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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** |