



# Keeping you safe at work

## Near Miss/Incident/Injury Registration Form

May 2020

### How to report an incident

All Near Misses, Incidents or Injuries need to be reported to your OH&S Officer, Manager and Human Resources.

### When an incident occurs:

- If the situation is still dangerous or high-risk, call emergency services immediately on 000; and
- Confirm if the incident is reportable by calling HR 03) 9226 2424, [hradmin@cam.org.au](mailto:hradmin@cam.org.au) or Worksafe Victoria on 13 23 60

### Reportable incidents

You must report any incident that involves any of the following:

- death
- a person needing medical treatment within 48 hours of being exposed to a substance
- a person needing immediate treatment as an in-patient at a hospital
- a person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving/ scalping) electric shock, spinal injury, loss of bodily function, serious lacerations.

Further advice and information regarding Reportable Incidents is available from Human Resources or if still unsure by calling Worksafe Victoria on 13 23 60.

Every workplace should have a Registry of Injuries that contains the information within this form. If you need assistance with this please email [hradmin@cam.org.au](mailto:hradmin@cam.org.au).



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## Near Miss/Incident or Injury Registration Form

### Section 1: Details of worker involved in Near Miss / Incident or Injury

Family name:		First name:	
Position:		Department/team:	
Contact Details:		Gender (Male/Female):	
Manager/supervisor's name:			
The incident resulted in:	<input type="checkbox"/> injury to an individual <input type="checkbox"/> damage to property <input type="checkbox"/> a near miss		

### Section 2: Incident / Injury / Illness details

Date of incident/injury/illness:		Time of incident:		am/pm
Nature of incident / injury / illness				
Bodily location of injury/illness (where applicable)				
Exaction location at time of incident / injury / illness:				
Describe how the incident / injury / illness was sustained (please explain in your own words what happened)				



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**Was any equipment involved in the injury/illness?**

Yes / No (Please circle your response)

*If yes, please provide details:*

### Section 3: Witnesses

**Were there any witnesses to the injury/illness?**

Yes / No (Please circle your response)

*If yes, please list the witnesses' full names, job titles (where applicable as well as a contact number for each.*

### Section 4: Follow up

**Was the injury reported to the worker's supervisor?**

Yes / No (Please circle your response)

**Was any treatment provided?**

Yes / No (Please circle your response)

*If yes, please provide details.*

**Was this a reportable or notifiable incident/injury or illness?**

Yes / No (Please circle your response)

**Date reported to Worksafe:**

**Did the injured worker return to work following the injury?**

Yes / No (Please circle your response)

*If yes, please provide details.*

### Section 5: Details of person making this entry

**Family name:**

**First name:**

**Position:**

**Department/section:**

**Signature:**

**Date:**

**If you are not the worker involved, did you witness the incident/injury/illness?**

Yes / No  
(Please circle your response)

*If yes, please provide details and a contact number.*



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## Section 6: To be completed by manager/supervisor of injured worker

Has an investigation been conducted into the incident?

Yes / No (Please circle your response)

What, if any, controls were implemented to ensure the incident doesn't happen again?

## Section 7: Employer confirmation

I, \_\_\_\_\_ (print name), of

\_\_\_\_\_ (insert company name),

hereby confirm receipt of this notification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Requirements of injury notification:

- Employers must keep a **Register of Injuries** at each workplace for employees to record any workplace injury or illness.
- An injured worker (or someone acting on their behalf) must notify the employer in writing of any work-related injury or illness within 30 days of becoming aware of the injury or illness.
- Employers must provide written confirmation to the injured worker that they received notification of the injury or illness.
- Employers should provide a signed and dated copy of this entry to the injured worker.
- To make a WorkSafe claim the injured worker must complete a *Worker's Injury Claim Form*, available online at <https://www.worksafe.vic.gov.au/make-claim>

## Attention Managers:

Please email a completed copy of this report to Human Resources at

[hadmin@cam.org.au](mailto:hadmin@cam.org.au) within 24 hours of receipt.