

Incident Report Form

This Incident Report Form should be completed in relation to all Incidents. The objective of the form is to identify facts and **modify management systems** to prevent a recurrence. **It is critical not to attribute blame.**

1. Fact Finding (to be completed at the scene of the incident)

Incident Manager	
Name	
Address	
Phone Number	
Email	

Persons involved in Incident (repeat table if multiple persons involved)	
Name	
Address	
Phone Number	
DOB	
Email	

Persons with disability affected by the Incident (repeat table if multiple persons with disability involved)	
Name	
Address	
Phone Number	
DOB	
Email	

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Workers involved in Incident (repeat table if multiple Workers involved)	
Name	
Address	
Phone Number	
Email	

Witnesses (repeat table if multiple witnesses)	
Name	
Address	
Phone Number	
Email	

Incident Details (to the extent known)	
Date of Event (or if unknown, date first identified)	
Time (or if unknown, time first identified)	
Place where Incident occurred	
Description of the Incident including the impact on, or harm caused to, any person with disability affected by the Incident	
Who has information on events prior to the incident (if applicable)?	

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Who assessed the risks involved in the Incident (if applicable)?	
Who was responsible for implementing risk controls (if applicable)?	
Who checked the safety of surroundings and equipment prior to the Incident occurring (if applicable)?	
What immediate actions were taken in response to the Incident, including actions taken to ensure the health, safety and wellbeing of persons with disability affected by the Incident	
Was the family and/or primary carer contacted?	
Was the Incident reported to police or any other body? If so, please include date and time of report	
Were medical personnel contacted?	
Other actions taken	
Is this a Reportable Incident (or alleged Reportable Incident)	Yes / No
If this is a Reportable Incident, the date the Reportable Incident was reported to the NDIS Commission and other relevant external bodies (include the names of the such external bodies)	
Date and Time included in the Incident Register	

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2. Incident Investigation (to be completed after the facts have been gathered)

- (a) The Incident Manager is responsible for conducting an initial assessment of any Incident, to determine the severity of an Incident and to establish the need for, and scope and nature of, an investigation.
- (b) If an Incident is a Reportable Incident, an internal investigation must take place.
- (c) The Incident Manager or an external investigator may wish to (but is not required to) follow some or all of the process recommendations set out in the Assessment, Investigation and Resolution Memorandum when conducting an investigation.
- (d) Findings from the investigation should be summarised in this section of the Incident Report Form.
- (e) It is expected that further information and/or an external report related to the Incident investigation including records of phone conversations, emails, documents and, where possible, records of face to face interviews will be collected (and not included in this form).
- (f) Such information should be recorded and kept by DryFlush Australia in strict confidence in accordance with the Incident Management and Reporting Policy.

Investigator Details	
Name	
Address	
Phone Number	
Email	

Findings in relation to how the incident occurred <i>(list steps that led to the incident or refer to external report)</i>	
1	
2	
3	
4	
5	

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Findings in relation to how the incident impacted on, or cause harmed to, any person involved (including persons with disability)? <i>(list effects of the incident or refer to external report)</i>	
1	
2	
3	
4	
5	

List possible contributing factors (refer to following table of potential contributing factors)	
1	
2	
3	
4	
5	

(This list provides the more common contributing factors; it is not an exhaustive list.)

ENVIRONMENT		DESIGN	
Slippery surface Rough terrain Dust/particles Fumes Fibres Liquid or chemical Mist Noise Heat	Rain Low light levels Fungi Bacteria Virus Insects Radiation solar Radiation other Mud	Equipment Vibration Posture Force _____kg Weight _____kg Machinery Layout	Protective equipment Tools Guarding Plant Furniture Material Substance

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SYSTEMS		HUMAN	
Written job procedures Training (induction) Supervision Instruction Maintenance Storage or stacking Policy/manuals Housekeeping	Hazard detection Licences Endorsements Hours of work Work demands Movement Repetition Required equipment available	Inexperience Fatigue Understanding Procedures Followed Disability Misconduct	Inattention Illness Relationship Language Lifestyle Reflex action

List all essential contributing factors. *Essential Contributing Factors are those that satisfy the question "Would the incident have still occurred if this factor had not been present?"*

1	
2	
3	

Preventative and corrective actions

Report in relation to preventative and corrective actions	
How could the incident have been prevented?	
Any organisational issues that may have contributed to or did not function in preventing an Incident?	
How could the injury/harm have been avoided?	
How can better service/product design help?	
How can we control failure moving forward (<i>minimize consequences</i>)?	
Other comments	

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Refer to the Hierarchy of Control below and the following list of preventative / corrective actions.

Examples

Change to induction training	Equipment/machinery modifications	Change to work environment	Worker dismissal
Change to ongoing training	Change to work procedures	Equipment/machinery maintenance	Other preventative action

3. Preventative and Corrective Action to be taken

- (a) What changes and corrective action can DryFlush Australia make in order to prevent further Incidents from occurring (if any)?
- (b) In particular, describe the action necessary to eliminate or control the essential contributing factors identified and use the Hierarchy of Control below.

PREVENTATIVE/CORRECTIVE ACTION	Responsibility	Completion Date

Hierarchy of Control

1. ELIMINATION

Can another work method or piece of equipment be used, hence eliminating this hazard?

2. SUBSTITUTION

Can the hazard source be replaced with less hazardous equipment, materials or processes

3. ENGINEERING CONTROLS

eg. Ventilation of confined spaces or other areas

4. ADMINISTRATIVE CONTROLS

eg. Worker rotation, Worker dismissal, hiring procedures, safe work procedures, inspections/audits.

5. PERSONAL PROTECTIVE EQUIPMENT

eg. Respiratory protection, safety harnesses, safety glasses/goggles, gloves.

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4. INCIDENT RESOLUTION WITH RESPECT TO PERSON(S) INVOLVED

In addition to Preventative/Corrective Action, DryFlush Australia could undertake remedial action proportionate to the severity of the Incident, including but not limited to:

- (a) providing an apology;
- (b) disciplinary action; and
- (c) other remedial action deemed appropriate in the circumstances based on advice obtained by DryFlush Australia (where appropriate)

REMEDIAL ACTION	Responsibility	Completion Date

What actions should be/were taken to support or assist persons with disability affected by the Incident	
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5. CONSULTATION

The Incident Manager will consult Clients (including persons with disability), family and advocates at regular intervals in connection with the management, resolution and any decision in relation to the Incident. In addition, such consultation(s) will involve obtaining the Client's views in relation to the Incident.

Consultation (repeat table if multiple persons consulted with)	
Date of consultation	
Person consulted	

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Have these persons been provided with any reports/findings regarding the incident	
Whether the person believes the Incident could have been prevented?	
What could we have done instead?	
How else could we have done it?	
How well the person considers the Incident was managed and resolved?	
Whether the person considers that other persons or bodies need to be notified of the Incident?	

6. CONTINUOUS IMPROVEMENT

The Incident Manager should obtain the feedback of appropriate Workers in connection with the Incident management procedure to ensure that it remains relevant and continues to reflect the actual manner in which Incident Management activities are undertaken.

Worker Feedback (repeat table if multiple persons provided feedback)	
Date of feedback	
Worker consulted	
Have these Workers been provided with any reports/findings regarding the incident	
Any organisational issues that may have contributed to or did not function in preventing an Incident?	
How could the Incident Management procedures/resolution procedures be improved	
How can better service/product design help?	

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How can we control failure moving forward (<i>minimize consequences</i>)?	
Other comments	

7. SIGNATURE

This Incident Report Form is true and correct in every material particular.

Incident Manager:

Date:

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