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| *All Incidents / Injuries (incl. Near Misses) must be reported verbally to your Manager* ***immediately or as soon as practicable****. This Incident Report Form is available on the Health, Safety & Wellbeing website and may be printed and completed as a hard copy to record an incident / injury however this should* ***only*** *occur if the online incident reporting system (i.e. P.R.I.M.E) is not available, for any reason. The Incident Report details must be entered into P.R.I.M.E.* ***within 24 hours*** *or as soon as practicable.* ***All fields indicated with this symbol are mandatory****. Refer to the HSW-PR10-Incident Management & Investigation Process, for further information.* |

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| Activity Description: Click here to enter text. | | | | |
| **SECTION 1: General Information** | | | | |
| Campus:  Click here to enter text. | Building / Level / Room #:  Click here to enter text. | Date:  Click here to enter a date. | College / Portfolio:  Click here to enter text. | School / Area:  Click here to enter text. |

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| **Date of incident**: Click here to enter a date.  **Time of incident**: | | | | | **Type of Incident**: *(i.e. resulting in harm, injury/illness, spills/release or damage or a Near Miss)*:  **☐** People  **☐** Environment  **☐** Assets **☐** Security | | | | | | | |
| **Incident Details:** | | | | | | | | | | | | |
| **Who sustained the incident?** | | | | **☐** Me | **☐** Another person | | | | | | | |
| **Person type**: | **☐** Staff | **☐** Student | | **☐** Contractor | | **☐** Visitor | | **☐** Volunteer | | **☐** Client | **☐** Member of the public | |
| **Name of person who was injured or involved in the incident:**  D.O.B: Click here to enter a date. Address of person: Click here to enter text. | | | | | | | | | | | | |
| Staff/Student No.: | | | Phone No. | | | | Email address: | | | | | |
| **College/Portfolio:** | | | | | | | **School/Organisational Unit:** | | | | | |
| **Organisation Name and Address (if applicable):** | | | | | | | | | | | | |
| **Where did the incident occur?:** | | | | **☐ Campus** | | | | | **☐** **Off Campus** | | | |
| **Location details** *(****please give details of Campus / Building / Level and Room No. if applicable):***  Click here to enter text. | | | | | | | | | | | | |
| **What was the work or activity being undertaken at the time of the incident?**  Click here to enter text. | | | | | | | | | | | | |
| **Describe the incident with as much details as possible:**  Click here to enter text. | | | | | | | | | | | | |
| **Injury or Illness details:** | | | | | | | | | | | | |
| **Did an injury or illness occur?:** | | | | **☐ Yes** *(please complete the injury/illness classification on p.2)* | | | | | | | | **☐** **No** |
| Name and phone contact details of witness(es) if any:  Click here to enter text. | | | | | | | | | | | | |

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| **Injury/Illness Classification** | | | | | | | | | | | | | | | |
| **Identify the type of injury/illness sustained?:** | | | | | | | | | | | | | | | |
| ☐ | Burns | | | ☐ | Foreign body (external eye, in ear, nose or throat ingestion) | | | | ☐ | | Muscle disorder (tendonitis, bursitis, synovitis, carpel tunnel) | | | | |
| ☐ | Cancer and other neoplasms | | | ☐ | Fractures | | | | ☐ | | Poisoning & toxic effects of substances | | | | |
| ☐ | Crush and/or bruise (excl. fractures) | | | ☐ | Hernia | | | | ☐ | | Skin conditions (dermatitis, rash, other) | | | | |
| ☐ | Damage to artificial limbs | | | ☐ | Infectious and/or parasitic diseases | | | | ☐ | | Sprains and strains | | | | |
| ☐ | Deafness | | | ☐ | Injuries to nerves and spinal cord | | | | ☐ | | Traumatic amputation | | | | |
| ☐ | Disease of the circulatory system (incl. heart disease) | | | ☐ | Internal injury of chest, abdomen and pelvis | | | | ☐ | | Other and unspecified injuries (incl. diseases) | | | | |
| ☐ | Diseases of the respiratory system | | | ☐ | Intracranial injury (incl. concussion) | | | |  | |  | | | | |
| ☐ | Dislocations | | | ☐ | Lacerations (cuts and nicks) | | | |  | |  | | | | |
| ☐ | Eye Disorders (non-traumatic) | | | ☐ | Mental disorder | | | |  | |  | | | | |
| **What part of the body was/is most affected?:** | | | | | | | | | | | | | | | |
| ☐ | Ankle | | | ☐ | Feet and toes | | | | ☐ | | Legs | | | |
| ☐ | Back | | | ☐ | Hands and fingers (incl. thumbs) | | | | ☐ | | Mental wellbeing/health | | | |
| ☐ | Ear | | | ☐ | Head | | | | ☐ | | Neck | | | |
| ☐ | Elbow | | | ☐ | Hips | | | | ☐ | | Nose | | | |
| ☐ | Eye | | | ☐ | Internal organs | | | | ☐ | | Shoulders and arms | | | |
| ☐ | Face | | | ☐ | Knee | | | | ☐ | | Trunk | | | |
| **Which side of the body was/is affected?:** | | | | | | ☐ Left | ☐ Right | ☐ Both | | ☐ Not applicable | | | | | |
| **What treatment was required for the injury/illness?:** | | | | | | | | | | | | | | | |
| ☐ First Aid treatment | | ☐ Medical treatment (Doctor, emergency/outpatient, physiotherapist or other | | | | | | | | | | | | | |
| ☐ Hospital admission/inpatient | | |  | | | | | | | | | | | | |
| **Please give details of treatment**:  Click here to enter text. | | | | | | | | | | | | | | | |
| **Is the injury/illness likely to result in lost time from work (i.e. one or more days)?:** | | | | | | | | | | | | ☐ **Yes** | | ☐ **No** | |
| **Incident Assigned to:** | | | | | | | | | | | | | | | |
| Name of **Manager/Supervisor** notified of incident: Click here to enter text.  Date and time of notification: Click here to enter text. Click here to enter a date. | | | | | | | | | | | | | | | |
| **Immediate Action:** | | | | | | | | | | | | | | | |
| What immediate action if any, has been taken (please give details)?  Click here to enter text. | | | | | | | | | | | | | | | |
| **Has RMIT Security been notified of the incident? (if applicable):** | | | | | | | | ☐ **Yes** | | | | | ☐ **No** | | |