

# Section 355 Injury / Incident / Near Miss Form



**LOCKHART SHIRE COUNCIL**  
***Injury / Incident / Near Miss Report***  
**Complete within 24 hours of Incident/Accident**

***All personal details are strictly confidential***

Person making Report:		Tel No.	
Name of Injured Person:		Tel No.	
Position:			
Employee of Council	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Casual <input type="checkbox"/> Contractor _____		
Date & Time of Injury/Incident:			
Nature of Injury: (e.g. muscle strain, cut etc)			
Initial Treatment:	<input type="checkbox"/> First Aid <input type="checkbox"/> Doctor (name) _____ <input type="checkbox"/> Hospital (name) _____	Transport Used	<input type="checkbox"/> Not required <input type="checkbox"/> Car driven by _____ <input type="checkbox"/> Ambulance
Describe what happened:			
Where did the incident happen?			
Describe any damage to property / plant / equipment:			
If damage to plant / equipment occurred, what is the name / No. of the plant / equipment?		Name of the operator:	

Name(s) of witness		Telephone	

**Notifiable to Safe Work NSW: Yes / No** (Death / serious injury/illness / dangerous incident – refer immediately to WHS Coordinator for advice)

**Severity (circle one):** LTI / MTO (Med Treatment Only) / FA (First Aid) / Hazard / NM (Near Miss)

**Checklist - to aid in identifying the cause(s) of the incident/accident – attach photos if available**

1. Was the physical condition of the work area where the incident/accident occurred safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Had appropriate precautions been taken to make the work area safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were workers wearing appropriate protective clothing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was the correct equipment being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Was equipment being used properly, with safety features effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Were workers following approved safe work procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Were safe work procedures adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Were workers adequately supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Were workers suitably qualified and/or trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Was communication adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Was work layout adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Were technical or mechanical failure of tools a contributing factor in incident/accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Was equipment maintained and in good repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Was housekeeping on site adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Was safety preplanning adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Other observations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor and Employee to complete - Short term measures to make the situation safe are:	
Manager to complete - Recommended long term actions to prevent recurrence of the incident/accident are:	
Director to complete - Long term action to be taken is:	

<b>SIGNATURES:</b>	
Person making report: Date:	Supervisor Date:
Manager Date:	Director: Date:
General Manager: Date:	WHS Coordinator: Date:

**RETURN COMPLETED FORMS TO COUNCIL'S MAIN OFFICE WITHIN 24 HOURS OF INCIDENT/ ACCIDENT**