# Accident and incident reporting

1. **AIM:** The aim of this program is to ensure that all accidents and incidents are reported and recorded in a standard format. This allows the site to take positive action to prevent a repeat of similar incidents.

The program also contains a procedure that will allow the operator to determine which accidents and incidents will be investigated.

1. **WHAT:** The following accidents and incidents will be reported as required by this program.

|  |  |
| --- | --- |
| * First aid injuries | * Lost time injuries |
| * Restricted duties | * Near misses |
| * High potential incidents | * Dangerous incidents |
| * Serious injuries | * Fatalities |

1. **WHO:** It is the responsibility of the person who has been injured to report the incident.

Person nominated to be responsible for ensuring that the forms are filled out correctly and that they are forwarded to the correct people (e.g. government agency):

Nominated workers compensation insurer:

1. **HOW:**  Accident and incident reporting is managed in the following way:

**Internal reporting – record keeping**

All injuries, no matter how big or small, will be recorded in the register of injuries (Form 12A), which is located:

**External reporting to government agencies**

It is a requirement of government agencies that information about accidents, incidents, near misses, injuries and deaths at mine sites are reported within specified time frames. At this mine, the NSW Resources Regulator requires the notification of deaths, serious injuries, notifiable incidents immediately via the centralised reporting phone number 1300 814 609. The regulator also requires other types of incidents (high potential) and certain types of workplace injuries are reported using a designated form, which can be found on their website.

This information is summarised on (Form 12C). A copy of this poster will be referenced if an incident or injury occurs on site and is located:

Explosives incidents that include loss, theft, suspicious activity that threatens security, or serious incidents involving explosives or explosives precursors must be reported under the explosives legislation and also reported to Safe Work NSW and NSW Police.

1. **WHEN:** All accidents and incidents will be recorded on the appropriate forms at the earliest possible time after the event. All documentation will be kept for a minimum of seven years.

Person nominated to discuss any accident or incident reports at the safety meetings to ensure that everyone is aware of the outcomes of the investigations:

1. **ACTION:** Person nominated to review all accident and incident reports and decide on which events will be investigated:

People nominated to complete investigations (using Form 12B sections C & D):

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The results of the investigation will be discussed at the next safety meeting.

Person nominated to make sure that any identified hazards are recorded on an action plan or daily diary, completed and signed off:

1. **DOCUMENT CONTROL:** Location of all information relating to accidents, incidents or investigations, including government agency forms:

A copy of any incident reports that were notified to the regulator will also be included in the mine record folder created in Program 3.

# Form 12A: Register of injuries

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date / Time** | **Name, Address, Age** | **Occupation** | **Description** **(what, where, how)** | **Treatment given** | **Outcome**  **(RTW, home**  **Medical, hospital)** | **Lost time**  **Y | N** | **First aider’s**  **initials** | **Supervisor informed**  **(who, when)** |
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# Form 12B: Accident / incident report and investigation

Report number:

## Section A – Accident / incident details

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| --- | --- | --- |
| **Person injured or involved in the incident** | (Surname) | (Given name) |
| **Witness** | (Surname) | (Given name) |
| **Witness** | (Surname) | (Given name) |
| **Supervisor** | (Surname) | (Given name) |
| **Person first informed about accident / incident** | (Surname) | (Given name) |
| **Date and time the accident / incident was first reported** | **Date:** | **Time:** |
| **Date and time of the accident / incident** | **Date:** | **Time:** |
| **Location of the accident / incident** |  | |
| **Details of the accident / incident** |  | |
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| **Details of injuries (include part of body)** |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Actions taken for injured person (tick appropriate box)** |  | Referred to doctor | |  | Transferred to hospital |  | Returned to work | |  | Other |
|  | Details of hospital: | | | | | Details of other: | | | | |
| **Lost time injury** |  | | Yes | | |  | | No | | |
| **Signature of first aider** |  | | | | | | | | | |

## Section B – Investigation by senior person on-site (or delegate)

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| **Factors of the accident / incident (how and why it happened, what the employee was doing at the time, equipment being used)** |
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| **Was this situation foreseen in the safe work procedure?** |

## Section C – Accident / incident cause analysis

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| **Immediate causes – work environment and work (list each of the immediate factors that appear to have caused the accident eg machine unguarded, operator used wrong tool, forklift with tynes up, fumes ignited)** | |
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| **Underlying (basic) causes – system failures (e.g. inadequate training programs, inadequate work procedures, inadequate maintenance system, inadequate housekeeping system)** | |
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| **General recommendations (review systems identified above)** | |
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