


<b>STANDARD OPERATING INSTRUCTION</b>	<b>SOI-GVW- 306</b>
<b>Workplace Health and Safety Incident Reporting &amp; Investigation</b>	

## 1.0 Purpose

To outline the internal and external procedure for workplace incident reporting, recording and investigation

## 2.0 References

- OH&S Act 2004
- Accident Compensation Act 1985

## 3.0 Definitions

- Incident – includes unplanned, unexpected, uncontrolled or undesirable events which result in injury / illness or property damage AND “Near Hits” which are events which have the potential to cause injury / illness or property damage but do not. Incidents may also be referred to as “Accidents”, “Dangerous Occurrences”, or “Hazardous Incidents”.
- Notifiable Incident – an incident or dangerous occurrence that is defined in the OH&S Act 2004 which must be notified to the Victorian WorkCover Authority (WorkSafe) within a specified time.
- Employee – also includes independent contractor or visitor that is involved in an incident at one of GVW’s sites.

## 4.0 Responsibilities and Authorities

### 4.1 Board and Directors

- Review serious incidents at senior manager and board meetings.
- Review monthly summaries of all new incidents

### 4.2 Director of Corporate Services

- Ensure that this policy is reviewed by senior managers every two years or when a change to the procedure occurs.
- Ensure a monthly summary of all new incidents is prepared for senior managers and board members.

### 4.3 OH&S Coordinator

- Notify Senior Management of a Serious Incident

- Complete relevant notification to WorkSafe for serious incidents and dangerous occurrences.
- Coordinate the completion of a monthly summary of new incidents for senior managers and board members.
- Provide assistance to persons completing GVW Incident Report Form

#### **4.4 Managers (includes TSM Managers and District Managers)**

- Ensure staff members are aware and familiar with GVW's incident reporting, recording and investigation procedure.
- Ensure access is provided to employees to record incidents using the "Incident Report Form - QF GVW-OH&S-306".
- Receive and acknowledge receipt of incidents reports from employees, as per the requirements of the Accident Compensation Act 1985.
- Ensure all sections of the Incident Report Form are completed correctly.
- Review all incidents that occur within the manager's area of responsibility. Includes reviewing appropriateness and effectiveness of proposed outcomes, contributing factors and corrective actions.
- Identify serious incidents and dangerous occurrences which are required to be notified to WorkSafe Victoria and contact the OH&S Coordinator.
- Endorse any proposed corrective action(s) to minimise or reduce the chance of further incidents occurring in the work group.

#### **4.5 Health and Safety Representatives**

- Assist (where possible) in the carrying out of incident investigations.

#### **4.6 Employees**

- Ensure all incidents are immediately reported to the relevant manager and recorded using GVW's quality form GVW-OH&S-306.
- Where an incident has occurred be involved in the incident investigation.

### **5.0 OHS Hazards and Controls**

#### **5.1 HAZARDS: NIL**

#### **5.2 CONTROLS TO CONSIDER: NIL**

### **6.0 Incident Reporting and Investigation Procedure**

#### **6.1 General**

All incidents including near hits must be reported using GVW's incident report form QF GVW-OH&S-306 (See Appendix A). This must be completed by the employee, contractor or visitor involved in the incident. Where this is not possible a delegate (work colleague, friend or relative) may complete the details, however this person must not be the person's immediate supervisor or manager.

## **6.2 Completing the Incident Reporting and Investigation Form**

### **6.2.1 Completion**

The following Sections of QF GVW-OH&S-306 shall be completed by the employee(s) involved and the relevant Manager within 24 hours of an incident occurring:

- Section A – Personal & Incident Details
- Section B – Injury details
- Section C – Acknowledge receipt of notification of injury report.

### **6.2.2 Section D – Incident Investigation**

An incident investigation must be completed by the relevant Manager, H&S Rep and where possible the injured person within 5 days of an incident occurring. All incidents that are reported / recorded must be accompanied by a completed incident investigation.

### **6.2.3 Corrective Actions**

The relevant manager must ensure that any corrective action proposed to address contributing factors associated with the incident are documented and approved.

### **6.2.4 Reporting Near Hits**

Reporting of Near Hits (may also be termed Near Misses) should be encouraged by all Managers. The incident investigation should be completed to assist to identify if improvements can be made to reduce any further incidents.

Originals and Copies

The original and copies of the form should be forwarded to the following persons promptly (within 48 hours of completion):

- OH&S Coordinator (Original Copy)
- Injured Employee
- WorkCover Officer

## **6.3 WorkSafe Victoria Notifiable Incidents**

### **6.3.1 What is Notification**

- Serious incidents and Dangerous Occurrences must be notified in writing to WorkSafe Victoria within 24 hours after an incident has occurred.
- It is an offence not to notify WorkSafe Victoria for Serious Incidents or Dangerous Occurrences.
- Initial notification may be by telephone to the local WorkSafe Office followed by the forwarding via facsimile of a completed WorkSafe Victoria Incident Notification Form. A copy of the WorkSafe Victoria Incident Notification Form is attached as Appendix B to this procedure. Another copy of the form is available on Sharepoint under OH&S⇒Forms.

### **6.3.2 Preserving a Fatal Incident Site**

Unless otherwise directed by the WorkSafe Field Officer at the time of notification the scene of a fatality must not be disturbed before a WorkSafe Field Officer arrives. However the site may be disturbed to:

- Help someone who is injured;
- Protect someone's health and safety;
- Take essential action to make the site safe or prevent a further accident.

### **6.3.3 Assistance**

Where possible, assistance should be sought from the OH&S Coordinator before completing the WorkSafe Incident Notification Form.

## **7 Appendices**

- Appendix A – Incident Report Form
- Appendix B – WorkSafe Incident Notification Form

**APPENDIX A**  
**INCIDENT REPORT FORM**



**APPENDIX B**

**WORKSAFE INCIDENT NOTIFICATION FORM**

ORIGINAL

OCCUPATIONAL HEALTH AND SAFETY (INCIDENT NOTIFICATION) REGULATIONS 1997  
EQUIPMENT PUBLIC SAFETY (INCIDENT NOTIFICATION) REGULATIONS 1997



WORKSAFE VICTORIA

## INCIDENT NOTIFICATION FORM

July 2002

Office use  
only

Trim No.

### Person submitting details (Please print in BLOCK letters)

Name		Telephone number
<input type="text"/>		<input type="text"/>
Date	Date of Incident	Time of Incident
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Employer / self employer	OR * Person / organisation	Place / location where incident occurred
<input type="text"/>		<input type="text"/>
Business address	Postcode	
<input type="text"/>		
Name of employer of deceased / injured person(s), if any, if different from above		
<input type="text"/>		
Brief description of incident (Give details of the type of injury, if any, caused by the incident)		
<input type="text"/>		

### Details of injured person(s)

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	
Residential address	Postcode
<input type="text"/>	
Date of birth	Telephone Number
<input type="text"/>	<input type="text"/>
Occupation/job title/description	Employee/ contractor / member of public
<input type="text"/>	<input type="text"/>
Work activity being undertaken at time of incident (Identify any plant, substance, equipment involved)	
<input type="text"/>	
Person(s) who saw incident or first came to scene	
<input type="text"/>	
Action taken/intended, if any, to prevent recurrence of incident	
<input type="text"/>	

### Declaration

I declare that where I provide personal or health information to the Victorian WorkCover Authority (WVA) about any other individual, I am authorised to provide that information, the information has been collected in accordance with applicable privacy legislation and the individual has been or will be made aware of the WVA's identity and how to contact it and of the other matters of which an individual is required to be made aware when personal or health information is collected about them.

Signature	Date
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	

### Optional

WorkCover ID
<input type="text"/>
Establishment No
<input type="text"/>

**APPENDIX C**

**INCIDENT / INJURY REPORTING & INVESTIGATION PROCESS**

# Goulburn Valley Water

## Injury / Incident Reporting and Investigation Process

