



# INCIDENT REPORT S3

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**Only use this form if you do not have access to Themis.**

**Instructions for Person Reporting the Incident:**

- Complete Sections 1 - 3.2 on Pages 1 & 2.
- Submit original to a person with Themis access; or
- Submit original to your supervisor.

**Instructions for Themis Entry:**

- Enter information from Sections 1-3.2 into Themis
- Complete section 4.

**Instructions for Supervisor:**

- Complete Section 5 of this form and an S4 incident investigation; or
- Acknowledge Incident Report via Themis.

## 1. Incident Reporting Person Details — Person reporting the incident to complete

Nature of Report	Injury/Illness <input type="checkbox"/>	Incident/Near Miss <input type="checkbox"/>	Environmental Damage <input type="checkbox"/>	Property Loss/Damage <input type="checkbox"/>	Theft <input type="checkbox"/>
Name of person reporting incident				Date of report	<input type="text"/> / <input type="text"/> / <input type="text"/>

**INJURED PERSON'S DETAILS (ONLY COMPLETE IF REPORTING AN INJURY OR ILLNESS)**

First Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Last Name	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Other Names	<input type="text"/>	Email address	<input type="text"/>
Classification	Employee <input type="checkbox"/>	Occupation	<input type="text"/>
		Faculty/Division	<input type="text"/>
	Contractor <input type="checkbox"/>	Employer	<input type="text"/>
		Contact details	<input type="text"/>
	Student <input type="checkbox"/>	Faculty of enrollment	<input type="text"/>
		Student No.	<input type="text"/>
	Visitor/Honorary <input type="checkbox"/>	Supervisor name (postgraduates only)	<input type="text"/>

Experience in task being performed	< 1 month <input type="checkbox"/>	1 - 12 months <input type="checkbox"/>	1 - 5 years <input type="checkbox"/>	> 5 years <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Training in task being performed	None <input type="checkbox"/>	Induction <input type="checkbox"/>	Internal task-specific <input type="checkbox"/>	External task-specific <input type="checkbox"/>	

## 2. Witness Details — Person reporting the incident to complete

IF THERE WAS A WITNESS, COMPLETE DETAILS BELOW

First Name	<input type="text"/>	Telephone Number	<input type="text"/>
Last Name	<input type="text"/>	Staff/Student Number	<input type="text"/>

## 3.1. Incident Details — Person reporting the incident to complete

Date of Incident	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of Incident	<input type="text"/> : <input type="text"/> am/pm
Campus	<input type="text"/>	Specific location	<input type="text"/>
Did the incident involve plant, equipment or an object? Specify	<input type="text"/>		
Did the incident involve chemicals or substances? Specify	<input type="text"/>		
Describe the incident	<input type="text"/>		
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

**Please turn over...**

### 3.2. Incident Details (continued) — Person reporting the incident to complete

Nature of injury, illness or symptom	Asthma or other respiratory illness <input type="checkbox"/>	Amputation <input type="checkbox"/>	Psychological <input type="checkbox"/>
	Bruise, contusion or crushing injury <input type="checkbox"/>	Burn <input type="checkbox"/>	Sensory loss <input type="checkbox"/>
	Dermatitis or other skin conditions <input type="checkbox"/>	Concussion <input type="checkbox"/>	Sprain/Strain <input type="checkbox"/>
	Effects of exposure to the elements <input type="checkbox"/>	Dislocation <input type="checkbox"/>	Superficial injury <input type="checkbox"/>
	Foreign matter intrusion <input type="checkbox"/>	Electric shock <input type="checkbox"/>	Other (specify)
	Needlestick or sharp injury <input type="checkbox"/>	Fracture <input type="checkbox"/>	
	Poisoning or effects of substances <input type="checkbox"/>	Internal injury <input type="checkbox"/>	

Location of injury, illness or symptom	Ear <input type="checkbox"/>	Hand or finger <input type="checkbox"/>	Back <input type="checkbox"/>	Multiple locations <input type="checkbox"/>
	Eye <input type="checkbox"/>	Internal organs <input type="checkbox"/>	Neck <input type="checkbox"/>	Not applicable <input type="checkbox"/>
	Face <input type="checkbox"/>	Feet or toes <input type="checkbox"/>	Shoulder or arm <input type="checkbox"/>	Other (specify)
	Head(not eye/ear/face) <input type="checkbox"/>	Hip or leg <input type="checkbox"/>	Trunk <input type="checkbox"/>	

How did the injury, illness or symptom occur?	Select the action	Specify the object	Select the action	Specify the object
	<i>For example:</i> Exposure to <input checked="" type="checkbox"/> a chemical Contact with <input checked="" type="checkbox"/> electricity Bite from <input checked="" type="checkbox"/> an animal Fall from <input checked="" type="checkbox"/> same level	Bite from <input type="checkbox"/>		Hitting <input type="checkbox"/>
Contact with <input type="checkbox"/>			Muscular stress from <input type="checkbox"/>	
Exposure to <input type="checkbox"/>			Trapped between <input type="checkbox"/>	
Fall from <input type="checkbox"/>			Trapped by <input type="checkbox"/>	
Hit by <input type="checkbox"/>			Vehicle Accident <input type="checkbox"/>	
Other (specify)				

Name of injured persons' supervisor

(The incident report will be sent to the above person.)

Signature of injured person	<input type="text"/>	Date	<input type="text"/>
Signature of person reporting incident	<input type="text"/>	Date	<input type="text"/>

### 4. Entry of data from this form into Themis Themis Incident Report confirmation number:

Entered into Themis by (name):  Date

### 5. Immediate Response — Supervisor to complete (not required if Sections 1-3.2 have been entered into Themis)

Treatment given to injured person by: Nil  First aider  General practitioner  Hospital (Casualty)  Hospital (In-patient)

Did any University employee injured as a result of the incident take time off work? No  Yes  --> *If Yes, inform University Injury Management office*

Immediate actions taken to prevent or reduce risk of re-occurrence

<sup>1</sup> Elimination Control  <sup>2</sup> Substitution Control  <sup>3</sup> Engineering Control  <sup>4</sup> Administrative Control  <sup>5</sup> Personal Protective Equipment

Detail the actions

• Supervisor must use an Incident Investigation (S4) form to assess the level of risk and establish planned/permanent corrective actions.

Name of supervisor	<input type="text"/>
Signature of supervisor	<input type="text"/> Date <input type="text"/>