

Craggy Range Vineyards Accident/Incident Report & Investigation Form

This form must be filled out by the person who makes the report in conjunction with his/her immediate supervisor or the Health & Safety Rep within 24 hours after an incident/accident occurs and then immediately sent to Head Office so is received within 48 hours of the accident/incident occurring.

Part A General information of the person who had the Acc/Inc

To be completed by the person who had the acc/inc or other admin staff who record the acc/inc.

1. Site/Department
2. Name of employee/contractor
3. Age 18 - 25 26 - 30 31 - 35
 36 - 40 41 - 45 46 - 50
 51 - 55 56 - 60 Over 60
4. Start date:
5. Current position
6. How long in current position
7. Manager of the employee

Part B About the Incident/Accident

To be completed by the person making the report.

8. Date reported
9. Reported to whom
10. Date of incident/Accident
11. Time of incident/Accident
12. Where did the incident happen? (Give address)
13. Other persons involved (Give names)
14. Equipment involved
15. Witness(es) (Give name)

16. Incident/Accident Description

Describe how the incident/accident occurred; include machine, object, substance or vehicle, the type of work being undertaken at time of incident. Use separate sheet if necessary

Part C About the injury

To be completed by the person making the report.

17. Severity Minor Notifiable Fatality
18. Patient Care
 First Aid Paramedic/Ambulance
 Doctor's care Hospital
19. Was this a lost time injury? Yes No
20. Date/time work ceased
21. Date returned to work
22. Number of lost workdays

23. Describe Injuries/Illness

24. Describe treatment (If it is a doctor's care, please attached a doctor's certificate)

25. Part of body injured

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Face |
| <input type="checkbox"/> Head | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Hand/Finger/Wrist |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Back | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Waist | <input type="checkbox"/> Ankle/Feet/Toes |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Leg/Knee/Thigh |
| <input type="checkbox"/> Multi-parts | <input type="checkbox"/> Others (Please describe) |

26. Nature of injury

- | | |
|---|--|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Amputation |
| <input type="checkbox"/> Burns/Skin Irritation | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Contusion/Bruise | <input type="checkbox"/> Cut/Laceration |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Foreign Body |
| <input type="checkbox"/> Fracture/Crush | <input type="checkbox"/> Internal Injury |
| <input type="checkbox"/> OOS | <input type="checkbox"/> Punctured Wound |
| <input type="checkbox"/> Strains/Sprains | <input type="checkbox"/> Multi-Injuries |
| <input type="checkbox"/> Others (Please describe) | |

27. Type of Accident

- Caught Between (Crushed or amputated)
- Caught in (Pinch and nip point)
- Caught on (snagged, hung)
- Contact with cold/hot temperature
- Contact with electricity
- Contact with chemicals
- Contact with Radiation/Noise/Dust
- Fall/slips/trips
- Overstress/Overexertion/Overload
- Strike Against (Running or bumping into)
- Struck by (Hit by moving objectives)
- Others (Please describe)

Part D Incident/Accident Investigation

*To be completed by the Health & Safety Rep/
Manager of the employee making the report*

28. Immediate causes

A. Substandard Practices

- Failure to secure
- Failure to use PPE Properly
- Failure to warn
- Horse playing, distracting
- Improper lifting/carrying
- Using Defective equipment

B. Substandard Conditions

- Congestion or restricted area
- Inadequate or excess illumination
- Noise/ dust exposure
- Poor housekeeping, disorder
- Temperature extremes

Others

29. Underlying causes

A. Personal Factors

- Improper motivation
- Lack of knowledge and skill
- Disregard of instruction
- Lack of concentration/motivation
- Failure to follow rules/procedures

B. Job Factor

- Inadequate leadership of supervisor
- Inadequate maintenance
- Inadequate tools, equipment, materials
- Inadequate work standard
- Wear and tear
- Others

30. Root Causes (Failure to maintain compliance with the adequate standard for the following)

- Leadership and administration
- Planned inspection
- Task analysis and procedures
- Accident/incident investigation
- Task observation
- Employee training
- Program evaluation system
- Personnel communication
- Hiring and placement
- Others (please describe)

31. Loss estimate

Please consider loss of equipment damage, loss of sales or production, medical treatment and administration.

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32. Frequency potential: Rare Occasional Often

33. Severity potential: High Medium Low

34. Incident/Accident Reported by:

Name (Print): Signature: Date:

35. Incident/Accident Investigated by:

Name (Print): Signature: Date:

Part E Corrective Actions

36. Corrective action list (to be completed by the H&S Rep and/or Manager of the person making the report)

Item No.	CORRECTIVE ACTION TO BE TAKEN	BY WHOM	BY WHEN	COMPLETED	
				MGRS INLS	DATE

37. This Report Form was reviewed by Manager: Signature: Date:

Part F Important Requirements

38. For lost time (48 hours or more), or any notifiable injury, including OOS, a copy of this report must be sent to the HR Manager by email immediately. The HR Manager or a Senior Manager will advise WorkSafe of any notifiable events as defined in Health & Safety at Work Act 2015.

39. Distribution: Copy to Head Office and original in site accident folder.

HEALTH & SAFETY HEAD OFFICE USE ONLY	
Type of incident: <input type="checkbox"/> Personal injury <input type="checkbox"/> Vehicle Accident	Over three days' injury: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Property damage <input type="checkbox"/> Chemical spill	Notifiable major injury: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Near miss <input type="checkbox"/> Other	Notifiable disease: <input type="checkbox"/> Yes <input type="checkbox"/> No
Site inspection /further investigation required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection/investigation carried out by: _____	Date: _____
Hazard register to be updated: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by who: _____	Date: _____
Probable causes: _____	
Recommended remedial action: _____	
Reviewed by: _____	Date: _____