

Use this form for **ALL** personal injury, illness incidents. **Immediately** report Injury / Illnesses to First Aid and inform your supervisor; copy report to the OHS team within 24 hours; where an injury meets the criteria for investigation, use form T-1081. Where an injury has multiple incident classifications (eg also a fire etc) use p1 of this form to detail the injury, follow up using incident report form (T-1039).

**Remember: Take immediate temporary control to minimise the impact of the incident.**

**Classification of Incident (Type and Details)**

Brief Title:		No:	
Injury Location:		Workplace:	Overhaul: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date incident occurred:	Time occurred:	Date incident reported:	Time reported:

**Injured Person Details (If an Injury occurred, please list details below)**

Persons involved (submit a separate form for each person injured in the incident)

Name of injured person	DOB:
Address	Contact No:
Occupation	Pay No.
Workplace/ Work team	Hours at Work:
Employment tenure	<input type="checkbox"/> TEC permanent <input type="checkbox"/> TEC part-time/ casual <input type="checkbox"/> Contractor employee
Workgroup number:	
Contractor Details	
Supervisor	Tel No.
Witness names & phone numbers	

**Injury and Treatment Details**

<b>Injury treatment:</b>	Nil Treatment <input type="checkbox"/> First Aid / OHN <input type="checkbox"/> Doctor / Hospital <input type="checkbox"/>
<b>Injury classification:</b>	Journey <input type="checkbox"/> Report only <input type="checkbox"/> Minor <input type="checkbox"/> Medical <input type="checkbox"/> Lost time injury <input type="checkbox"/>
<b>Recurrence of previous injury</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
<b>First Aid Rendered:</b>	
Signature: _____ Date: _____	

Part of Body Injured	Type of Injury	Agency
<input type="checkbox"/> Head and Neck	<input type="checkbox"/> Fractures	<input type="checkbox"/> Electricity (shock)
<input type="checkbox"/> Eye	<input type="checkbox"/> Bruise / abrasion	<input type="checkbox"/> Thermal (hot pipes, environ etc.)
<input type="checkbox"/> Trunk (shoulder, abdomen, pelvis)	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Fumes / chemicals
<input type="checkbox"/> Arm and wrist	<input type="checkbox"/> Punctures	<input type="checkbox"/> Machinery (plant)
<input type="checkbox"/> Hand/palm (ant/post.)	<input type="checkbox"/> Sprains / strains	<input type="checkbox"/> Step / strike
<input type="checkbox"/> Fingers and thumbs	<input type="checkbox"/> Dislocations	<input type="checkbox"/> Objects falling
<input type="checkbox"/> Legs and thigh	<input type="checkbox"/> Foreign bodies	<input type="checkbox"/> Slips / trips / falls
<input type="checkbox"/> Foot and ankle	<input type="checkbox"/> Burns	<input type="checkbox"/> Manual handling (lifting etc.)
<input type="checkbox"/> Back (spine and muscles)	<input type="checkbox"/> Concussion	<input type="checkbox"/> Hand tools
<input type="checkbox"/> Internal (inhalation, ing, haemorrhage)	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Fire
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Haemorrhage	<input type="checkbox"/> Windblown dust etc.
	<input type="checkbox"/> Heat illness	<input type="checkbox"/> Caught by / struck by
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Welding (slag, flash etc.)
		<input type="checkbox"/> Work environment
		<input type="checkbox"/> Natural event
		<input type="checkbox"/> Other (specify):

### Description of Incident

Incident Description:

Procedure or JSEA / Work Method Statement used?  No  Yes ...Details:

### Injured Person/ Supervisor:

Immediate action taken:	Work Order

### List Causes and Additional Comments (if necessary)

People; Environment; Equipment; Procedures; Organisation.  Refer to ICAM pocket invest guide & attach PEEPO chart/ ICAM analysis as required.	
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### Follow Up Actions: (if required – eg investigation, engineering fix, training, procedures)

Action Required	By Whom	By When	WO Number

### Criteria For Investigation

1. Is injury a work caused illness, electric shock, significant medical treatment, or lost time injury? Yes  No

2. What was the potential risk for the event?  Negligible  Low  Medium  High  Extreme  
 (Refer to TEC Risk Matrix to determine risk based on potential of injury) Likelihood = \_\_\_\_\_ Consequence = \_\_\_\_\_)

**The ICAM Analysis Form (T-1351) can be used at any time. However, if the Potential Risk is Medium, it must be filled out and attached to this report form.**  
**If “Yes” was answered (question 1), OR if the Potential Risk is High or Extreme (question 2), a formal incident investigation is required and Form T-1081 must be completed.**

An incident investigation: Is required  Is not required  Commencement date: \_\_/\_\_/\_\_

### Sign Off (where appropriate)

### Date

Injured Person		/ /
Supervisor		/ /
Coordinator		/ /
Health & Safety Department		/ /
Manager Operations		/ /