

# Standard Operating Procedure: Incident/Injury Reporting

## Objective

The Purpose of this document is to ensure arrangements and processes are established for the reporting of incidents/injuries relating to employees, contractors and visitors.

## Introduction

The occurrence of an incident, with or without injury, and the reporting and investigation of the incident is an important process in reaching our objective by identifying the root cause and contributing factors and identifying how to prevent a recurrence.

An incident is either a specific and defined incident (such as a dropped object, slip, trip and/or overexertion) or exposure in the work environment that results in an injury or illness.

Most incidents can be linked back to a defined incident through the investigation process.

Even if the incident appears to be an aggravation of a previous injury/illness or pre-existing condition, if a new specific incident or exposure can be determined, the incident is a reportable one.

## Reporting

### Immediate Incident Reporting

**STOP** your task. **Assess** the situation. **Notify** your colleagues, Supervisors, Managers

The immediate notification of an incident must be issued to your Supervisor or Manager. They will be able to assess the situation and act accordingly.

The priority is the safety of all employees, contractors and visitors.

An incident /injury report is to be completed and sent to your supervisor or manager. (Please see forms attached)

The supervisor or Manager will investigate the root cause of the incident/injury and may ask for some additional information.

## Reporting Documents

Please see attached

## PPE Required

N/A

## Injuries

**For all serious injuries, call for an ambulance on 000**

For all injuries that require off-site medical treatment, hospitalisation or an ambulance called on site, you are required to call either **Dianna Ryder** or **Sonny Kanbur**.

### Summary

Report all incidents and injuries to your Supervisor or Manager, no matter how minor it may seem.

Complete injury and hazard report and send to your Supervisor or Manager.

For Serious Injuries call for an Ambulance on 000

Call Dianna Ryder or Sonny Kanbur for injuries that require off site treatment, hospitalisation or an ambulance.

**For further information please contact your Supervisor or Manager**

### Declaration

I ..... of .....  
(print name) (company name)

Acknowledge that I have participated in the Customised Group Induction and fully understand the Occupational Health & Safety requirements of the Customised Group site and agree to abide by them at all times whilst visiting and on site.

Name: ..... Signature: ..... Date: ...../...../.....  
(print name)

Customised Group Representative: ..... Signature: .....  
(print name)

Date: ...../...../.....

**custm**