

This form is for reporting all work health safety (WHS) incidents, including near-misses. It must be completed by the contractor and emailed to whs@dha.gov.au within 24 hours of the initial incident notification to DHA.

All notifiable incidents must be reported immediately to DHA's WHS team by telephone on (02) 6270 6082 or 139 342 (option 3).

Section 1 – Incident details

Date of the incident	<input type="text"/>	Time of the incident (am/pm)	<input type="text"/>
Address of the site where the incident occurred	<input type="text"/>		
	State/territory	Postcode	
Exact location of the incident	<input type="text"/>		
Was anyone injured as a result of the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the incident deemed notifiable to the regulator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(See appendix A for details)
Has the incident been notified to a regulator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	If yes, who <input type="text"/>		
Has the incident site been preserved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
What activity was being performed at the time of the incident?	<input type="text"/>		
Describe the sequence of events leading up to the incident and any immediate actions taken to prevent escalation or recurrence	<input type="text"/>		

Section 2 – Contractor details

Company name	<input type="text"/>		
DHA contractor ID	<input type="text"/>		
Name of person completing this form	<input type="text"/>		
Position	<input type="text"/>		
Phone numbers	(<input type="text"/>) <input type="text"/>	Mobile <input type="text"/>	
Email	<input type="text"/>		

Section 3 – Details of the activity being conducted

What, if any, plant, vehicles, equipment, substances or things were involved in the incident?

Was there a risk assessment completed for this activity? Yes No

Was the activity high risk construction work? Yes No

Has an internal investigation commenced? Yes No

Details of initial findings and action taken or proposed to prevent a recurrence of a similar incident

 Please attach any relevant documentation (e.g. SWMS, photos, toolbox talks, etc.)

Section 4 – Details of the person(s) involved in the incident

Person 1	Full name	<input type="text"/>		
	Date of birth	<input type="text"/>		
	Residential address	<input type="text"/>		
		State/territory	Postcode	
	Relationship to contractor	<input type="text"/>		
	Phone number	() <input type="text"/>	Mobile <input type="text"/>	
	Email	<input type="text"/>		
	Details of involvement	<input type="text"/>		
	Was this person injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, type of injury <input type="text"/>
	Medical treatment:	None <input type="checkbox"/>	First Aid <input type="checkbox"/>	GP <input type="checkbox"/> Hospital inpatient <input type="checkbox"/> Hospital outpatient <input type="checkbox"/>
	Has the injury been notified to a regulator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
		If yes, who <input type="text"/>		

Person 2

Full name	<input type="text"/>	
Date of birth	<input type="text"/>	
Residential address	<input type="text"/>	
	State/territory	Postcode
Relationship to contractor	<input type="text"/>	
Phone number	(<input type="text"/>) <input type="text"/>	Mobile <input type="text"/>
Email	<input type="text"/>	
Details of involvement	<input type="text"/>	
Was this person injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, type of injury <input type="text"/>
Medical treatment:	None <input type="checkbox"/>	First Aid <input type="checkbox"/> GP <input type="checkbox"/> Hospital inpatient <input type="checkbox"/> Hospital outpatient <input type="checkbox"/>
Has the injury been notified to a regulator?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	If yes, who	<input type="text"/>

 If more than two people were involved in the incident, please provide their details on a separate page and attach to this report.

Details of attendees and witnesses: name, position and contact details

Appendix A

The *WHS Act 2011* states a notifiable incident means an incident that results in death, serious injury/illness or dangerous incident, section 36 and 37 and regulation 699 explain in detail below.

Section 36: Serious injury or illness of a person means an injury or illness requiring the person to have:

- a. immediate treatment as an in patient in a hospital; or
- b. immediate treatment for
 - i. the amputation of any part of his or her body; or
 - ii. a serious head injury; or
 - iii. a serious eye injury; or
 - iv. a serious burn; or
 - v. the separation of his or her skin from an underlying tissue (such as degloving or scalping); or
 - vi. a spinal injury; or
 - vii. the loss of a bodily function; or
 - viii. serious lacerations; or
- c. medical treatment within 48 hours of exposure to a substance; and includes any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind.

Regulation 699: For the purposes of section 36 of the act, each of the following conditions is a serious illness:

- a. any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work:
 - i. with micro-organisms; or
 - ii. that involves providing treatment or care to a person; or
 - iii. that involves contact with human blood or body substances; or
 - iv. that involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products;
- b. the following occupational zoonoses contracted in the course of work involving handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products:
 - i. Q fever;
 - ii. Anthrax;
 - iii. Leptospirosis;
 - iv. Brucellosis;
 - v. Hendra Virus;
 - vi. Avian Influenza;
 - vii. Psittacosis

Section 37: A Dangerous incident means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:

- a. an uncontrolled escape, spillage or leakage of a substance; or
- b. an uncontrolled implosion, explosion or fire; or
- c. an uncontrolled escape of gas or steam; or
- d. an uncontrolled escape of a pressurised substance; or
- e. electric shock; or
- f. the fall or release from a height of any plant, substance or thing; or
- g. the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations; or
- h. the collapse or partial collapse of a structure; or
- i. the collapse or failure of an excavation or of any shoring supporting an excavation; or
- j. the inrush of water, mud or gas in workings, in an underground excavation or tunnel; or
- k. the interruption of the main system of ventilation in an underground excavation or tunnel; or
- l. any other event prescribed by the regulations; but does not include an incident of a prescribed kind.