



ACCIDENT INVESTIGATION AND REPORTING PROCEDURE		
<i>Policy Number</i> OHS006	<i>Issue Number</i> 001	<i>Issue Date</i> 11 th April 2006
<i>Authorised</i>		Gary Collins, Director

1. Purpose

To achieve the Southern Rigging & Scaffolding's goal in providing and maintaining the highest practicable standard of occupational safety and health for its staff, students, visitors including contractors, sub-contractors and their employees. To provide clear guidelines on the legislative responsibilities of the company, staff and the companies expectations of managers and supervisors for the reporting and the undertaking of accident investigation.

2. Organisational Scope

All Southern Rigging & Scaffolding's staff, contractors and visitors.

3. Policy Statement

The Policy seeks to provide all company employees with the knowledge on how to conduct an accident investigation, identify causes and develop accident prevention strategies.

4. Definitions

- Accident:* an unplanned event resulting in personal injury, damage to equipment or property, or death.
- Contractor:* the person, partnership or corporation bound to execute the work under the contract of works.
- Employee:* a person by whom work is done under a contract of employment; or an apprentice / industrial trainee.
- Employer:* a person by whom an employee is employed under a contract of employment; or an apprentice, / industrial trainee.
- Hazard:* means in relation to a person, anything that may result in injury to the person; or harm to the health of a person.
- Health & Safety Representative:* means representative elected under the Occupational Safety & Health Act.
- Workplace:* means a place where employees work or are likely to be in the course of their work.

5. Principles

The Company has statutory obligations under Section (19), (21) and (22) of the Occupational Safety and Health Act 2004, to implement safe systems of work to prevent persons from being exposed to hazards, 'so far as reasonably practicable'. This obligation includes a process that allows for the identification, assessment and control of workplace hazards and the investigation of workplace accidents and injuries, and where reasonably practical, implement any corrective action required.

Copies of all Accident Report Forms (ARF) and information on any corrective action implemented / recommended are to be provided to the Occupational Safety and Health Office as soon as possible after the event.

HAZARD AND INCIDENT REPORT FORM

HOW TO FILL OUT THIS FORM: (This form is for ALL hazards, incidents and accidents)

Note: This is not a WorkCover claim form

Person involved in incident or accident

- Fill in Sections A to C and sign form
- Copy form and retain copy as a receipt of injury notification
- Pass form on to your supervisor or safety officer and participate in investigation of the incident with the safety officer and health & safety representative
- Visitor Pass form on to the supervisor or the safety officer of the area, OHSE or to Security & Traffic
- Supervisor or person providing initial treatment should fill in the form if the injured person is unable to do so

NB Reports containing confidential issues can be forwarded directly to OHSE, bypassing any party as necessary.

Person reporting environmental incident, hazard, fire or property damage

- Fill in Sections A & B and sign form
- Pass form on to your supervisor or safety or environmental officer, as appropriate
- Visitor: Pass form on to supervisor or safety or environmental officer of the area, OHSE or to Security & Traffic

Supervisor

- Notify safety or environmental officer immediately. If not available, notify health & safety representative
- Review form and participate in investigation of the hazard or incident with the safety or environmental officer and health & safety representative
- Complete Section D and sign form
- Forward form to safety or environmental officer, as appropriate

Health & Safety Representative

- Participate in investigation of reported hazard or incident
- Sign form after completion of Section D
- Forward form to safety or environmental officer, as appropriate

General Manager

- Review form, sign and indicate the status of recommendations
- Retain copy of completed form for records
- Forward completed form to safety or environmental officer for distribution

Occupational Health, Safety & Environment (OHSE)

- Report appropriate incidents to relevant regulatory authorities
- Review status of preventive actions

Signature of person completing form:..... Date: / /

If not injured person: Name:.....

Please now give this form to your supervisor or your safety or environmental officer or health & safety representative OR

Indicate if report is being forwarded directly to OHSE without further details or signatures as confidential issues are involved

SECTION D - INVESTIGATION AND PREVENTIVE ACTION Use separate sheet(s) if insufficient space

ACCIDENT/INCIDENT: Notifiable **Other** **Environmental** **Near miss** **Hazard**

Investigation results (why did it occur?)

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.....
.....
.....

Preventive action recommended / taken:

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.....
.....
.....

Attached: Correspondence Risk assessment Other

Supervisor: Safety/Environmental Officer: Health & Safety Representative:

Signature:.....

Print Name:.....

Date: / /

SOUTHERN RIGGING AND SCAFFOLDING PTY LTD

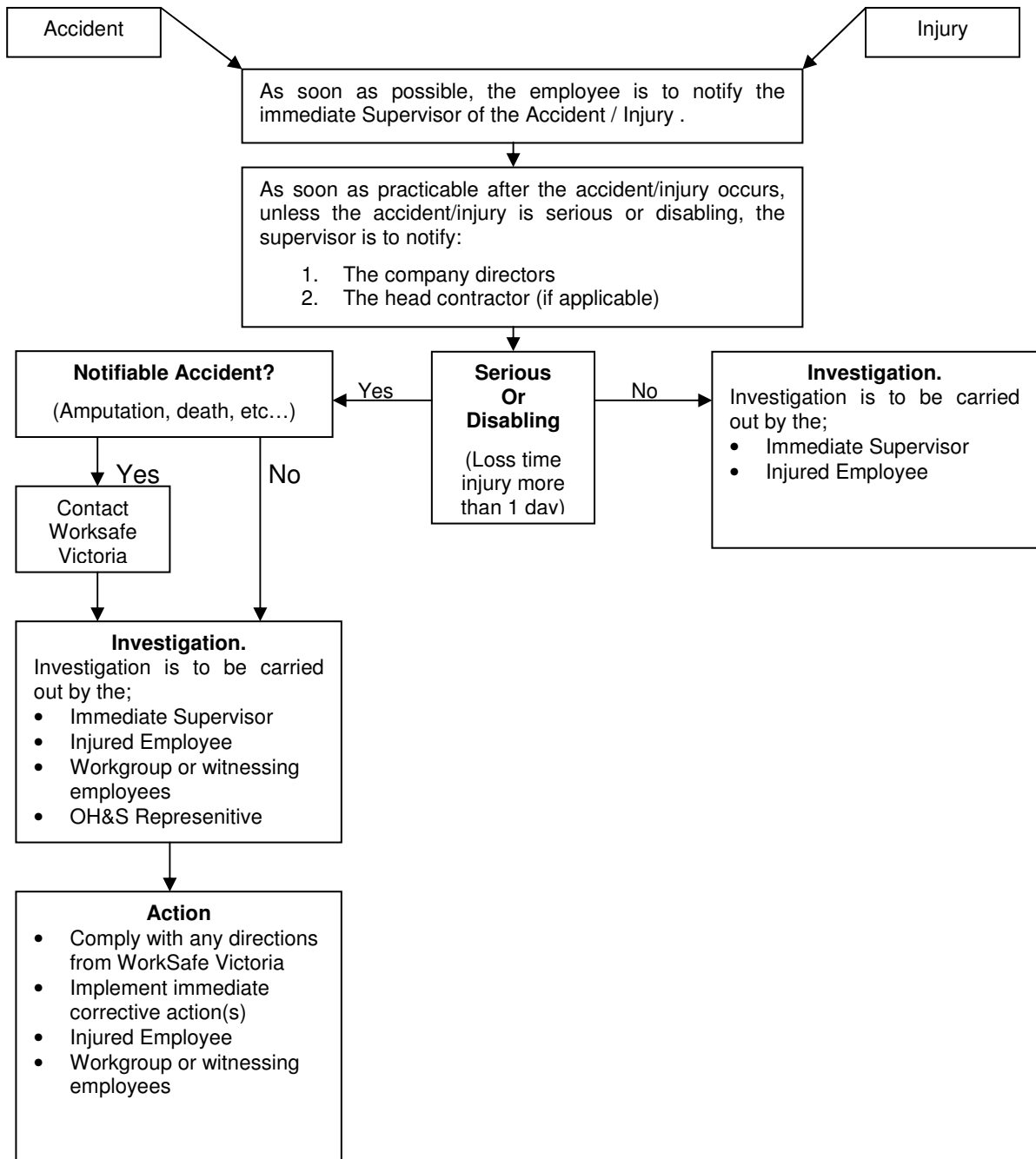
Southern Rigging and Scaffolding Pty Ltd / Company Representative

Recommendations in **D** have been implemented: Yes No In Progress

Signature:.....

Print Name:..... Date / /

Distribution: Copy to Southern Rigging and Scaffolding immediate supervisor and Head Office located at PO Box 1048 Albury NSW 2640 Fax 02 60412050



The policy requires the investigation of all accidents and reported hazards as soon as possible after the event. Accidents that have resulted in injury or illness that are likely to incur lost time of more than 1 day, or that have the **potential** to lead to serious injury or illness, (regardless of actual outcome) must be reported to a representative of the Occupational Health & Safety Office **immediately**.

Further:

- Directors are required to view and sign off all Accident Report Forms where the person has lost more than 10 working days;
- Managers/Supervisors are required to sign off all Accident Report Forms.

