



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

Name of injured/ill person s.47(3)(b) - Contrary to Public Interest

Student / Staff / Member Other (if other obtain DOB.)
Date of injury/illness 3-11-2010
Time of injury/illness 1-30 pm
First person (adult) event reported to Christine Thompson
Exact location (Be specific) Oval
Witness Name s.47(3)(b) - Contrary to Public Interest Student
Address _____
Phone _____

Description of First Aid Administered Ice Rest arm support

Description of event/illness s.47(3)(b) - Contrary to Public Interest was playing & fell onto his shoulder. He came to admin the above administered. He returned to class saying that he was fine. He returned to office on a message I asked how it was & he replied "Fine"
Contact advised Given Name _____
Surname _____
Relationship to injured/ill person _____
Address _____
Telephone _____
Date and time of notification _____

Please tick destination parents have indicated.

- Doctor Ambulance Hospital Dentist

Feedback/Outcome s.47(3)(b) - Contrary to Public Interest came to school informed of injury - informed mum of the above she
Action Taken Class given safety talk

- Informed ATC Administration WPH&S Officer

FAXED

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)



Queensland
Government
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: REGIONAL HEALTH AND SAFETY CONSULTANT **No:** 07 3881 9630
CC:

From: MINIMBAH STATE SCHOOL - Education Queensland
Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506
Telephone: 07 5431 7333

Workplace Registration No: W193980
Location No: 0265
Number of Staff: 68
Name of WHSO: CASSANDRA MILLER
Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 192
Description of Incident: CHILD FELL
Date of Incident: 3/11/2010 **Time of Incident:** 13:30
Facility: OVAL; OVAL
Exact location of incident: UPPER SCHOOL OVAL
Detailed Description of incident: [Redacted] WAS PLAYING AND FELL ONTO HIS RIGHT SHOULDER. HE CAME TO ADMIN FIRST AID WAS ADMINISTERED. HE RETURNED TO CLASS SAYING THAT HE WAS FINE. HE RETURNED TO OFFICE ON A MESSAGE I ENQUIRED AS TO HOW HIS SHOULDER FELT AND HE REPLIED IT WAS FINE.

Details of Ill/Injured Person

Name: [Redacted] **ID No:** [Redacted]
DOB: [Redacted] **Gender:** M **Type/Association:** [Redacted]
Address: [Redacted] **Phone:** [Redacted]
Staff Designation:
Employee No:
Emergency Contact Notified: **Emerg. Contact Rel:**

Treatment Required: Doctor / Ambulance / Out-patients **Hospital:**
First Aid Treatment Given: REST ICE SUPPORT FOR SHOULDER **Given by:** CHRISTINE JOY THOMPSON
Cause of Incident: Person Falling
Activity at time of incident: Movement around school
Severity: Moderate (eg needs medical care)

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor **Confrontation Type**

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)

Event: 192 CHILD FELL

Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

Nature of Injury/Illness

Part of Body Affected

Fracture

Shoulder(s)

Ache / Pain / Discomfort

Possible Number of Days Lost: 0

Possible WorkCover Claim: No

Actual Number of Days Lost: 0

Possible Legal Action: No

Organisations Contacted:

Organisation

Notes

Contributing Hazards:

Category

Type

Hazard Description

People

CHILDREN PLAYING AND FALLING
CHILD PLAYING AND FALLING

Reporting:

Incident initially reported to:

CHRISTINE JOY THOMPSON

Association:

Staff

Witnesses:

Name

ID

Type

Association

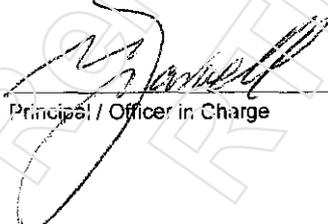
s.47(3)(b) - Contrary to Public Interest

Student

Recommended Controls: CLASS SPOKEN TO REGARDING SAFETY.

I endorse that this is a true and accurate account of the incident.

Signature:


Principal / Officer in Charge

Date:

/ /

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)



Queensland
Government
Education Queensland

Fax Notification of: Injury

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Fax to: REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 3881 9630

CC:

From: MINIMBAH STATE SCHOOL - Education Queensland

Pages: _____

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506
Telephone 07 5431 7333

Workplace Registration. No: W193980
Location No: 0265
Number of Staff: 68
Name of WHSO: CASSANDRA MILLER
Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 195

Description of Incident: [Redacted] WAS SWAYED AND TOSSED ONTO THE GROUND

Date of Incident: 15/11/2010

Time of Incident: 13:40

Facility: OVAL; OVAL

Exact location of incident: UPPER SCHOOL OVAL

Detailed Description of incident: [Redacted] WAS PLAYING A GAME WITH TWO GIRLS WHERE ONE HELD HIS ARMS AND THE OTHER HELD HIS LEGS. HE WAS SWAYED AND TOSSED INTO THE AIR CAUSING HIM TO FALL FROM AN UNSAFE HEIGHT LANDING ON THE GROUND HARD. HE PUT HIS ARM OUT TO BREAK HIS FALL.

Details of Ill/Injured Person

Name: [Redacted]
DOB: [Redacted] **Gender:** M

Address: [Redacted]

Emergency Contact Notified: [Redacted]

Treatment Required: Hospital
First Aid Treatment Given: SUPPORT
Cause of Incident: Person Falling
Activity at time of incident: Movement around school
Severity: Moderate (eg needs medical care)

ID No: [Redacted]
Type/Association: Student
Phone: [Redacted]
Staff Designation:
Employee No:
Emerg. Contact Rel: [Redacted]
Hospital: [Redacted]
Given by: KIM EDITH HOLLAND

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor

Confrontation Type

FAXED
18/11/10

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 195 s.47(3)(b) - Contrary to Public Interest WAS SWAYED AND TOSSED ONTO THE GROUND
Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
Ache / Pain / Discomfort	Arm(s)
Ache / Pain / Discomfort	
Possible Number of Days Lost: 1	Possible WorkCover Claim: No
Actual Number of Days Lost: 1	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
Ambulance	MUM ADVISED BY AMB, NEAREST HOSP WAS REDCLIFFE BUT AS AN EMERGENCY PATIENT GO TO CAB HOSP

Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description:</u>
People	CHILDREN PLAYING UNSAFELY	CHILDREN PLAYING

Reporting:

Incident initially reported to: KIM EDITH HOLLAND Association: Staff

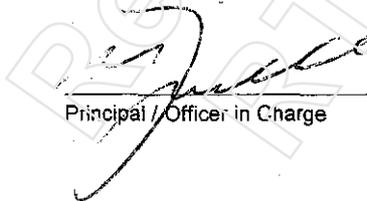
Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
s.47(3)(b) - Contrary to Public Interest		Student	

Recommended Controls: TALK TO STUDENTS ABOUT UNSAFE PLAY.

I endorse that this is a true and accurate account of the incident.

Signature:


Principal / Officer in Charge

Date:

17/11/10



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

Name of injured/ill person

Student / Staff / Member Other (if other obtain DOB.)

Date of injury/illness 15-11-10

Time of injury/illness 1-40

First person (adult) event reported to Kim Holland

Exact location (Be specific)

Witness Name

Address

Phone

Description of First Aid Administered Nil

Description of event/illness

was playing a game. He asked two girls to sway and toss him onto the game. He put his (R) arm out to break his fall but caused painful injury to his forearm.

Contact advised Given Name

Surname

Relationship to injured/ill person

Address

Interest:

Telephone

Date and time of notification 15-11-10 1-45p

Please tick destination parents have indicated.

Doctor

Ambulance

Hospital

Dentist

Feedback/Outcome

Severely sprained (R) forearm

Action Taken _____

Informed ATC

Administration

WPH&S Officer

s.47(3)(b) - Contrary to Public Interest

[redacted] arrived at the office in distress with severe pain from his right ^{fore} arm. I administered him to the Health Room. He was very pale and crying with pain. He couldn't move his fingers at the time. I rang mum to advise and then rang ambulance. I suggested that there maybe a fracture or break. [redacted] was in too much pain to show me. He indicated on the inside of his forearm.

s.47(3)(b) - Contrary to Public Interest

[redacted] had told me that he had asked two girls ([redacted]) to throw him. One to hold him by the arms and the other to hold by the legs. To sway then ~~to~~ release him causing him to fall from an unsafe height onto the ground. [redacted] puts his arm out to break his fall.

17-11-10

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)



Queensland
Government
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: WORKPLACE HEALTH & SAFETY QUEENSLAND **No:** 07 5470 8732
CC: HEALTH & SAFETY TEAM - CENTRAL OFFICE **No:** 07 3237 1664
REGIONAL HEALTH & SAFETY CONSULTANT **No:** 07 3881 9630

From: MINIMBAH STATE SCHOOL - Education Queensland

Pages: _____

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland **Workplace Registration No:** W193980
CORNER MINIMBAH DRIVE & **Location No:** 0265
WALKERS ROAD **Number of Staff:** 68
MORAYFIELD QLD 4506 **Name of WHSO:** CASSANDRA MILLER
Telephone: 07 5431 7333 **Principal/Officer in Charge:** MARK FARWELL

Incident Details:

Event Identification: 201
Description of Incident: MOTHER FELL AND INJURED LEFT ANKLE
Date of Incident: 30/03/2011 **Time of Incident:** 15:10
Facility: B02; PREP 1 CLASSROOM 2
Exact location of incident: OUTSIDE PREP 2 FRONT
Detailed Description of incident: PARENT FELL STEPPING FROM A PATH TO CUT ACROSS ANOTHER PATH. SHE INJURED LEFT ANKLE WENT INTO SHOCK. AMBULANCE CALLED

Details of ill/injured Person

Name: [Redacted] **ID No:** 33
DOB: [Redacted] **Gender:** F **Type/Association:** Parent
Address: [Redacted] **Phone:** [Redacted]
Staff Designation: _____
Emergency Contact Notified: [Redacted] **Employee No:** _____
Emerg. Contact Rel: [Redacted]
Treatment Required: Doctor / Ambulance / Out-patients **Hospital:** _____
First Aid Treatment Given: REST, ICE FOR ANKLE OBSERVED AND TREATED SHOCK **Given by:** ROSS ANDREW OSBORNE
Cause of Incident: Person Falling
Activity at time of incident: Movement around school
Severity: Serious (greater than 4 days away)

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor _____ Confrontation Type _____

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 201 MOTHER FELL AND INJURED LEFT ANKLE

Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
Sprain / Strain Ache / Pain / Discomfort	Ankle(s)
Possible Number of Days Lost:	Possible WorkCover Claim: No
Actual Number of Days Lost:	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
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Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
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Reporting:

Incident initially reported to: NICOLETTE VAN HEERDEN Association: Staff

Witnesses:

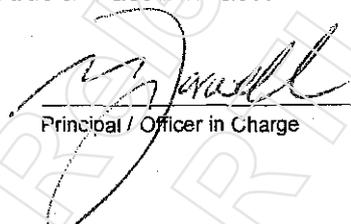
<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
s.47(3)(b) - Contrary to Public Interest	34	Other Person	Parent

Recommended Controls: WPH&S INFORMED

Has Workplace Health and Safety Queensland been notified? Yes / No

I endorse that this is a true and accurate account of the incident.

Signature:


Principal / Officer in Charge

Date:

31/3/2011

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)



Queensland
Government
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: SCHOOL COPY

CC:

From: MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506
Telephone 07 5431 7333

Workplace Registration No: W193980
Location No: 0265
Number of Staff: 68
Name of WHSO: CASSANDRA MILLER
Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 180
Description of Incident: FELL OVER AND LANDED ON WRIST.
Date of Incident: 24/11/2009 Time of incident: 13:20
Facility: OVAL; OVAL
Exact location of incident: LOWER SCHOOL PLAY AREA
Detailed Description of incident: PLAYING DURING SECOND BREAK FELL OVER AND LANDED ON HIS WRIST AND BENT IT BACK.

Details of Ill/Injured Person

Name: [Redacted] ID No: [Redacted]
DOB: [Redacted] Gender: M Type/Association: Student
Address: [Redacted] Phone: [Redacted]
Staff Designation:
Employee No:
Emerg. Contact Rel:
Emergency Contact Notified:
Treatment Required: First Aid on site (staff/ambulance) Hospital
First Aid Treatment Given: ICE APPLIED Given by: KIM EDITH HOLLAND
Cause of Incident: Person Falling
Activity at time of incident: Movement around school
Severity: Moderate (eg needs medical care)

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor

Confrontation Type

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 180 FELL OVER AND LANDED ON WRIST.

Person: §.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

Nature of Injury/Illness: Fracture, Ache / Pain / Discomfort
Part of Body Affected: Wrist(s)
Possible Number of Days Lost: 0
Actual Number of Days Lost: 0
Possible WorkCover Claim: No
Possible Legal Action: No

Organisations Contacted:

Organisation: Notes

Contributing Hazards:

Category: Environment, Type: CHILD FALLING, Hazard Description: FALL

Reporting:

Incident initially reported to: KIM EDITH HOLLAND, Association: Staff

Witnesses:

Name: §.47(3)(b) - Contrary to Public Interest, ID: [Redacted], Type: Student, Association:

Recommended Controls: SPOKE ABOUT SAFE PLAY ALTHOUGH IT WAS AN ACCIDENT

Mother said that §.47(3)(b) - Contrary to Public Interest has a Buckle fracture. 2/12/09

I endorse that this is a true and accurate account of the incident.

Signature: [Handwritten Signature], Principal / Officer in Charge

Date: 27/11/09



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

Name of injured/ill person

Student / Staff / Member Other (if other obtain DOB.)

Date of injury/illness 24-10-09

Time of injury/illness first lesson

First person (adult) event reported to Kim Holland

Exact location (Be specific) Kim Holland

Witness name

Address _____

Phone _____

Description of First Aid Administered Ice pack

Name of person administering the First Aid Kim Holland

Description of event/illness _____

Fell over while running & fell on wrist & pushed it backwards

Contact advised Given Name NIN

Surname _____

Relationship to injured/ill person _____

Address _____

Telephone _____

Date and time of notification _____

Please tick destination parents have indicated. mother called at school to speak to Kim

Doctor Ambulance Hospital Dentist

Feedback/Outcome Fracture to ~~wrist~~ wrist

Action Taken mother went doctor fracture then hospital 29-11-09 for plaster -

Informed RTC Administration WPH&S Officer



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

Name of injured/ill person (Parent)

Student / Staff / Member Other (if other obtain DOB.)

Date of injury/illness 11-10-10

Time of injury/illness 12:15p

First person (adult) event reported to Kim Holland

Exact location (Be specific) Outside front entry of Admin door

Witness Name

Address

Phone

Description of First Aid Administered Ice

Description of event/illness

was carrying her daughter on her back because she had a broken ankle. It was stormy and wiped her feet on the mat. She slipped backwards and landed on her hip. (R)

Contact advised Given Name No-one Did not want to contact anyone.

Surname _____

Relationship to injured/ill person _____

Address _____

Telephone _____

Date and time of notification _____

Please tick destination parents have indicated.

Doctor Ambulance Hospital Dentist

Feedback/Outcome _____

Action Taken _____

Informed ATC Administration WPH&S Officer

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)



Queensland
Government
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: SCHOOL COPY

CC:

From: MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506

Telephone 07 5431 7333

Workplace Registration No: W193980

Location No: 0265

Number of Staff 68

Name of WHSO: CASSANDRA MILLER

Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 193

Description of Incident: SLIPPED BACKWARDS AND LANDED ON BOTTOM

Date of Incident: 11/10/2010

Time of Incident: 12:15

Facility: A; A BLOCK

Exact location of incident: FRONT ENTRANCE OF ADMINISTRATION

Detailed Description of Incident: [] WAS CARRYING YOUNG DAUGHTER ON HER BACK BECAUSE IT WAS RAINING AND HER DAUGHTER HAD A BROKEN FOOT. [] WIPED HER FEET AND SLIPPED DUE TO WET CONCRETE AND HER WEARING THONGS.

Details of Ill/Injured Person

Name: [s.47(3)(b) - Contrary to Public Interest]

ID No: 26

DOB: [s.47(3)(b) - Contrary to Public Interest] Gender: F

Type/Association: Parent

Address: [s.47(3)(b) - Contrary to Public Interest]

Phone: [s.47(3)(b) - Contrary to Public Interest]

Staff Designation:

Employee No:

Emergency Contact Notified: MOTHER REQUESTED NO NEED TO CONTACT AND THAT SHE WILL BE OKAY.

Emerg. Contact Rel:

Treatment Required: First Aid on site (staff/ambulance)

Hospital

First Aid Treatment Given: APPLIED ICE PACK TO LOWER BACK TOWARD RIGHT HIP

Given by: KIM EDITH HOLLAND

Cause of Incident: Person Falling

Activity at time of incident: Non-school activity

Severity: Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor

Confrontation Type

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 193 SLIPPED BACKWARDS AND LANDED ON BOTTOM

Person: s.78B(2)

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
Ache / Pain / Discomfort	Back Lower
Ache / Pain / Discomfort	
Possible Number of Days Lost:	Possible WorkCover Claim: No
Actual Number of Days Lost:	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
PATIENT REQUESTED NO CONTACT	ICE PACK GIVEN

Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
Environment	Environmental Factors	RUNNING WHEN WET

Reporting:

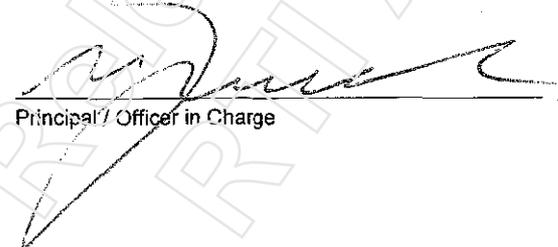
Incident initially reported to:	KIM EDITH HOLLAND	Association:	Staff
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Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
s.47(3)(b) - Contrary to Public Interest	s.47(3)(b) - Contrary to Public Interest	Student	

Recommended Controls: WEAR SHOES

I endorse that this is a true and accurate account of the incident.

Signature:  Date: 16/11/10

Principal / Officer in Charge

11th Oct '10

(Mum)
s.47(3)(b) -
Contrary to Public
Interest

s.47(3)(b) -
Contrary to Public
Interest

was carrying her daughter on her back
and she was hurrying to get out of the rain.
(Mum)
She went to wipe her thongs on the mat and
slipped backwards, falling on top of her daughter.

s.47(3)(b) -
Contrary to
Public Interest

Released under the
RTI Act by DETE

11th Oct '10

[Redacted]

(Mum)
s.47(3)(b) -
Contrary to Public
Interest

s.47(3)(b) -
Contrary to
Public Interest

was carrying her daughter on her back
and she was hurrying to get out of the rain.

(Mum)
She went to wipe her thongs on the mat and
slipped backwards, falling on top of her daughter.

s.47(3)(b) -
Contrary to
Public
Interest

Released under the
RTI Act by DETE



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

Name of injured/ill person

Student / Staff / Member Other (if other obtain DOB.) Sibling to attending student.
Date of injury/illness 11-10-10

Time of injury/illness 12-15p

First person (adult) event reported to Kim Holland

Exact location (Be specific) Outside front entry of main Admin door

Witness Name

Address

Phone

Description of First Aid Administered _____

Description of event/illness

Mum was carrying on her back because she had a broken foot. It was raining and mum went to wipe her feet on the mat and slipped backwards and fell on unbroken foot (R)

Contact advised Given Name

Surname

Relationship to injured/ill person Mother

Address

Telephone

Date and time of notification 11/10/10 12:15p

Please tick destination parents have indicated.

- Doctor Ambulance Hospital Dentist

Feedback/Outcome _____

Action Taken _____

- Informed RTC Administration WPH&S Officer

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Queensland
Government
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: SCHOOL COPY
CC:

From: MINIMBAH STATE SCHOOL - Education Queensland
Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506
Telephone 07 5431 7333

Workplace Registration No: W193980
Location No: 0265
Number of Staff: 68
Name of WHSO: CASSANDRA MILLER
Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 194
Description of Incident: MOTHER SLIPPED BACKWARDS ONTO ^{s.47(3)(b) - Contrary to Public Interest} FOOT
Date of Incident: 11/10/2010 Time of Incident: 12:15
Facility: A; A BLOCK
Exact location of incident: ENTRY TO THE FRONT DOOR OF ADMINISTRATION
Detailed Description of incident: MUM WAS CARRYING ^{s.47(3)(b) - Contrary to Public Interest} ON HER BACK BECAUSE SHE HAD A BROKEN FOOT. IT WAS RAINING AND MUM WAS RUNNING TOWARDS ADMIN ENTRY TO WIPE HER FEET. MUM SLIPPED BACKWARDS ^{s.47(3)(b) - Contrary to Public Interest} CAUSING MUM TO FALL ONTO ^{s.47(3)(b) - Contrary to Public Interest} OTHER FOOT

Details of Ill/Injured Person

Name: ^{s.47(3)(b) - Contrary to Public Interest}
DOB: ^{s.47(3)(b) - Contrary to Public Interest} Gender: F
Address: ^{s.47(3)(b) - Contrary to Public Interest}

ID No: 27
Type/Association: SIBLING OF ATTENDING
Phone: ^{s.47(3)(b) - Contrary to Public Interest}
Staff Designation:
Employee No:
Emerg. Contact Rel: ^{s.47(3)(b) - Contrary to Public Interest}

Emergency Contact Notified: ^{s.47(3)(b) - Contrary to Public Interest}

Treatment Required: First Aid on site (staff/ambulance) Hospital
First Aid Treatment Given: ICE PACK APPLIED Given by: KIM EDITH HOLLAND
Cause of Incident: Person Falling
Activity at time of incident: Non-school activity
Severity: Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor Confrontation Type

R

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 194 MOTHER SLIPPED BACKWARDS ONTO FOOT

Person: s.47(3)(b) - Contrary to Public Interest

s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
Ache / Pain / Discomfort	Foot/feet
Ache / Pain / Discomfort	
Possible Number of Days Lost:	Possible WorkCover Claim: No
Actual Number of Days Lost:	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
NO CONTACT NECESSARY	MOTHER WAS WITH CHILD WHEN INCIDENT OCCURRED

Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
Environment	Environmental Factors	RUNNING WHEN WET

Reporting:

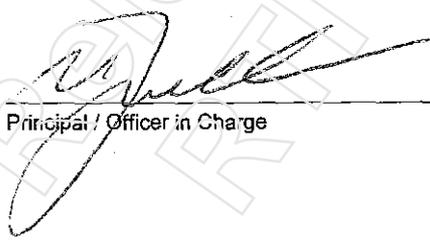
Incident initially reported to: KIM EDITH HOLLAND Association: Staff

Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
s.47(3)(b) - Contrary to Public Interest	s.47(3)(b) - Contrary to Public Interest	Student	

Recommended Controls: MOTHER TO WEAR SAFE SHOES ON WET SURFACES WHILE CARRYING CHILDREN.

I endorse that this is a true and accurate account of the incident.

Signature: 

Principal / Officer in Charge

Date: 16 / 11 / 10



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

Name of injured/ill person

Student / Staff / Member Other (if other obtain DOB.)

Date of injury/illness 28 - 10 - 10.

Time of injury/illness 1.45.

First person (adult) event reported to Sharon Heald's.

Exact location (Be specific) upper school

Witness Name

Address

Phone

Description of First Aid Administered rest cleaned taped ice cold compresses.

Description of event/illness Two students collided & hit eye to cheek cut his cheek
He was taken to doctor by parents

Contact advised

Given Name

Surname

Relationship to injured/ill person

Address

Telephone

Date and time of notification 1.55pm. 28-10-10

Please tick destination parents have indicated.

Doctor Ambulance Hospital Dentist

Feedback/Outcome Stitches to face

Action Taken Spoke to students regarding running & safety.

Informed ATC Administration WPH&S Officer

FAXED

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)



Queensland
Government
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 3881 9630

CC:

From: MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506
Telephone 07 5431 7333

Workplace Registration. No: W193980
Location No: 0265
Number of Staff: 63
Name of WHSO: CASSANDRA MILLER
Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 191
Description of Incident: BOYS RAN INTO EACH OTHER ACCIDENTALLY
Date of Incident: 28/10/2010 **Time of Incident:** 13:45
Facility: OVAL; OVAL
Exact location of incident: CONCRET AREA UPPER SCHOOL
Detailed Description of incident: s.47(3)(b) - Contrary to Public Interest AND s.47(3)(b) - Contrary to Public Interest WERE BOTH RUNNING IN DIFFERENT DIRECTIONS AND COLLIDED RESULTING IN s.47(3)(b) - Contrary to Public Interest SPLITTING HIS LEFT CHEEK ON BONE AND TAKEN FOR MEDICAL ASSESSMENT. s.47(3)(b) - Contrary to Public Interest HIT EYE LID OK

Details of Ill/Injured Person

Name: s.47(3)(b) - Contrary to Public Interest
DOB: s.47(3)(b) - Contrary to Public Interest **Gender:** M
Address: s.47(3)(b) - Contrary to Public Interest
Emergency Contact Notified: s.47(3)(b) - Contrary to Public Interest

ID No: s.47(3)(b) - Contrary to Public Interest
Type/Association: Student
Phone:
Staff Designation:
Employee No:
Emerg. Contact Rel: s.47(3)(b) - Contrary to Public Interest

Treatment Required: Doctor / Ambulance / Out-patients
First Aid Treatment Given: REST CLEANED TAPPED ICED FAMILY NOTIFIED.
Cause of Incident: Contact With
Activity at time of incident: Movement around school
Severity: Moderate (eg needs medical care)

Hospital
Given by: CHRISTINE JOY THOMPSON

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor

Confrontation Type

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 191 BOYS RAN INTO EACH OTHER ACCIDENTALLY

Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
Cut / Laceration / Bleeding	Face
Ache / Pain / Discomfort	
Possible Number of Days Lost: 0	Possible WorkCover Claim: No
Actual Number of Days Lost: 1	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
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Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
People	COLLIDING	BOYS RUNNING AND COLLIDING

Reporting:

Incident initially reported to: SHARON DANIELLE HEDLEFS Association: Staff

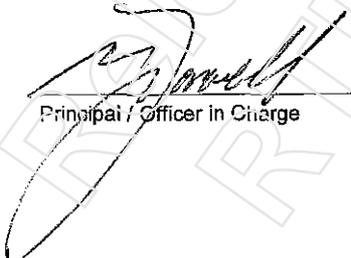
Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
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Recommended Controls: STUDENT TOLD TO BE MORE AWARE OF ENVIROMENT.

I endorse that this is a true and accurate account of the incident.

Signature:



Principal / Officer in Charge

Date:

28/10/10

Attention Val Kenny

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: SCHOOL CLEANING ADVISOR (Write fax no. of your school cleaning advisor) No: 3881 9630
CC:

From: MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland Workplace Registration No: W193980
CORNER MINIMBAH DRIVE & Location No: 0265
WALKERS ROAD Number of Staff: 68
MORAYFIELD QLD 4506 Name of WHSO: CASSANDRA MILLER
Telephone 07 5431 7333 Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 185
Description of Incident: SLIPPED ON BOOKS LEFT ON THE FLOOR
Date of Incident: 24/05/2010 Time of Incident: 05:15
Facility: M04; M BLOCK-CLASSROOM4
Exact location of incident: COMING OUT OF WITHDRAWAL ROOM INTO CLASSROOM GLA4
Detailed Description of incident: WHILE LOCKING UP I SLIPPED ON SOME BOOKS ON THE FLOOR AS I WAS FALLING I GRABBED A CHAIR WHICH TIPPED OVER AND THE BOTTOM OF THE CHAIR CUT MY LEG

Details of Ill/Injured Person

Name: s.47(3)(b) - Contrary to Public Interest ID No: s.47(3)(b) - Contrary to Public Interest
DOB: Gender: F Type/Association: Staff
Address: s.47(3)(b) - Contrary to Public Interest Phone: s.47(3)(b) - Contrary to Public Interest
Staff Designation:
Employee No:
Emergency Contact Notified: Emerg. Contact Rel:

Treatment Required: First Aid on site (staff/ambulance) Hospital
First Aid Treatment Given: SELF ADMINISTERED - CLEANED AREA ON LEG Given by: s.47(3)(b) - Contrary to Public Interest
Cause of Incident: Stepping On/In/Walking
Activity at time of incident: Cleaning - General
Severity: Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor Confrontation Type

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 185 SLIPPED ON BOOKS LEFT ON THE FLOOR

Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
Cut / Laceration / Bleeding INJURY	Leg(s)
Possible Number of Days Lost: 0	Possible WorkCover Claim: No
Actual Number of Days Lost: 0	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
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Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
Environment	Floor / Ground (slippery/uneven)	BOOKS LEFT ON THE FLOOR

Reporting:

Incident initially reported to:	DONNA DUNN	Association:	Staff
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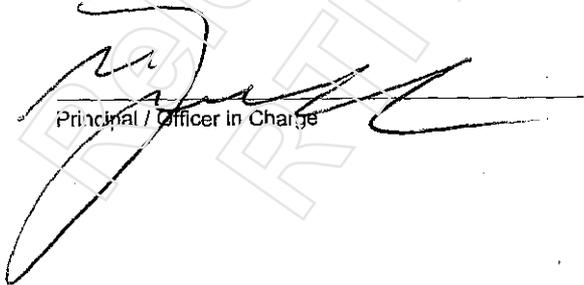
Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
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Recommended Controls: TIDY UP CLASSROOMS AT THE END OF THE DAY - STAFF ADVISED BY EMAIL

I endorse that this is a true and accurate account of the incident.

Signature:



Principal / Officer in Charge

Date:

9/6/10



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

Name of injured/ill person

Student / Staff / Member / Other (if other obtain DOB.)

Date of injury/illness 24/5/10

Time of injury/illness 5:15

First person (adult) event reported to DONNA DUNN

Exact location (Be specific) BLOCK 6 PLAIN

Witness name NONE

Address _____

Phone _____

Description of First Aid Administered WET PAPER TOWEL TO WIFE OFF BLOOD

Name of person administering the First Aid MYSELF

Description of event/illness _____

WHILE LOCKING UP I SLIPPED ON SOME BOOKS ON THE FLOOR AS I WAS FALLING I GRABBED A CHAIR WHICH TIPPED OVER AND THE BOTTOM OF THE CHAIR LEG CUT MY LEG

Contact advised Given Name _____

Surname _____

Relationship to injured/ill person _____

Address _____

Telephone _____

Date and time of notification _____

Please tick destination parents have indicated.

Doctor

Ambulance

Hospital

Dentist

Feedback/Outcome _____

Action Taken _____

Informed RTC

Administration

WPH&S Officer

Health and Safety Incident Notification Form.
(for Injury / Work Caused Illness / Dangerous Event)



Queensland
Government
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: SCHOOL COPY

CC:

From: MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506
Telephone 07 5431 7333

Workplace Registration No: W193980
Location No: 0265
Number of Staff: 68
Name of WHSO: CASSANDRA MILLER
Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 172
Description of Incident: TRIPPED OVER
Date of Incident: 10/02/2009 Time of Incident: 11:35
Facility: B01; PREP 1 CLASSROOM 1
Exact location of incident: PREP 1 CLASSROOM
Detailed Description of incident: WALKING PASSED WHITEBOARD PASSED COMPUTER- TRIPPED OVER WHITEBOARD
LEG LEAPED IN AIR LANDED HARD ON RIGHT HEEL AND BRUISED FEELING UNDER
FOOT WHEN STANDING.

Details of Ill/Injured Person

Name: [Redacted] s.47(3)(b) - Contrary to Public Interest
DOB: [Redacted] Gender: F
Address: [Redacted]

ID No: [Redacted] s.47(3)(b) - Contrary to Public Interest
Type/Association: Staff
Phone: [Redacted] s.47(3)(b) - Contrary to Public Interest
Staff Designation: [Redacted]
Employee No: [Redacted]
Emerg. Contact Rel:

Emergency Contact Notified:
Treatment Required: First Aid on site (staff/ambulance) Hospital
First Aid Treatment Given: ICE PACK Given by: MARY CURLEY
Cause of Incident: TRIPPED
Activity at time of incident: TRIPPED
Severity: Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor

Confrontation Type

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 172 TRIPPED OVER

Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
Bruise / Crush	Foot/feet
Ache / Pain / Discomfort	
Possible Number of Days Lost: 0	Possible WorkCover Claim: No
Actual Number of Days Lost: 0	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
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Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
Environment	Furniture	WHITEBOARD

Reporting:

Incident initially reported to: KAREN MAREE POCOCK Association: Staff

Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
KAREN MAREE POCOCK	POCOCKA	Staff	

Recommended Controls: BE AWARE OF FURNITURE PLACEMENT

I endorse that this is a true and accurate account of the incident.

Signature:


Principal / Officer in Charge

Date: 12/2/09



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

s.47(3)(b) - Contrary to Public Interest
[Redacted box]

Name of injured/ill person _____

Student / Staff / Member Other (if other obtain DOB.)

Date of injury/illness 10/2/09

Time of injury/illness 1.35 pm

First person (adult) event reported to Karen Pocock / Mary Curley

Exact location (Be specific) inside PI

Witness name Karen Pocock

Address _____

Phone _____

Description of First Aid Administered _____

Name of person administering the First Aid Mary - ice pack / foot up

Description of event/illness

walking passed whiteboard, passed computer - tripped over LWB leg -> leap in air - landed hard on right heel - bruised, feeling under foot when I stand

Contact advised

Given Name Cass Miller

Surname _____

Relationship to injured/ill person _____

Address _____

Telephone _____

Date and time of notification _____

Please tick destination parents have indicated.

Doctor

Ambulance

Hospital

Dentist

Feedback/Outcome

Action Taken Ice pack

Informed RTC

Administration

WPH&S Officer

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)



Queensland
Government
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: SCHOOL COPY

CC:

From: MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506
Telephone: 07 5431 7333

Workplace Registration No: W193980
Location No: 0265
Number of Staff: 88
Name of WHSO: CASSANDRA MILLER
Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 209
Description of Incident: ON LADDER, TAKING ARTWORK DOWN
Date of Incident: 10/06/2011 **Time of Incident:** 15:00
Facility: S; LIBRARY
Exact location of incident: MAIN LIBRARY AREA
Detailed Description of incident: ON THE LADDER, ON TIP TOES, TAKING ARTWORK DOWN AND PULLING BLU TACK OFF. LEFT FOOT ON THE RIGHT SIDE THROBING WHEN ARRIVED HOME. ONE YEAR AGO PAIN ON RIGHT SIDE FROM MOVING FURNITURE. AGGREGATED AREA. NEEDED PHYSIO.

Details of Ill/Injured Person

Name: s.47(3)(b) - Contrary to Public Interest
DOB:
Address:

Gender: F

ID No: s.47(3)(b) - Contrary to Public Interest
Type/Association: Staff
Phone: s.47(3)(b) - Contrary to Public Interest
Staff Designation:
Employee No:
Emerg. Contact Rel:

Emergency Contact Notified: D/DN'T THINK THE PAIN WOULD GET WORSE

Treatment Required: Nil / Not Applicable **Hospital:**
First Aid Treatment Given: ICE PACK APPLIED FOR 20 MINS ON AND 20 MINS OFF, AT HOME. **Given by:**
Cause of Incident: Repetitive Movement
Activity at time of incident: Lesson preparation / cleanup
Severity: Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor Confrontation Type

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 209 ON LADDER, TAKING ARTWORK DOWN

Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
Ache / Pain / Discomfort	Foot/feet
Ache / Pain / Discomfort	
Possible Number of Days Lost:	Possible WorkCover Claim: No
Actual Number of Days Lost:	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
FIRST AID OFFICER	

Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
Environment	Classroom - Hanging mobiles	STANDING ON STOOL FOR LONG PERIOD OF TIME

Reporting:

Incident initially reported to: MICHELLE DENISE TELFER Association: Staff

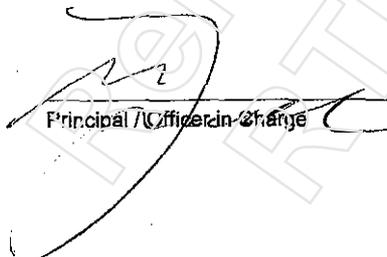
Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
PAULA ANN FRASER	FRASPA	Staff	

Recommended Controls: NO.

I endorse that this is a true and accurate account of the incident.

Signature:


Principal / Officer in Charge

Date:

21/06/2011



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

Name of injured/ill person

Student / Staff / Member Other (if other obtain DOB.)

Date of injury/illness 10/06/11

Time of injury/illness 3 pm

First person (adult) event reported to Michelle Telfer

Exact location (Be specific) Library on stairs

Witness Name Paula Fraser

Address _____

Phone _____

Description of First Aid Administered Ice pack 20 mins on 20 mins off throughout night very painful

Description of event/illness

On ladder on tip toes getting Artsfest down - taking Blu tack off. Left foot right side - 1 year ago moving furniture - pain right side of back. Aggravated - Physio

Contact advised Given Name _____

Surname _____

Relationship to injured/ill person _____

Address _____

Telephone _____

Date and time of notification _____

Please tick destination parents have indicated.

Doctor

Ambulance

Hospital

Dentist

Feedback/Outcome _____

Action Taken Physiotherapy

Informed ATC Administration WPH&S Officer

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)

email 1215

Jared
4/5/11



Queensland
Government
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 3881 9630

CC:

From: MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506

Telephone: 07 5431 7333

Workplace Registration No: W193980

Location No: 0265

Number of Staff: 68

Name of WHSO: CASSANDRA MILLER

Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 202

Description of Incident: FELL OFF CONCRETE INTO HOLE

Date of Incident: 29/04/2011 **Time of Incident:** 11:05

Facility: B01; PREP 1 CLASSROOM 1

Exact location of incident: FRONT OF PREP 1 BLOCK

Detailed Description of incident: STEPPED OFF CONCRETE PAVEMENT ONTO GRASS AREA. STEPPED LEFT FOOT INTO A SUNKEN DEPRESSION ON THE LAWN OUTSIDE FRONT AREA OF PREP 1. SPRAINED LEFT ANKLE AND BRUISED LEFT ELBOW/ARM.

Details of Ill/Injured Person

Name: [Redacted: s.47(3)(b) - Contrary to Public Interest]

DOB: [Redacted] **Gender:** F

Address: [Redacted: s.47(3)(b) - Contrary to Public Interest]

Emergency Contact Notified: [Redacted: s.47(3)(t) - Contrary to Public Interest]

Treatment Required: First Aid on site (staff/ambulance)

First Aid Treatment Given: ELEVATE LEG AND ICE PACK

Cause of Incident: Stepping On/In/Walking

Activity at time of incident: Movement around school

Severity: Minor (first aid - no time lost)

ID No: [Redacted: s.47(3)(b) - Contrary to Public Interest]

Type/Association: Staff

Phone: [Redacted: s.47(3)(b) - Contrary to Public Interest]

Staff Designation:

Employee No:

Emerg. Contact Rel:

Hospital:

Given by: DIANE SCHUBERT

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor

Confrontation Type

CM

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)

email
12/15

Event: 202 FELL OFF CONCRETE INTO HOLE

Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
Ache / Pain / Discomfort	Ankle(s)
Ache / Pain / Discomfort	
Possible Number of Days Lost: 0	Possible WorkCover Claim: No
Actual Number of Days Lost: 0	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
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Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
Environment	Environmental Factors	FALLING INTO DEPRESSION HOLE

Reporting:

Incident initially reported to: KAREN MAREE POCOCK Association: Staff

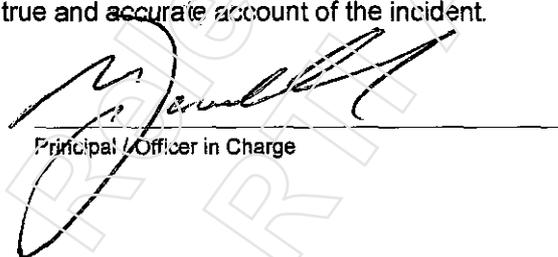
Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
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Recommended Controls: DEPRESSION DUE TO WET WEATHER. GROUNDSMAN NOTIFIED.

I endorse that this is a true and accurate account of the incident.

Signature:



Principal Officer in Charge

Date:

4 15 11

email 1215



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

Name of injured/ill person

Student / Staff / Member Other (if other obtain DOB.)

Date of injury/illness 29-4-11

Time of injury/illness 11:05am

First person (adult) event reported to Karen Pocock

Exact location (Be specific) Front of Prep 1 block

Witness Name nil

Address _____

Phone _____

Description of First Aid Administered Elevate leg / ice pack.

Description of event/illness
Stepped off concrete pavement onto grass area. Stepped left foot into a sunken depression on the lawn outside front area of Prep 1. Sprained (L) ankle and bruised (L) elbow/arm.

Contact advised Given Name

Surname

Relationship to injured/ill person

Address

Telephone

Date and time of notification 12 noon

Please tick destination parents have indicated.

- Doctor Ambulance Hospital Dentist

Feedback/Outcome _____

Action Taken Reported to Admin (Michelle Telfer)

- Informed ATC Administration WPH&S Officer

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)



Queensland
Government
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: SCHOOL COPY

CC:

From: MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506

Telephone 07 5431 7333

Workplace Registration No: W193980

Location No: 0265

Number of Staff 68

Name of WHSO: CASSANDRA MILLER

Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 179

Description of Incident: FELL OVER A STOOL

Date of Incident: 2/10/2009

Time of incident: 11:00

Facility: E03; E BLOCK CLASSROOM 3

Exact location of incident: BLOCK 2 KIM ROBINSONS ROOM

Detailed Description of incident: TRIPPED AND FELL OVER FALLEN STOOL. CARPET BURN TO KNEES AND ELBOWS, AN HOUR AND A HALF LATER NECK AND CHEST PAINS (MILD SORE TO TOUCH. BRUISE ON RIGHT LEG INNER THIGH.

Details of Ill/Injured Person

Name: §.47(3)(b) - Contrary to Public Interest

DOB: Gender: F

Address: §.47(3)(b) - Contrary to Public Interest

ID No: §.47(3)(b) - Contrary to Public Interest

Type/Association: Staff

Phone: §.47(3)(b) - Contrary to Public Interest

Staff Designation:

Employee No:

Emerg. Contact Rel:

Emergency Contact Notified:

Treatment Required: Nil / Not Applicable

Hospital

First Aid Treatment Given:

Given by:

Cause of Incident: Person Falling

Activity at time of incident: School activity/function

Severity: Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor

Confrontation Type

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)

Event: 179 FELL OVER A STOOL

Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
KNEES, ELBOW BURN PAIN IN CHEST AND	KNEES, ELBOW, CHEST AND NECK

Possible Number of Days Lost: 0	Possible WorkCover Claim: No
Actual Number of Days Lost: 0	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
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Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
Environment	Furniture	FALLEN STOOL

Reporting:

Incident initially reported to: PATRICK CARR Association: Staff

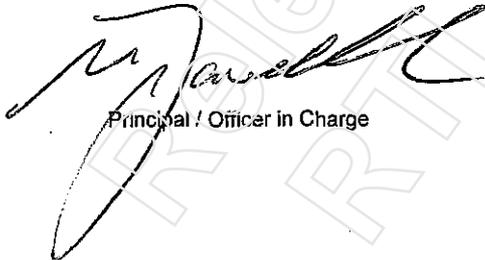
Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
PATRICK CARR	CARRPA	Staff	

Recommended Controls: CHECK OBSTACLES IN ROOM FOR DANGER.

I endorse that this is a true and accurate account of the incident.

Signature:



Principal / Officer in Charge

Date:

4 / 11 / 09



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

Name of injured/ill person

Student / Staff / Member Other (if other obtain DOB.)

Date of injury/illness 2/11/09

Time of injury/illness 11 am

First person (adult) event reported to Patrick Carr

Exact location (Be specific) Block 2 - 4B Classroom

Witness Name Patrick Carr

Address 40 Minimbah State School

Phone 54 317333

Description of First Aid Administered NIL

Description of event/illness
Tripped and fell over a folding stool - carpet torn to knees and elbows. Approx 1 1/2 hours after accident neck and chest pains (mild - sore to touch) Bruise on right leg inner thigh.

Contact advised

Given Name _____

Surname _____

Relationship to injured/ill person _____

Address _____

Telephone _____

Date and time of notification _____

Please tick destination parents have indicated.

- Doctor Ambulance Hospital Dentist

Feedback/Outcome _____

Action Taken _____

- Informed RTC Administration WPH&S Officer

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)

FAXED
15 3 11



**Queensland
Government**
Education Queensland

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to: REGIONAL HEALTH AND SAFETY CONSULTANT **No:** 07 3881 9630
CC:

From: MINIMBAH STATE SCHOOL - Education Queensland
Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland
CORNER MINIMBAH DRIVE &
WALKERS ROAD
MORAYFIELD QLD 4506
Telephone: 07 5431 7333

Workplace Registration No: W193980
Location No: 0265
Number of Staff: 68
Name of WHSO: CASSANDRA MILLER
Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification: 197
Description of Incident: FELL OVER BENCH
Date of Incident: 2/02/2011 **Time of Incident:** 12:30
Facility: OVAL; OVAL
Exact location of incident: PARADE AREA NEAR OVAL
Detailed Description of incident: RUNNING FELL OVER BENCH AND LANDED ON WRIST RESULTING IN GREEN FRACTURE LEFT HAND

Details of Ill/Injured Person

Name: [Redacted] **ID No:** [Redacted]
DOB: [Redacted] **Gender:** M **Type/Association:** Student
Address: [Redacted] **Phone:** [Redacted]
Emergency Contact Notified: [Redacted] **Staff Designation:**
Emergency Contact Rel: [Redacted] **Employee No:**
Treatment Required: Doctor / Ambulance / Out patients **Hospital:**
First Aid Treatment Given: REST ICE SUPPORT OF WRIST **Given by:** CHRISTINE JOY THOMPSON
Cause of Incident: Person Falling
Activity at time of incident: Sport
Severity: Moderate (eg needs medical care)

Aggressive Act

Was this incident caused by an aggressive act?

Aggressor **Confrontation Type**

Health and Safety Incident Notification Form
(for Injury / Work Caused Illness / Dangerous Event)

Event: 197 FELL OVER BENCH
Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

<u>Nature of Injury/Illness</u>	<u>Part of Body Affected</u>
Ache / Pain / Discomfort	Wrist(s)
Ache / Pain / Discomfort	
Possible Number of Days Lost: 0	Possible WorkCover Claim: No
Actual Number of Days Lost: 0	Possible Legal Action: No

Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
---------------------	--------------

Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
Machinery & Equipment	RUNNING ON CONCRETE	CHILD RUNNING ON CONCRETE

Reporting:

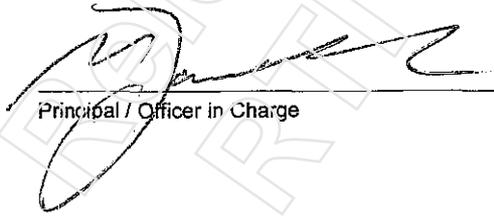
Incident initially reported to:	ROSS ANDREW OSBORNE	Association:	Staff
---------------------------------	---------------------	--------------	-------

Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
-------------	-----------	-------------	--------------------

Recommended Controls: NOT TO RUN ON CONCRETE

I endorse that this is a true and accurate account of the incident.

Signature:  Date: 312111

Principal / Officer in Charge



Reported

Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

s.47(3)(b) - Contrary to Public Interest
[Redacted box]

Name of injured/ill person _____

Student / Staff / Member Other (if other obtain DOB.)

Date of injury/illness 2.2.11

Time of injury/illness 12:30pm

First person (adult) event reported to Chris Thompson Ross Osbourne

Exact location (Be specific) P.E.

Witness name Ross Osbourne

Address _____

Phone _____

Description of First Aid Administered Rest ice support arm

Name of person administering the First Aid Chris Thompson

Description of event/illness

Fell over bench & landed on wrist whilst running after tennis ball

Contact advised

Given Name

s.47(3)(b) - Contrary to Public Interest

Surname _____

Relationship to injured/ill person

s.47(3)(b) - Contrary to Public Interest

Address _____

Telephone _____

Date and time of notification 12:30

Please tick destination parents have indicated.

Doctor

Ambulance

Hospital

Dentist

Feedback/Outcome

Fracture above wrist. Green stick

Action Taken Spoke with Ross Osbourne P.E

Informed TC

Administration

WPH&S Officer

Incident

Incident Record

***Required Fields**

Incident ID (generated on save)
INC-4639

Entered By
Holland, Kim Edith, 5100354, Female, OneSchool Role, Minimbah State School

Incident Status
Signed Off and Closed

Reporting Details

*** Reported Date**
18/10/11

Reported Time (24 hour HH:MM)
11:25

Reported by Staff
Butcher, Scott Anthony, 2141664, Male, DP-Primary, OneSchool Role, Minimbah State School

Reported by Student

Reported by Other Person

Type of Other Person
Other

Other Person Address 1

Other Person Address 2

Other Person Suburb **Other Person State (eg. QLD)** **Other Person Post**

Other Person Phone Number **Other Person Employer**

Reported To
Holland, Kim Edith, ^{s.78B(2)} Female, OneSchool Role, TA Teacher Aide, Minimbah State School

Incident Details

*** Incident Date**
18/10/11

Incident Time (24 hour HH:MM)
11:25

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

*** Departmental Incident Location or Base Location**
Minimbah State School

Non-Departmental Incident Location

*** Actual Incident Address 1**
Cnr Walkers Road and Minimbah

Actual Incident Address 2

*** Suburb** *** State (eg. QLD)** **Post Code**
Morayfield QLD 4506

*** Summary of Incident**
Fell off playground equipment (upper school) and injured left shoulder area.

Detailed Description of Incident
Suspected injury to left upper arm. Applied ice. Held arm in own shirt as a sling to not hinder any more pain or movement. Contacted mother and advised. Rang medical centre to advise a student from the school would be needing immediate attention. School later informed that arm was broken

Immediate Action Taken

Rested arm in shirt as a sling and applied ice to injured area. Contacted parent.

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

[Click here for help selecting Supervising Officer](#)

Holland, Kim Edith, ^{s.78B(2)} Female, OneSchool Role, TA Teacher Aide, Minimbah State School

Elected Workplace Health and Safety Representative

Miller, Cassandra Leigh, ^{s.78B(2)} Female, Adm Officer, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minimbah State School

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
Minimbah State School

Incident Types

*** Select one or more Incident Types**

[Click here for help selecting Incident Types](#)

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)

Yes No

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID
INJ-4322

Description
Broken top left upper arm/shoulder.

Student Name

^{s.47(3)(b)} - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

*** Submit Incident Record for review?**

Yes No

Assign Investigator

*** Investigation required?**

Yes No

[Click here for a list of trained Health and Safety Investigators](#)

Person Responsible for Investigation

Miller, Cassandra Leigh, ^{s.78B(2)} Female, Adm Officer, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minimbah State School

Reasons for Not Investigating

Investigation

*** Investigation Start Date**

14/11/11

*** Investigation Team Leader**

Miller, Cassandra Leigh ^{s.78B(2)} Female, Adm Officer, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minimbah State School

Investigation Team

Surname	Given Names	Employee IDs	Gender	Roles
No Records	No Records	No Records	No Records	No Records

Staff Witnesses

Surname	Given Names	Employee IDs	Gender	Roles	Locations
Butcher	Scott Anthony		Male	DP-Primary, OneSchool Role	Minimbah State School

Student Witnesses

Surname	Given Names	Student ID	Gender	Locations
No Records	No Records	No Records	No Records	No Records

Other Witnesses

s.47(3)(b) - Contrary to Public Interest
bryan wilson - Teacher on Playground duty

Summary of Investigation Findings

Fall from playground landing awkwardly - playground built to Australian Standards approx 3 years ago - no other incident to date

Is a Formal Root Cause Analysis required?

Yes No

File Attachment

Delete Checked Items

Attached File	File Type	Date Loaded	File Upd
No Records	No Records	No Records	N

Add New File Attachment

Investigation Outcomes

Recommendations

continue with monitoring softfall around playground

Released under the RTI Act by DET

Risk of Incident Recurrence

Consequence Likelihood

- Insignificant - Rare
- Minor - Unlikely
- Moderate - Possible
- Major - Likely
- Critical - Almost Certain

Matrix

		Consequence			
		Insignificant	Minor	Medium	High
Likelihood	Almost Certain	Medium	Medium	High	
	Likely	Low	Medium	High	
	Possible	Low	Medium	High	
	Unlikely	Low	Low	Medium	
	Rare	Low	Low	Low	

[Click here to view further Matrix](#)

Result

Low

Is the Investigation complete?

Yes No

Investigation Completion Date

14/11/11

Released under the RTI Act by DETE

File Attachments

File Attachment			
Attached File	File Type	Date Loaded	File Upd
No Records	No Records	No Records	N

Finalisation - Officer in Charge

* Signed Off By s.78B(2) Male, OneSchool Role, PR-Primary, Minimbah State School

* Date Signed Off 29/03/12

Sign Off Comments

Finalise this record?
 Yes No

Actions

Actions		
Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Case Notes		
Date of Note	Person Making Note	Who was Spoken To
14/11/11	Holland, Kim Edith s.78B(2) Female, OneSchool Role, TA Teacher Aide, Minimbah State School	s.47(3)(b) - Contrary to Public Interest

Released under the
RTI Act by DETE

Incident

Incident Record

***Required Fields**

Incident ID (generated on save)

Entered By
 s.78B(2) OneSchool Role, TA Teacher Aide, Minimbah State

Incident Status

Reporting Details

*** Reported Date**

Reported Time (24 hour HH:MM)

Reported by Staff

Reported by Student

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb **Other Person State (eg. QLD)** **Other Person Post**

Other Person Phone Number **Other Person Employer**

Reported To
 s.78B(2)

Incident Details

*** Incident Date**

Incident Time (24 hour HH:MM)

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.
 If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

*** Departmental Incident Location or Base Location**

Non-Departmental Incident Location

*** Actual Incident Address 1**

Actual Incident Address 2

*** Suburb** *** State (eg. QLD)** **Post Code**

*** Summary of Incident**

Detailed Description of Incident

Immediate Action Taken

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

[Click here for help selecting Supervising Officer](#)

Thompson, Christine Joy, , Female, ,

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

*** Select one or more Incident Types**

[Click here for help selecting Incident Types](#)

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)

Yes No

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-4315	Fell on left shoulder, fractured collarbone	s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

*** Submit Incident Record for review?**

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSQ notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice and escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

- 1. Workplace Health and Safety Queensland; or
- 2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that are involved in this Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Assign Investigator

* Investigation required?

Yes No

[Click here for a list of trained Health and Safety Investigators](#)

Person Responsible for Investigation

Reasons for Not Investigating

File Attachments

File Attachment

Attached File	File Type	Date Loaded	File Upi
No Records	No Records	No Records	No

Finalisation - Officer in Charge

* Signed Off By

Bennett, Sean Michael, Male, OneSchool Role, PR-Primary, Minimbah State School

* Date Signed Off

29/03/12

Sign Off Comments

Finalise this record?

Yes No

Actions

Actions

Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records

Released under the
RTI Act by DETE

Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-4624

Entered By

Telfer, Michelle Denise, s.78B(2) Female, Adm Offi (AAEP), Bus Serv Manager, OneSchool Role, Miniml

Incident Status

Signed Off and Closed

Reporting Details

* Reported Date

13/07/11

Reported Time (24 hour HH:MM)

14:30

Reported by Staff

Reported by Student

s.47(3)(b) - Contrary to Public Interest

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post

Other Person Phone Number

Other Person Employer

Reported To

Thompson, Christine Joy, , Female, ,

Incident Details

* Incident Date

13/07/11

Incident Time (24 hour HH:MM)

14:30

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

* Actual Incident Address 1

Crn Minimbah Drive & Walkers Road Morayfield 4506

Actual Incident Address 2

* Suburb

Morayfield

* State (eg. QLD)

QLD

Post Code

4506

* Summary of Incident

fell over while moving from one place to another. She heard a crack to her Rt ankle

Detailed Description of Incident

fell over while moving from one place to another. She heard a crack to her Rt ankle

Immediate Action Taken

Rest and Ice Pack, Mother called

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

[Click here for help selecting Supervising Office](#)

Watson, Michelle Elizabeth, ^{s.78B(2)} Female, OneSchool Role, Sr-General, Minimbah State School

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

* Select one or more Incident Types

[Click here for help selecting Incident Types](#)

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)

Yes No

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-4308	Sprained Ankle	^{s.47(3)(b)} - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

* Submit Incident Record for review?

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSO notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice and escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that are impacted by this Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Assign Investigator

* Investigation required?

Yes No

[Click here for a list of trained Health and Safety Investigators](#)

Person Responsible for Investigation

Reasons for Not Investigating

File Attachments

File Attachment

Attached File	File Type	Date Loaded	File Up
No Records	No Records	No Records	No

Finalisation - Officer in Charge

* Signed Off By

Bennett, Sean Michael Male, OneSchool Role, PR-Primary, Minimbah State School

* Date Signed Off

29/03/12

Sign Off Comments

Finalise this record?

Yes No

Actions

Actions

Due Date
No Records

Action ID
No Records

Action Title
No Records

Case Notes

Case Notes

Date of Note
No Records

Person Making Note
No Records

Who was Spoken To
No Records

Released under the
RTI Act by DETE

Incident

Incident Record

***Required Fields**

Incident ID (generated on save)
INC-4636

Entered By
Telfer, Michelle Denise, s.78B(2) Female, Adm Offi (AAEP), Bus Serv Manager, OneSchool Role, Minimi

Incident Status
Signed Off and Closed

Reporting Details

*** Reported Date**
20/10/11

Reported Time (24 hour HH:MM)
16:15

Reported by Staff
s.47(3)(b) - Contrary to Public Interest

Reported by Student

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb **Other Person State (eg. QLD)** **Other Person Post**

Other Person Phone Number **Other Person Employer**

Reported To

Incident Details

*** Incident Date**
20/10/11

Incident Time (24 hour HH:MM)
16:15

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.
If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

*** Departmental Incident Location or Base Location**
Minimbah State School

Non-Departmental Incident Location

*** Actual Incident Address 1**
Crn Minimbah Drive & Walkers Road

Actual Incident Address 2

*** Suburb** *** State (eg. QLD)** **Post Code**
Morayfield QLD 4506

*** Summary of Incident**
Tripped as she was walking out the door at Admin

Detailed Description of Incident
Tripped as she was walking out the door at Admin

Immediate Action Taken

Ice Packs and rest

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

[Click here for help selecting Supervising Officer](#)

Farwell, Mark David, ^{s.78B(2)} Male, OneSchool Role, PR-Secondary, Craigslea State High School

Elected Workplace Health and Safety Representative

Miller, Cassandra Leigh, ^{s.78B(2)} Female, Adm Officer, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minimbah State School

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
Minimbah State School

Incident Types

*** Select one or more Incident Types**

[Click here for help selecting Incident Types](#)

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)

Yes No

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name	Staff Name
IN3-4320	Tripped as she was walking out the door at Admin		^{s.47(3)(b)} - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

*** Submit Incident Record for review?**

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSQ notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice and escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incident's will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that are impacted by this Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Assign Investigator

* Investigation required?

Yes No

[Click here for a list of trained Health and Safety Investigators](#)

Person Responsible for Investigation

Miller, Cassandra Leigh, ^{s.78B(2)} Female, Adm Officer, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minimbah State School

Reasons for Not Investigating

Investigation

* Investigation Start Date

30/11/11

* Investigation Team Leader

Miller, Cassandra Leigh, ^{s.78B(2)} Female, Adm Officer, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minimbah State School

Investigation Team

Surname	Given Names	Employee IDs	Gender	Roles
No Records	No Records	No Records	No Records	No Records

Staff Witnesses

Surname	Given Names	Employee IDs	Gender	Roles	Locations
Thompson	Christine Joy		Female		

Student Witnesses

Surname	Given Names	Student ID	Gender	Locations
No Records	No Records	No Records	No Records	No Records

Other Witnesses

Summary of Investigation Findings

tripped over mat outside admin front door - combination of tired, footwear and environment

Is a Formal Root Cause Analysis required?

Yes No

File Attachment

Delete Checked Items

Attached File	File Type	Date Loaded	File Up
No Records	No Records	No Records	N

Add New File Attachment

Investigation Outcomes

Recommendations

move mat to more central location between door and path

Released under the RTI Act by DETE

Risk of Incident Recurrence

Consequence Likelihood

- Insignificant - Rare
- Minor - Unlikely
- Moderate - Possible
- Major - Likely
- Critical - Almost Certain

Matrix

		Consequence			
		Insignificant	Minor	Medium	High
Likelihood	Almost Certain	Medium	Medium	High	High
	Likely	Low	Medium	High	High
	Possible	Low	Medium	High	High
	Unlikely	Low	Low	Medium	High
	Rare	Low	Low	Low	Low

[Click here to view further Matrix](#)

Result

Low

Is the Investigation complete?

Yes No

Investigation Completion Date

30/11/11

Released under the RTI Act by DETE

File Attachments

File Attachment

Attached File	File Type	Date Loaded	File Up
No Records	No Records	No Records	N

Finalisation - Officer in Charge

*** Signed Off By**

Bennett, Sean Michael ^{s.78B(2)} Male, OneSchool Role, PR-Primary,
Minimbah State School

*** Date Signed Off**

29/03/12

Sign Off Comments

Finalise this record?

Yes No

Actions

Actions

Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records

Released under the RTI Act by DETE

Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-4763

Entered By

Telfer, Michelle Denise, s.78B(2) Female, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minimbah

Incident Status

Signed Off and Closed

Reporting Details

* Reported Date

28/07/11

Reported Time (24 hour HH:MM)

15:19

Reported by Staff

s.47(3)(b) - Contrary to Public Interest

Reported by Student

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Incident Details

* Incident Date

28/07/11

Incident Time (24 hour HH:MM)

14:25

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

* Actual Incident Address 1

Crn Minimbah Drive & Walkers Road

Actual Incident Address 2

* Suburb

Morayfield

* State (eg. QLD)

QLD

Post Code

4506

* Summary of Incident

Fellover backwards over two children coming out of bush track

Detailed Description of Incident

Fellover backwards over two children coming out of bush track

Immediate Action Taken

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

Farwell, Mark David, Male, OneSchool Role, PR-Secondary,
Craigslea State High School

[Click here for help selecting Supervising Officer](#)

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
Mimimbeli State School

Incident Types

* Select one or more Incident Types

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

[Click here for help selecting Incident Types](#)

Was this a Dangerous Incident as defined under Legislation?

Yes No

[Click here for definition of Dangerous Incident](#)

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name	Staff Name
INI-4432	Fellover backwards over two children coming out of bush track		s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

* Submit Incident Record for review?

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSO notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

[Empty text box for details of further actions]

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

- 1. Workplace Health and Safety Queensland; or
- 2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that n Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Assign Investigator

* Investigation required?

Yes No

[Click here for a list of trained Health and Safety Investigators](#)

Person Responsible for Investigation

[Empty text box for person responsible for investigation]

Reasons for Not Investigating

[Empty text box for reasons for not investigating]

File Attachments

File Attachment

Attached File	File Type	Date Loaded	File Uploaded I
No Records	No Records	No Records	No Recd.

Finalisation - Officer In Charge

* Signed Off By

Farwell, Mark David Male, OneSchool Role, PR-Secondary, Craigslea State High School

* Date Signed Off

Sign Off Comments

[Empty text box for sign off comments]

Finalise this record?

Yes No

Actions

Actions

Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records

Released under the
RTI Act by DETE

Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-11426

Entered By

Schubert, Diane Sandra, s.78B(2) Female, / OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status

Signed Off and Closed

Reporting Details

* Reported Date

21/03/12

Reported Time (24 hour HH:MM)

15:29

Reported by Staff

s.47(3)(b) - Contrary to Public Interest

Reported by Student

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Telfer, Michelle Denise, s.78B(2) Female, Adm Officer, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minimbah State School

Incident Details

* Incident Date

19/03/12

Incident Time (24 hour HH:MM)

07:45

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

* Actual Incident Address 1

Minimbah Drive

Actual Incident Address 2

* Suburb

Morayfield

* State (eg. QLD)

Qld

Post Code

4506

* Summary of Incident

Tripped and hurt left ankle

Detailed Description of Incident

s.47(3)(b) Contrary to Public Interest stepped onto a paver and then her right foot twisted over left ankle. Then she fell down twisting the left ankle over and fell to the

Immediate Action Taken

Ice

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

[Click here for help selecting Supervising Officer](#)

Bennett, Sean Michael, Male, OneSchool Role, PR-Primary, Minimbah State School

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

* Select one or more Incident Types

[Click here for help selecting Incident Types](#)

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)

Yes No

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name	Staff Name
INJ-10464	<input type="text"/> stepped onto a paver and then her right foot twisted over the left ankle. She fell down twisting the left ankle over and fell to the ground.		<input type="text" value="s.47(3)(b) - Contrary to Public Interest"/>

Submit Incident Record for Review:

To submit this Incident Record, please tick the box below and click Save

* Submit Incident Record for review?

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSO notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

m m kn k ;kj; n;n ;l;

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that an Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Assign Investigator

* Investigation required?

Yes No

[Click here for a list of trained Health and Safety Investigators](#)

Person Responsible for Investigation

Reasons for Not Investigating

File Attachments

File Attachment

Attached File	File Type	Date Loaded	File Uploaded
No Records	No Records	No Records	No Records

Finalisation - Officer in Charge

* Signed Off By

Bennett, Sean Michael, Male, OneSchool Role, PR-Primary, Minimbah State School

* Date Signed Off

Sign Off Comments

Finalise this record?

Yes No

Actions

Actions

Due Date	Action ID	Action Title	Assigned To
27/03/12	ACT-520	Slipping on Paver	Miller, Cassandra Leigh, s.78B(2) Female, Adm Officer, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minint

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
24/05/12	Sargent, Phillip John, s.78B(2) Male, SrWCCAdminOfficer, Organisational Health	System

Released under the RTI Act by DETE

Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-13461

Entered By

Schubert, Diane Sandra, s.78B(2) Female, / OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status

Submitted

Reporting Details

* Reported Date

01/05/12

Reported Time (24 hour HH:MM)

09:48

Reported by Staff

s.47(3)(b) - Contrary to Public Interest

Reported by Student

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Incident Details

* Incident Date

24/04/12

Incident Time (24 hour HH:MM)

08:35

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

* Actual Incident Address 1

Minimbah Dve

Actual Incident Address 2

* Suburb

Morayfield

* State (eg. QLD)

Qld

Post Code

4506

* Summary of Incident

Slid over and fell to ground

Detailed Description of Incident

Was walking to shed, slid on foreign substance (Gel like) and went down to ground.

Immediate Action Taken

Rest and clean up

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

[Click here for help selecting Supervising Officer](#)

Bennett, Sean Michael, ^{s.78B(2)} Male, OneSchool Role, PR-Primary, Minimbah State School

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

* Select one or more Incident Types

[Click here for help selecting Incident Types](#)

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)

Yes No

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness ID	Description	Student Name	Staff Name
INJ-12310	Walking to shed, slid on foreign substance (gel like) and fell to ground. Hurt Left knee, left and right foot, right arm and hand.		s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

* **Submit Incident Record for review?**

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSO notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that n Incident select these employees here.

Additional People to Notify

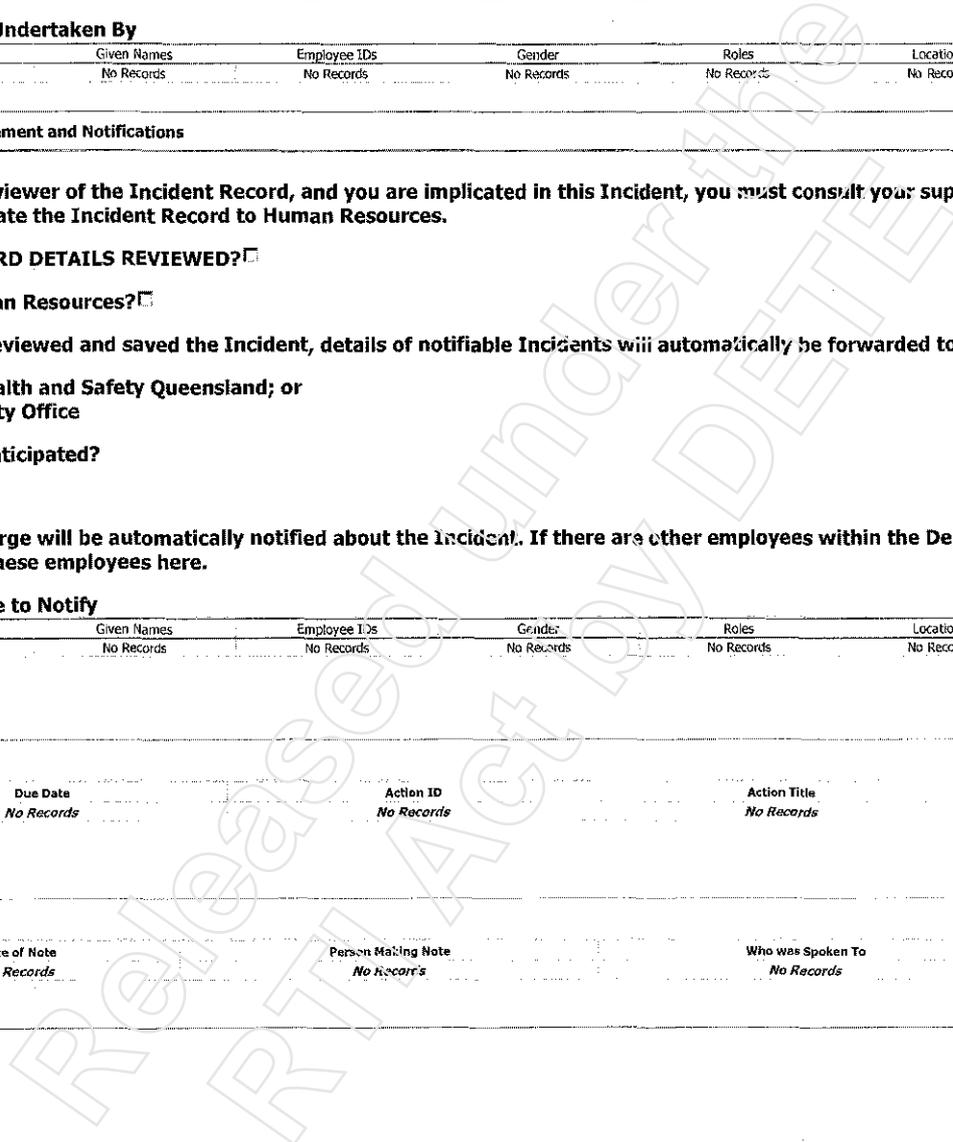
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Actions

Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records



Incident

Incident Record

***Required Fields**

Incident ID (generated on save)
 INC-13452

Entered By
 Schubert, Diane Sandra, s.78B(2) Female, /
 OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status
 Submitted

Reporting Details

*** Reported Date**
 01/05/12

Reported Time (24 hour HH:MM)
 09:05

Reported by Staff

Reported by Student
 s.47(3)(b) - Contrary to Public Interest

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Incident Details

*** Incident Date**
 23/04/12

Incident Time (24 hour HH:MM)
 13:30

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

*** Departmental Incident Location or Base Location**
 Minimbah State School

Non-Departmental Incident Location

*** Actual Incident Address 1**
 Minimbah Dve

Actual Incident Address 2

*** Suburb**
 Morayfield

*** State (eg. QLD)**
 Qld

Post Code
 4506

*** Summary of Incident**
 Rolled ankle resulting in fracture

Detailed Description of Incident
 Student was playing on netball courts and rolled ankle.

Immediate Action Taken
 Immobilisation, Ice, Contact parents

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

Zordan, Megan Kim, Female, OneSchool Role, Tch-General, Minimbah State School

[Click here for help selecting Supervising Officer](#)

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

*** Select one or more Incident Types**

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

[Click here for help selecting Incident Types](#)

Was this a Dangerous Incident as defined under Legislation?

Yes No

[Click here for definition of Dangerous Incident](#)

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID
INJ-12300

Description
Student rolled ankle while playing on netball court at lunch time.

Student Name
§.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

*** Submit Incident Record for review?**

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSQ notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that are Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Actions

Actions

Due Date	Action ID	Action Title	Assigned To
05/05/12	ACT-623	Follow up	Milner, Cassandra Leigh S.78B(2) Female, Adm Officer, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minimbah

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records

Released under the RTI Act

Incident

Incident Record

***Required Fields**

Incident ID (generated on save)

INC-16961

Entered By

Schubert, Diane Sandra, ^{s.78B(2)} Female, / OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status

Submitted

Reporting Details

*** Reported Date**

12/06/12

Reported Time (24 hour HH:MM)

10:55

Reported by Staff

Reported by Student?

s.47(3)(b) - Contrary to Public Interest

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Butcher, Scott Anthony, ^{s.78B(2)} Male, DP-Primary, OneSchool Role, Minimbah State School

Incident Details

*** Incident Date**

30/05/12

Incident Time (24 hour HH:MM)

13:45

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

*** Departmental Incident Location or Base Location**

Minimbah State School

Non-Departmental Incident Location

*** Actual Incident Address 1**

Minimbah Dve

Actual Incident Address 2

*** Suburb**

Morayfield

*** State (eg. QLD)**

Qld

Post Code

4506

*** Summary of Incident**

Student fell and injured leg.

Detailed Description of Incident

Student was playing soccer on oval. Another student fell onto his leg whilst they wer both going for the ball. His ankle was injured.

Immediate Action Taken

Leg elevated, ice applied and parents contacted.

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

[Click here for help selecting Supervising Officer](#)

Jahnke, Pauline Janelle, ^{s.78B(2)} Female, OneSchool Role, Tch-General, Minimbah State School

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

*** Select one or more Incident Types**

[Click here for help selecting Incident Types](#)

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)

Yes No

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-15681	Student playing soccer on oval, another student fell onto leg whilst they were both going for the ball - ankle fractured	s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

*** Submit Incident Record for review?**

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSQ notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that an Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Actions

Actions

Due Date	Action ID	Action Title	Assigned To
22/06/12	ACT-806	Injury Report	Schubert, Diane Sandra S-78B(2) Female, Adm Officer, OneSchool Role, TA Teacher Aide, Minimbah St

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records

Released under the RTI Act

Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-17908

Entered By

Schubert, Diane Sandra ^{s.78B(2)} Female, / OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status

Submitted

Reporting Details

* Reported Date

22/06/12

Reported Time (24 hour HH:MM)

15:34

Reported by Staff

Boucaut, Sarah Jane, ^{s.78B(2)} Female, OneSchool Role, Tch-General, Minimbah State School

Reported by Student

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Boucaut, Sarah Jane, ^{s.78B(2)} Female, OneSchool Role, Tch-General, Minimbah State School

Incident Details

* Incident Date

15/06/12

Incident Time (24 hour HH:MM)

11:30

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

* Actual Incident Address 1

Minimbah Dve,

Actual Incident Address 2

* Suburb

Morayfield

* State (eg. QLD)

Qld

Post Code

4506

* Summary of Incident

Student fell from playground and broke arm.

Detailed Description of Incident

Student fell from monkey bars and broke right forearm. Arm was bent at an awkward angle.

Immediate Action Taken

Arm was rested on a stiff folder, ice applied, parents rang and ambulance.

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

[Click here for help selecting Supervising Officer](#)

Spooner, Dionne Louise, s.78B(2) Female, OneSchool Role, Tch-General, Minimbah State School

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
Minimbah State School

Incident Types

*** Select one or more Incident Types**

[Click here for help selecting Incident Types](#)

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)

Yes No

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name
INI-16623	Student fell from tower school monkey bars and broke right forearm.	s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

*** Submit Incident Record for review?**

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSO notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incident/s will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that n Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Actions

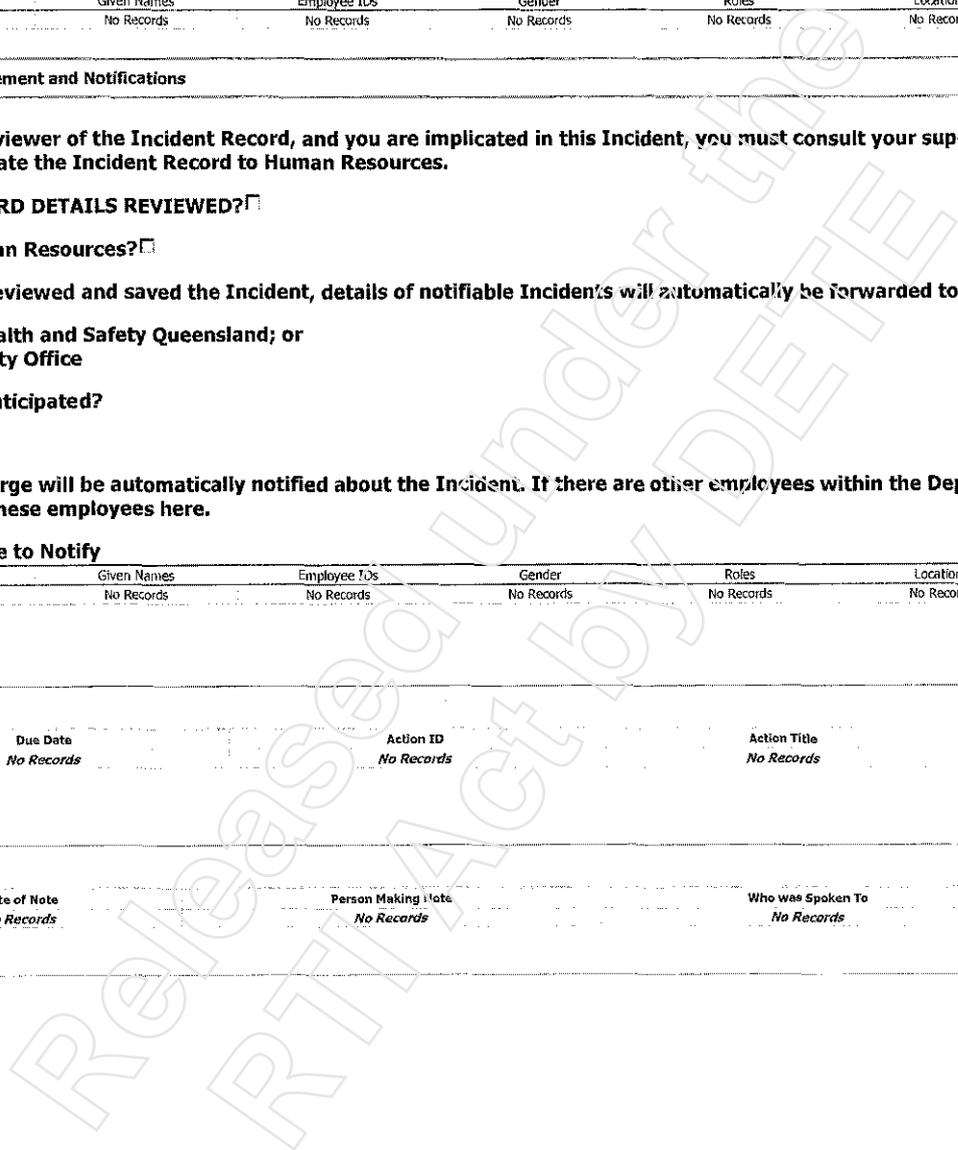
Actions

Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records



Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-23155

Entered By

Schubert, Diane Sandra, s.78B(2) Female, / OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status

Submitted

Reporting Details

* Reported Date

14/09/12

Reported Time (24 hour HH:MM)

13:49

Reported by Staff

Reported by Student

s.47(3)(b) - Contrary to Public Interest

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Wilson, Bryan Henry, s.78B(2) Male, OneSchool Role, Snr-Lote, Minimbah State School, Moreton Downs State School

Incident Details

* Incident Date

10/09/12

Incident Time (24 hour HH:MM)

11:35

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

* Actual Incident Address 1

Minimbah Dve

Actual Incident Address 2

* Suburb

Morayfield

* State (eg. QLD)

Qld

Post Code

4506

* Summary of Incident

fell from playground equip, hurt right arm

Detailed Description of Incident

Student was playing on upper school fort/playground and fell from the flying fox. She injured right forearm. Incident was witnessed by (student) and Bryan Wilson (teacher).

Immediate Action Taken

ice, stabilised, parent contact.

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

Webster, Carlene, ^{s.78B(2)} Female, OneSchool Role, Tch-General, Minimbah State School

[Click here for help selecting Supervising Officer](#)

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

*** Select one or more Incident Types**

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

[Click here for help selecting Incident Types](#)

Was this a Dangerous Incident as defined under Legislation?

Yes No

[Click here for definition of Dangerous Incident](#)

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-21540	student fell from upper school fort/playground, she was laying on the flying fox. She hurt right forearm.	s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

*** Submit Incident Record for review?**

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSO notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that an Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Actions

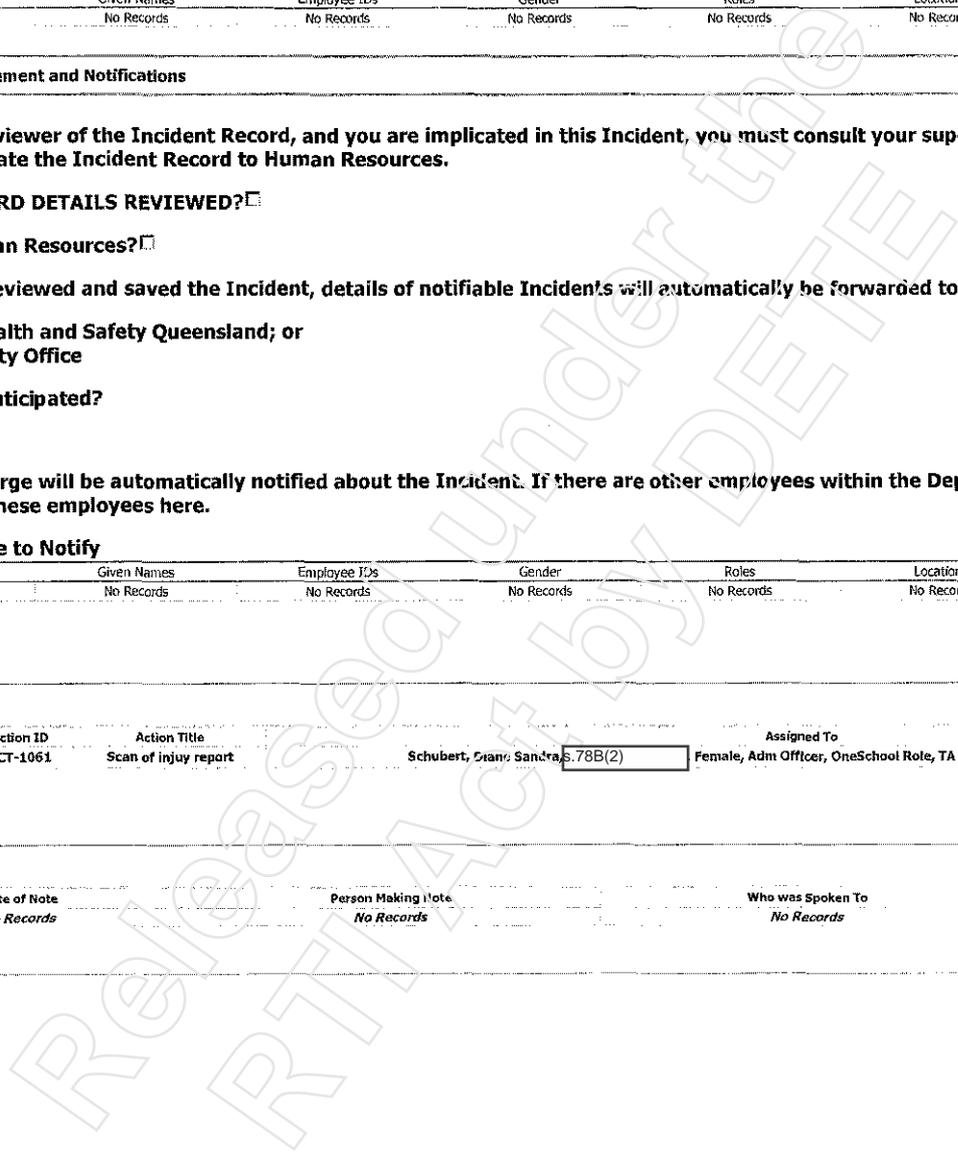
Actions

Due Date	Action ID	Action Title	Assigned To
14/09/12	ACT-1061	Scan of injury report	Schubert, Diane Sandra, S.78B(2) Female, Adm Officer, OneSchool Role, TA Teacher Aide, Minimbai

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records



Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-26796

Entered By

Schubert, Diane Sandra, ^{s.78B(2)} Female, / OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status

Signed Off and Closed

Reporting Details

* Reported Date

16/11/12

Reported Time (24 hour HH:MM)

15:30

Reported by Staff

s.47(3)(b) - Contrary to Public Interest

Reported by Student

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Miller, Cassandra Leigh, ^{s.78B(2)} Female, Adm Officer, Adm Officer (AAEP), Bus Serv Manager, OneSchool Role, Minimbah State School

Incident Details

* Incident Date

27/09/12

Incident Time (24 hour HH:MM)

07:00

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

* Actual Incident Address 1

Minimbah Dve

Actual Incident Address 2

* Suburb

Morayfield

* State (eg. QLD)

Qld

Post Code

4506

* Summary of Incident

hurt left ankle

Detailed Description of Incident

Cleaning outside high windows on classrooms. Was using the ladder. Hurt left ankle - achilles.

Immediate Action Taken

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

Bennett, Sean Michael, Male, OneSchool Role, PR-Primary,
Minimbah State School

[Click here for help selecting Supervising Officer](#)

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

* Select one or more Incident Types

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

[Click here for help selecting Incident Types](#)

Was this a Dangerous Incident as defined under Legislation?

Yes No

[Click here for definition of Dangerous Incident](#)

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name	Staff Name
INJ-24955	Was cleaning outside high windows on classrooms. Was using a ladder. Hurt left ankle - achilles.		<input type="text" value="s.47(3)(b) - Contrary to Public Interest"/>

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

* Submit Incident Record for review?

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSQ notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

[Empty text box for details of further actions]

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that n Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Assign Investigator

* Investigation required?

Yes No

[Click here for a list of trained Health and Safety Investigators](#)

Person Responsible for Investigation

[Empty text box for person responsible for investigation]

Reasons for Not Investigating

[Empty text box for reasons for not investigating]

File Attachments

File Attachment

Attached File	File Type	Date Loaded	File Uploaded I
No Records	No Records	No Records	No Reco

Finalisation - Officer in Charge

* Signed Off By

Bennett, Sean Michael Male, OneSchool Role, PR-Primary, Minimbah State School

* Date Signed Off

Sign Off Comments

Incorrectly labelled a Class A incident.

Finalise this record?

Yes No

Actions

Actions

Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records

Released under the
RTI Act by DETE

Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-27055

Entered By

Schubert, Diane Sandra, s.78B(2) Female, / OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status

Submitted

Reporting Details

* Reported Date

21/11/12

Reported Time (24 hour HH:MM)

12:47

Reported by Staff

Reported by Student

s.47(3)(b) - Contrary to Public Interest

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Page, Leigh Christine, s.78B(2) Female, OneSchool Role, Snr-General, Minimbah State School

Incident Details

* Incident Date

13/11/12

Incident Time (24 hour HH:MM)

13:20

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

* Actual Incident Address 1

Minimbah Dve

Actual Incident Address 2

* Suburb

Morayfield

* State (eg. QLD)

Qld

Post Code

4506

* Summary of Incident

student fell from monkey bars

Detailed Description of Incident

Student fell off monkey bars, face first. She cut upper lip area just under nose.

Immediate Action Taken

Compression, ice pack on back of neck, parents called

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

Broome, Alexia, ^{s.78B(2)} Female, OneSchool Role, Tch-General, Minimbah State School

[Click here for help selecting Supervising Officer](#)

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

* Select one or more Incident Types

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

[Click here for help selecting Incident Types](#)

Was this a Dangerous Incident as defined under Legislation?

Yes No

[Click here for definition of Dangerous Incident](#)

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-25197	Student fell face first from Monkey Bars and cut upper lip area just below nose.	s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

* Submit Incident Record for review?

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSO notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that an Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Actions

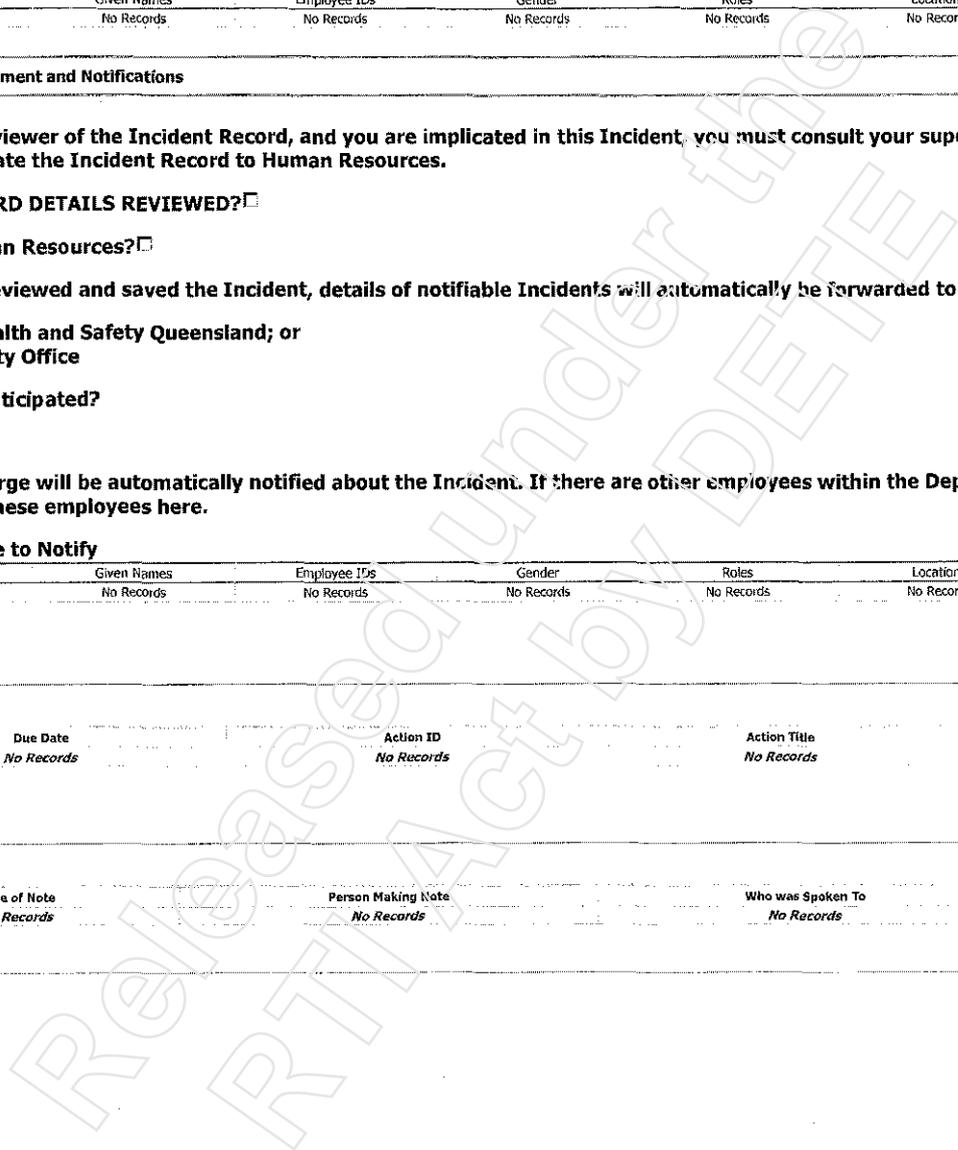
Actions

Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records



Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-32355

Entered By

Schubert, Diane Sandra, ^{s.78B(2)} Female, / OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status

Signed Off and Closed

Reporting Details

* Reported Date

15/03/13

Reported Time (24 hour HH:MM)

14:27

Reported by Staff

s.47(3)(b) - Contrary to Public Interest

Reported by Student

Reported by Other Person

Type of Other Person



Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Robinson, Kim Louise, ^{s.78B(2)} Female, OneSchool Role, Tch-General, Minimbah State School

Incident Details

* Incident Date

14/03/13

Incident Time (24 hour HH:MM)

11:00

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

Bunyaville EEC

* Actual Incident Address 1

Albany Creek

Actual Incident Address 2

* Suburb

Albany Creek

* State (eg. QLD)

Qld

Post Code

4035

* Summary of Incident

rolled ankle

Detailed Description of Incident

Walking with children on bush track and rolled left ankle - felt faint/dizzy immediately afterwards. Also nausea and sweating

Immediate Action Taken

Rest and water for approx 10 minutes till symptoms gone.

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

Bennett, Sean Michael, ^{s.78B(2)} Male, OneSchool Role, PR-Primary, Minimbah State School

[Click here for help selecting Supervising Officer](#)

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

* Select one or more Incident Types

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

[Click here for help selecting Incident Types](#)

Was this a Dangerous Incident as defined under Legislation?

Yes No

[Click here for definition of Dangerous Incident](#)

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name	Staff Name
INI-30068	whilst walking with children on school excursion at Bunyaville, rolled ankle		^{s.47(3)(b)} - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

* Submit Incident Record for review?

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSQ notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

[Empty text box for details of further actions]

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that n Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Assign Investigator

* Investigation required?

Yes No

[Click here for a list of trained Health and Safety Investigators](#)

Person Responsible for Investigation

[Empty text box for person responsible for investigation]

Reasons for Not Investigating

Minor incident, as staff member rolled ankle while on excursion, no contributing factors can be identified.

File Attachments

File Attachment

Attached File	File Type	Date Loaded	File Uploaded I
No Records	No Records	No Records	No Reco.

Finalisation - Officer in Charge

* Signed Off By

Bennett, Sean Michael, Male, OneSchool Role, PR-Primary, Mlinimbah State School

* Date Signed Off

16/03/13

Sign Off Comments

[Empty text box for sign off comments]

Finalise this record?

Yes No

Actions

Actions

Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records

Released under the
RTI Act by DETE

Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-34993

Entered By

Schubert, Diane Sandra, s.78B(2) Female, / OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status

Submitted

Reporting Details

* Reported Date

07/05/13

Reported Time (24 hour HH:MM)

15:46

Reported by Staff

Reported by Student

s.47(3)(b) - Contrary to Public Interest

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Cousins, Jodie Ann, s.78B(2) Female, EST-Lrng Diffic, OneSchool Role, Minimbah State School

Incident Details

* Incident Date

30/04/13

Incident Time (24 hour HH:MM)

13:35

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

* Actual Incident Address 1

Cnr Minimbah Dve and Walkers Rd

Actual Incident Address 2

* Suburb

Morayfield

* State (eg. QLD)

Qld

Post Code

4506

* Summary of Incident

Student fell and cut shin open

Detailed Description of Incident

Student was swinging on the monkey bars on the upper school fort. Hands slipped causing him to fall against steel stepping floor edged with bolts. Front shin scraped onto bolts and cut it open on the right leg.

Immediate Action Taken

Elevation of legs, compress and ice
Ambulance and parents called.

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

Wilson, Mark Anthony ^{S.78B(2)} Male, OneSchool Role, Snr-General,
Minimbah State School

[Click here for help selecting Supervising Officer](#)

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

*** Select one or more Incident Types**

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

[Click here for help selecting Incident Types](#)

Was this a Dangerous Incident as defined under Legislation?

Yes No

[Click here for definition of Dangerous Incident](#)

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-32504	Student was swinging on the Monkey bars on the upper school form. hands slipped causing him to fall against steel stepping floor edged with bolts. His front shin on right leg scraped onto bolts causing it to be cut open.	S.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

*** Submit Incident Record for review?**

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSO notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that n Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Actions

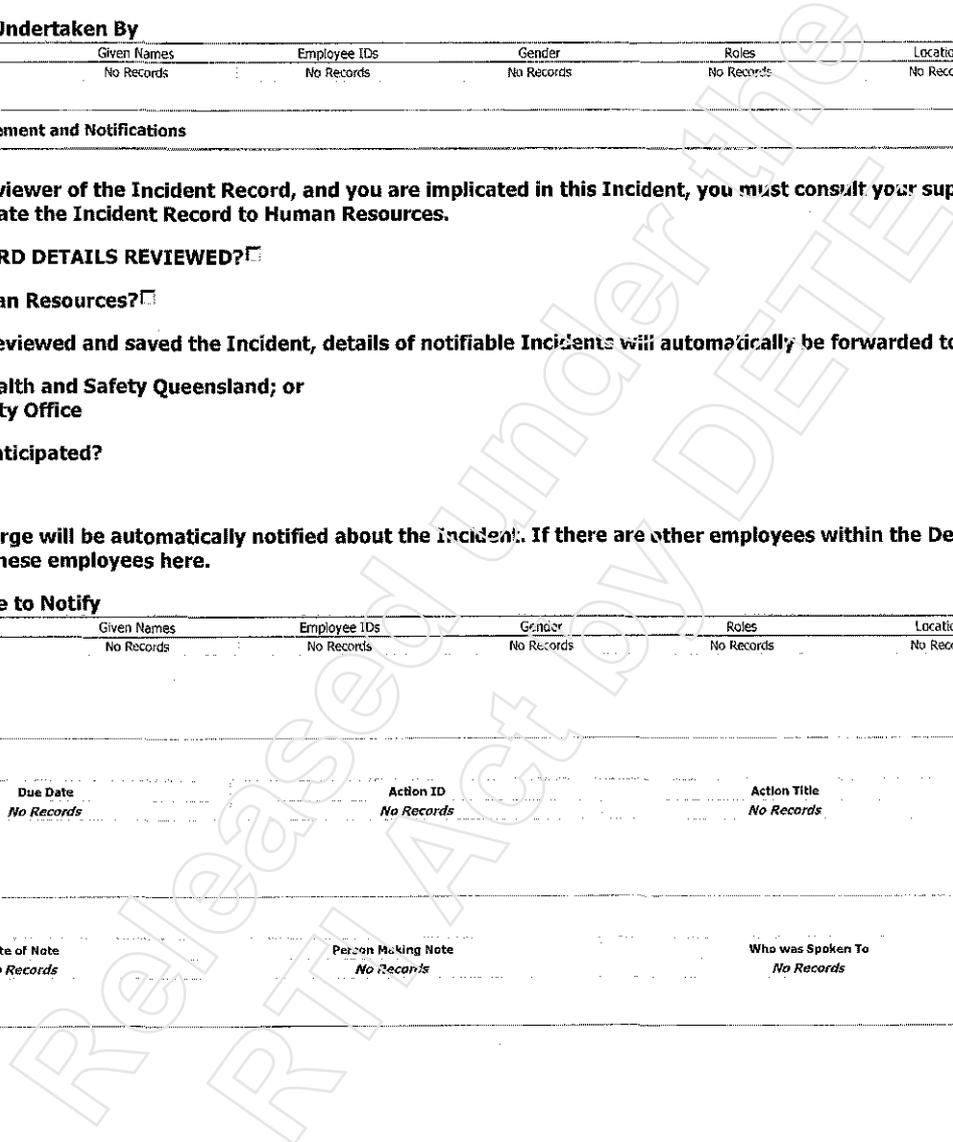
Actions

Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records



Incident

Incident Record

*Required Fields

Incident ID (generated on save)

INC-18955

Entered By

Schubert, Diane Sandra, s.78B(2) Female, / OneSchool Role, TA Teacher Aide, Minimbah State Sch

Incident Status

Submitted

Reporting Details

* Reported Date

23/07/12

Reported Time (24 hour HH:MM)

14:42

Reported by Staff

Reported by Student

s.47(3)(b) - Contrary to Public Interest

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post Co

Other Person Phone Number

Other Person Employer

Reported To

Schubert, Diane Sandra, s.78B(2) Female, Adm Officer, OneSchool Role, TA Teacher Aide, Minimbah State School

Incident Details

* Incident Date

13/07/12

Incident Time (24 hour HH:MM)

11:35

If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.

If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident

* Departmental Incident Location or Base Location

Minimbah State School

Non-Departmental Incident Location

* Actual Incident Address 1

Minimbah Dve

Actual Incident Address 2

* Suburb

Morayfield

* State (eg. QLD)

Qld

Post Code

4506

* Summary of Incident

Slipped awkwardly on left foot

Detailed Description of Incident

Studen jumped on a chair and slipped - he fell awdwardly on left foot.

Immediate Action Taken

Ice, Elevation and contacted parents

Related Hazards

Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Records	No Records	No Records

*** Supervising Officer**

Priestley, Angela Josephine s.78B(2) Female, OneSchool Role, Tch-General, Minimbah State School

[Click here for help selecting Supervising Officer](#)

Elected Workplace Health and Safety Representative

Evacuation Details

Did an evacuation occur?

Yes No

Did a lockdown occur?

Yes No

Locations Involved

Location
No Records

Incident Types

*** Select one or more Incident Types**

- Injury Illness
- Security Threat
- Motor Vehicle
- Electrical
- Fire
- Environmental
- Property/Plant/Equipment
- Near Miss

[Click here for help selecting Incident Types](#)

Was this a Dangerous Incident as defined under Legislation?

Yes No

[Click here for definition of Dangerous Incident](#)

SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.

Injury/Illness

Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-17599	Student jumped onto a chair in the under cover area between Block 3 and 6. He slipped and fell awkwardly onto left foot.	s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

To submit this Incident Record, please tick the box below and click Save

*** Submit Incident Record for review?**

Yes No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?

Yes No

[Click here for Information on Incident Classifications and WHSQ notification requirements](#)

Review and Provide Actions

* Immediate actions reviewed?

Yes No

* Have any further actions been undertaken?

Yes No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Review Acknowledgement and Notifications

If you are the reviewer of the Incident Record, and you are implicated in this Incident, you must consult your supervisor for advice directed to escalate the Incident Record to Human Resources.

INCIDENT RECORD DETAILS REVIEWED?

Escalate to Human Resources?

Once you have reviewed and saved the Incident, details of notifiable Incidents will automatically be forwarded to:

1. Workplace Health and Safety Queensland; or
2. Electrical Safety Office

Is legal action anticipated?

Yes No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that n Incident select these employees here.

Additional People to Notify

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Actions

Actions

Due Date	Action ID	Action Title
No Records	No Records	No Records

Case Notes

Case Notes

Date of Note	Person Making Note	Who was Spoken To
No Records	No Records	No Records

