <u>one</u> of the following		
<input type="checkbox"/> Flammable gas – acetylene <input type="checkbox"/> Flammable gas – LPG <input type="checkbox"/> Flammable gas – nitrogen <input type="checkbox"/> Flammable gas – oxygen <input type="checkbox"/> Flammable gas – propane <input type="checkbox"/> Flammable liquid – aviation fuel	<input type="checkbox"/> Flammable liquid – diesel <input type="checkbox"/> Flammable liquid – kerosene <input type="checkbox"/> Flammable liquid – paints <input type="checkbox"/> Flammable liquid – petrol <input type="checkbox"/> Flammable liquid – solvents <input type="checkbox"/> Flammable material	<input type="checkbox"/> Paper <input type="checkbox"/> Plastic <input type="checkbox"/> Rubber <input type="checkbox"/> Vegetation <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____

Source of ignition – select <u>one</u> of the following		
<input type="checkbox"/> Auto-ignition <input type="checkbox"/> Cutting <input type="checkbox"/> Electrical <input type="checkbox"/> Exothermic reaction	<input type="checkbox"/> Friction <input type="checkbox"/> Hot surface <input type="checkbox"/> Lightning	<input type="checkbox"/> Static electricity <input type="checkbox"/> Welding <input type="checkbox"/> Other: _____

Method of extinguishment – select <u>one</u> of the following		
<input type="checkbox"/> Extinguisher <input type="checkbox"/> Fire blanket	<input type="checkbox"/> Fire hose reel <input type="checkbox"/> Hydrant	<input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire brigade

Was the fire brigade called Yes No

Comments: _____



ENVIRONMENTAL

* Impact initiating event – select one of the following		
<input type="checkbox"/> Maritime incident	<input type="checkbox"/> Land contamination <input type="checkbox"/> Spill and release	<input type="checkbox"/> Theft <input type="checkbox"/> Other: _____

* Contaminant type – select one or more of the following		
<input type="checkbox"/> Dust and particulates <input type="checkbox"/> Asbestos incident <input type="checkbox"/> Heat	<input type="checkbox"/> Light <input type="checkbox"/> Noise <input type="checkbox"/> Chemical	<input type="checkbox"/> Pesticides <input type="checkbox"/> Other: _____

Volume released (number): _____ Unit (select either kg or litres): _____

Volume recovered (number): _____ Unit (select either kg or litres): _____

Comments: _____

NEAR MISS

* What contributed to the near miss? – (select <u>one</u> of the following)		
<input type="checkbox"/> Machinery and fixed plant <input type="checkbox"/> Mobile plant/machinery <input type="checkbox"/> Vehicle {Government} <input type="checkbox"/> Vehicle {private} <input type="checkbox"/> Powered equipment, tools and appliances <input type="checkbox"/> Non-powered hand tools <input type="checkbox"/> Non-powered equipment {eg playground}	<input type="checkbox"/> Chemicals <input type="checkbox"/> Foreign objects {eg projectiles, splinters} <input type="checkbox"/> Outdoor environment <input type="checkbox"/> Indoor environment <input type="checkbox"/> Animals <input type="checkbox"/> Human agencies <input type="checkbox"/> Biological agent	<input type="checkbox"/> Needle stick <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Electricity <input type="checkbox"/> Radiation/Arc Flash <input type="checkbox"/> Stress/Trauma <input type="checkbox"/> Temperature <input type="checkbox"/> Other: specify _____

*Details of near miss (detail consequences that could have occurred): _____

