## OFSC Incident Report

This report should be completed for the following incident types where they occur on building or civil construction sites and the accredited contractor is the head contractor (all subcontractor incidents should be included);

* All fatalities on both Scheme and non-Scheme projects, irrespective of the project value (notify immediately to 1800 652 500 and provide report within 48 hours);
* Any incident resulting in a LTI on a Scheme or non-Scheme project (the OFSC also encourages the reporting of AWIs [Alternate Work Injuries]) where the project value is $4 million or more (provide report within 48 hours if a Notifiable Incident, otherwise provide report within 3 weeks);
* Any MTI or dangerous occurrence on a Scheme project (provide report within 48 hours if a Notifiable Incident, otherwise provide report within 3 weeks. Non notifiable dangerous occurrences do not need to be reported to the OFSC).

**Part A - Project details**

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| **A1 Accredited contractor:** | |
| **A2 Accreditation number:** | |
| **A3 Project name:** | **Contract number (if OFSC Scheme project):** |
| **A4 Construction type:**  Commercial Civil  Residential | |
| **A5 Project value:** | |
| **A6 Project site location/address where incident occurred:**  **Suburb & postcode:**  **State/Territory:** | |

**Part B - Incident details**

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| **B1 Date of incident:** |
| **B2 Time of incident:** |
| **B3 Is this a notifiable incident \*:**  Yes  No |
| **B4 Incident type:**  Dangerous Occurrence (must be notifiable at B3)  MTI  LTI  Fatality |

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| **B5 Breakdown agency of incident:**  *(The main event that initiated the incident)*  1. Machinery and fixed plant  2. Mobile plant and transport  3. Powered equipment, tools and appliances  4. Non-powered hand tools, appliances and equipment  5. Chemical and chemical products  6. Materials and substances  7. Environmental agencies  8. Animal, human and biological agencies  9. Other and unspecified agencies | **B6 High Risk Construction category:**  *(The most significant risk category, if any, that relates to the incident)*  1. Construction work with a risk of a person falling two metres or more  2. Construction work on telecommunications towers  3. Construction work involving demolition  4. Construction work involving the disturbance or removal of asbestos  5. Construction work involving structural alterations that require temporary support to prevent collapse  6. Construction work involving a confined space  7. Construction work involving excavation to a depth greater than 1.5 m  8. The construction of tunnels  9. Construction work involving the use of explosives  10. Construction work on or near pressurised gas distribution mains and consumer piping  11. Construction work on or near chemical, fuel or refrigerant lines  12. Construction work on or near energised electrical installations and services  13. Construction work in an area that may have a contaminated or flammable atmosphere  14. Tilt-up and precast concrete construction work  15. Construction work on or adjacent to roadways or railways used by road or rail traffic  16. Construction work on construction-sites where there is any movement of powered mobile plant  17. Construction work in an area where there are artificial extremes of temperature  18. Construction work in, over or adjacent to water or other liquids where there is a risk of drowning  19. Construction work involving diving |

\* Refer to WHS Reporting pack for the definition of a notifiable incident

**Part C - Injury details (complete for each worker injured by this incident, do not complete for Dangerous Occurrences)**

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| **C1 Injured worker’s gender:**  Male  Female  Indeterminate/intersex/unspecified |
| **C2 Injured worker’s age:** |
| **C3 Who is the employer of the injured person:**  Accredited Contractor  Subcontractor  Other |
| **C4 Number of hours injured worker had been on site prior to incident (on the day of the incident) in HH:MM format:** |

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| **C5 Worker’s occupation:**  *(select one only)*  1. Labourers  2. Tradesmen  3. Professional  4. Transport workers  5. Managers and administrators  6. Clerical  7. Other | **C6 Nature of injury:**  *(select one only)*  A. Intracranial injuries  B. Fractures  C. Wounds, lacerations, amputations and internal organ damage  D. Burns  E. Injury to nerves and spinal cord  F. Traumatic joint/ligament and muscle/tendon injury  G. Other injuries  H. Diseases and conditions  I. Other diseases and claims | | **C7 Location of injury:**  *(select one only)*  1. Head  2. Neck  3. Trunk  4. Upper limbs  5. Lower limbs  6. Multiple locations  7. Systemic location  8. Non-physical location  9. Unspecified locations | **C8 Mechanism of injury:**  *(select one based on main cause)*  0. Falls, trips and slips of a person  1. Hitting objects with part of the body  2. Being hit by moving objects  3. Sound and pressure  4. Body stressing  5. Heat, electricity and other environmental factors  6. Chemical and other substances  7. Biological factors  8. Mental stress  9. Vehicle incidents and other |
| **C9 Working days/shifts expected/actually lost:**  *(Select the appropriate duration)*  A. 1 day to less than 3 days  B. 3 days to less than 1 week  C. 1 week to less than 2 weeks  D. 2 weeks to less than 1 month  E. 1 month to less than 3 months  F. 3 months or more | | **C10 Working days/shifts where a significant change to normal duties is made/expected:**  *(Select the appropriate duration)*  A. 1 day to less than 3 days  B. 3 days to less than 1 week  C. 1 week to less than 2 weeks  D. 2 weeks to less than 1 month  E. 1 month to less than 3 months  F. 3 months or more | | |

**Part D – Descriptive incident details**

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| **D1 Detailed description of the incident:** |
| **ONLY COMPLETE D2 AND D3 IF REPORTING A FATALITY**  **D2 Have you conducted an incident investigation regarding the fatality?**  Yes - please provide information at D3 regarding the investigation, including a copy of the incident investigation report and details of actions that have been subsequently taken to reduce the risk of a similar future occurrence. If the investigation report is not available when submitting this report, please make a note of this on the report and indicate when it is anticipated that the report will be forwarded to the OFSC.  No - please provide information at D3 regarding actions that have been subsequently taken to reduce the risk of a similar future occurrence.  **D3 Details:** |

**Part E – Details of person completing this form**

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| **E1 Name:** |
| **E2 Position:** |
| **E3 Telephone:** |
| **E4 Email:** |
| **E5 Date:** |
| **E6 Additional comment:** |