Accident/Incident/Near Miss Form

This form is to be used to report all accidents, incidents, or near misses, whether an injury occurred or not, and to document the investigation into the incidents by the Campus Life Manager of the person involved. Please complete within 24 hours of the incident.

SECTION A:	TO BE COMPLETED BY PERSON INVOLVED (OR BY SUPERVISOR OR HEALTH AND SAFETY REPRESENTATIVE IF WORKER IS INCAPACITATED)

Details of the person involved in the incident/near miss:

Title: Ms. Family Name: SINGH Given Names (in full): DEVIKA

Position: STUDENT (PRAC) Date of Birth: 12/01/1998 ☐ Male ☑ Female

Student Number (if applicable): 2017166770 Phone: 0401 387 905

Please select one: ☐ Staff Member ☑ Student ☐ Contractor ☐ Visitor/Other

Details of the: ☐ Incident ☐ Near miss ☐ Accident / Injury ☐ Other

BMHS Campus: ☑ Leura ☐ Sydney ☐ Other

Exact Location: Yu & Hee Kitchen

Date: 7/Nov/2017 Time: 4:25-2B pm am/pm

Was the incident/near miss reported to your Manager, immediately: ☑ Yes ☐ No

Description Of Incident: Clearly state in your own words how the incident occurred.

I was chopping vegetables. I put my knife down to search out for more carrots, and the next thing I remember is waking up to chef asking me if I was okay. I think I fainted for a few minutes in the Yum kitchen.

Part of the body injured: N/A

Head:	Trunk:	Internal:	Arm:	Hand:	Leg:	Foot:
☐ eye	☐ neck	☐ heart	☐ left	☐ left	☐ left	☐ left
☐ ear	☐ hip	☐ lungs	☐ right	☐ right	☐ right	☐ right
☐ nose	☐ chest	☐ systemic	☐ shoulder	☐ thumb	☐ knee	☐ great toe
☐ mouth	☐ stomach		☐ upper arm	☐ fingers	☐ lower leg	☐ other toes
☐ teeth	☐ groin		☐ elbow	☐ palm	☐ ankle	
☐ face	☐ back		☐ forearm		☐ thigh	
☐ skull	☐ multiple		☐ wrist		☐ upper leg	

Nature of injury: N/A

☐ abrasion	☐ puncture	☐ heart attack	☐ sprain	☐ burn	☐ traumatic shock
☐ bruise	☐ laceration	☐ hearing loss	☐ strain	☐ scald	☐ electric shock
☐ fracture	☐ amputation	☐ foreign body	☐ hernia	☐ rash	☐ psychosocial
☐ concussion	☐ bite	☐ minor cuts		☐ allergy	☐ chemical

☐ other *(please describe)*:

Type of incident which caused injury:

☐ striking against	☐ stumbling	☐ lifting	☐ pushing	☐ ingestion
☐ struck by	☐ slipping	☐ bending	☐ pulling	☐ absorption
☐ caught in/on	☐ tripping	☐ twisting	☐ jumping	☐ inhalation
☐ stepping on	☐ falling	☐ stress	☐ vehicle	☐ needle stick

☐ other *(please describe)*: Fainted, no injury.

SECTION B:	TO BE COMPLETED BY THE SUPERVISOR AND THE PERSON INVOLVED WITHIN 48 HRS THIS SECTION IS EXTREMELY IMPORTANT AS THE AIM OF THE INVESTIGATION IS TO IDENTIFY PREVENTATIVE ACTION THAT WILL AVOID RECURRENCE OF A SIMILAR ACCIDENT / INCIDENT / NEAR MISS

Probable cause or causes of incident / accident / near miss:

- ☐ inadequate instruction
- ☐ fault of plant or equipment
- ☐ poor storage
- ☐ weather
- ☐ inadequate workspace
- ☐ equipment unavailable
- ☐ poor access
- ☐ terrain
- ☐ assistance unavailable
- ☐ lack of attention
- ☐ incorrect method
- ☐ work practices
- ☑ other *(please describe)*: She suddenly fainted without any signs

Describe what **immediate treatment** (first aid) was undertaken and / or what action was taken to **prevent a reoccurrence**:

Chef Lindsey made the person (Devika) safe. Lay her flat on her back, elevate Devika's legs to restore blood flow to the brain. He shaked Devika vigorously, tap briskly and yell. At this stage, I got a call from chef Jenna. I ran to the kitchen. ~~At that~~ when I got there, she was already awake and alert. Therefore, I gave her some candies and water to make her relaxed. It was a simple painting.

SECTION C:	TO BE COMPLETED BY OHS COMMITTEE MEMBER:

Prevention of incident / accident / near miss recurrence:

Describe what action is planned or has been taken to prevent a recurrence of the incident, based on the key contributing factors:

Immediate action:

Long term action:

Training Required?

Induction	☐ Yes	☐ No
Task specific	☐ Yes	☐ No
Area specific	☐ Yes	☐ No

Rehabilitation:

- ☐ is required
- ☐ is not required
- ☐ unknown as yet
- ☐ time off work required

Reported to Campus Life Manager	☐ Yes	☐ No
Maintenance required	☐ Yes	☐ No

Were there any key contributing factors:

What further action is required:

Tabled at Communication Meeting: ☐ Yes ☐ No Date:

To be reviewed:	1	2	3	4	5	6	Days	Weeks	Months

Closed out date: Signed Off: