UNIVERSITY of TASMANIA

NOTIFICATION OF INJURY/INCIDENT

Incidents should always be notified online through MySAFETY which is accessible wherever there is internet access. This form to be used only if you are having difficulty accessing the internet. Please ensure that this form is sent to the WHS Unit as soon as possible following the incident. The WHS Unit will enter the details in MySAFETY for you. The *Incident Response and Investigation Procedure* is located at: http://www.utas.edu.au/__data/assets/pdf_file/0007/574972/Incident-Response-and-Investigation-Procedure-December-2017.pdf

A. Incident Details	
Incident Type: ☐ Hazard ☐ Near Miss ☐ Injury / Illness ☐ Equipment Damage	
Incident Title:	
Incident Date: / /	**Incident Time:** : am / pm
Incident Notification Date: / /	**Incident Reported Time:** : am / pm
Notification To: **Manager / Supervisor / Contract Manager** Surname: Given Names: **Other Internal Person:** Surname: Given Names: **External Person:** Surname: Given Names:	**Witness (s) Details:** **Witness 1:** Surname: Given Names: **Witness 2:** Surname: Given Names: **Witness 3:** Surname: Given Names:
Incident Description:	
Incident Location: ☐ On Campus ☐ Off Campus	**Location Specific Details:** (e.g. room 106, Arts Bldg, Sandy Bay)
B. Persons Affected Details	
Person(s) Affected: Surname: Given Names:	**ID Number:**
Contact Details: Phone:	Email Address:
College / Division:	**School / Section:**

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Position (At time of Event):

☐ Staff ☐ Student ☐ Contractor ☐ Volunteer ☐ Visitor ☐ Member of the Public

Work Activity: (Main activity being undertaken at the time of the incident)

☐ Construction and renovation works
☐ Events or Functions
☐ Laboratory
☐ Office-based work
☐ Routine work break
☐ Social Sports, fitness and exercises
☐ Working from Home
☐ Workshop / Studio
☐ Equipment maintenance and repair
☐ Field Work (includes research in the field)
☐ Lectures, tutorials, Library
☐ Placement and Work Experience
☐ Service Provision
☐ Travelling on duty (on campus or off campus)
☐ Other (specify) ……

Specific details of work activity being undertaken:

C. Injury Details:

Mechanism of Injury: (Action or activity that contributed most to the incident, select most severe)

☐ Assault & Workplace Violence
☐ Cold Objects
☐ Contact with chemicals or hazardous substances
☐ Electricity
☐ Ergonomics
☐ Hot Objects
☐ Injuring oneself with a tool
☐ Low oxygen environment
☐ Needle stick injury
☐ Non-work-related health issue
☐ Psychological harm (bullying and harassment)
☐ Slips, trips and falls
☐ Unspecified mechanism of injury
☐ Vibration
☐ Bitten or hit by an animal
☐ Colliding with stationary objects
☐ Crushed by or between objects
☐ Placement and Work Experience
☐ Environmental heat or cold
☐ Falls from Height
☐ Human bodily matter (such as urine or blood)
☐ Manual Handling
☐ Noise and pressure
☐ Plants, fungi, viruses, bacteria and parasites
☐ Radiation
☐ Security related issue
☐ Struck by a moving object
☐ Vehicle incident

Agency of Injury: (Object, substance or circumstance that directly caused the incident)

☐ Asbestos
☐ Boating
☐ Diving
☐ Powered and Non-Powered Equipment, Tools or Appliances
☐ Fire and smoke
☐ Indoor working environment
☐ Plant Fixed or Mobile
☐ Biological Specimen and Animals
☐ Chemicals
☐ Driving and Transport
☐ External Infrastructure and environment (excluding boating and diving)
☐ Health Condition
☐ Materials and Substances
☐ Psychological

Nature of Injury: (Type of injury or illness sustained, select most severe)

☐ Amputation
☐ Breathing Difficulties
☐ Burn
☐ Fear or anxiety
☐ Infection
☐ Bleeding / Wounds
☐ Broken bone or dislocated joint
☐ Confusion (shock)
☐ Feeling of being too hot or too cold
☐ Loss of movement

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☐ Loss of sensation/primary senses	☐ Nausea or vomiting
☐ Pain	☐ Shaking tremors
☐ Skin condition	☐ Swelling
☐ Unconsciousness	

Body Part Affected: (Bodily location of most serious injury)

☐ Ankle, foot, toe	☐ Arm or elbow
☐ Back	☐ Ear
☐ Eye	☐ Face
☐ Hand and Wrist	☐ Head
☐ Lower limbs excluding foot and ankle	☐ Multiple locations
☐ Neck	☐ Psychological System
☐ Shoulders	☐ Systemic Locations (respiratory, circulatory, digestive, nervous)
☐ Skin condition	
☐ Trunk (excluding back)	

Treatment for injury / illness:

☐ First Aid

☐ Medical Treatment (doctor, emergency/outpatient, physiotherapist or other practitioner)

☐ Hospital Admission (admitted/inpatient)

Please provide details of treatment:

Do you intend on seeking medical treatment? ☐ Yes ☐ No

Injury / illness resulted in:

☐ Less than one working day /shift lost ☐ One or more working days/shift lost

Person Lodging Report: (if reporting on behalf of someone else) Surname: Given Names:	**Contact Details:** Phone: Email Address:

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