INC-30203

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM IN INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be

stored securely as an attachment to the electronic version of the incident record. Denotes Mandatory Fields that must be completed REPORTING DETAILS Date Reported: 14/2/13 Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) (✓ please tick) ☐ Other person □ Student EQ ID (if known): s.47(3)(b) - Contrary Given Name: Surname: Type of other Person Adam Client Client ☐ Contractor s.47(3)(b) - Contrary to Public Interest Address ☐ Parent ☐ Visitor s.47(3)(b) - Contrary to Public Interest s.47(3)(b) - Contrary Postcode: Suburb □ Volunteer □ Other Phone: (M) s.47(3)(b) - Contra (W) s.47(3)(b) - Cont (H) Other person Employer: Reported to: Steve Harriott (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Date of Incident: 14/2/13 * Time incident Occurred: (24 hour hh:mm) 15:30 * Location of Incident: Where the Incident occurred Varsify Sports Hall
Departmental Location/Base Location

Name of Facility varsity college Actual Incident Address: (Street Address of any non-DET location) Summary/Description of Incident: student fell to the * Immediate Action Taken: ☐ Doctor/Out Patients First Aid □ Ambulance attended ☐ Hospitalisation (Returned to work/class) (medical treatment) (on site by staff) Who provided First Aid? (name) packs If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) (-New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** ☐ Yes ☐ No Did a lockdown occur? ☐ Yes Did an evacuation occur? Location/s involved: INCIDENT TYPES - Sor instructions below. Each incident type INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as

defined under legislation' will appear and must be answered either Yes or No. INCIDENT TYPE □ Property/Plant/Equipment Injury/Illness Motor Vehicle Electrical RTI application 340/5/3026 - Varsity College - Document 1269

Did this incident occur during a journey to of form work or during an ordinary recess break at work?

Yes
No INJURY/ILLNESS DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) Broken right wrist following a fall during a warm-up activity on the Basketball court in the sports hall. activity (The injured Person's Details (select one box only) (✓ please tick) ☐ Staff ☐ Student ☐ Other person Given Name: s.47(3)(b) - Contrar Type of other Person Surnam(s.47(3)(b) - Contrary to Public Interest ☐ Client ☐ Contractor Address ☐ Parent ☐ Visitor Postcode: s.47(3)(b) - C □ Volunteer s.47(3)(b) - Contrary to Public Interest ☐ Other (NOTE: It may than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) Base location of injured staff member or student or other person: DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): ☐ Yes □ No Do you want to lodge a workcover claim for this incident? INJURY/ILLNESS CLASSIFICATION - Select one of the following ☐ Bodily Injury (Class B) ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) □Serious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) ☐ Workcover Journey/Recess Claim (Class C) ☐ Minor Injury or Incident (Class C) Bodily Location (main injury) - select one Nature of Injury/Illness (main lolery) ☐ Face ☐ Hands ☐ Ache/Pain ☐ Weld Flash ☐ Knees □ Infection/Disease ☐ Head Wrists ☐ Foot/Feet ☐ Cut/Laceration ☐ Hearing Loss/Deafness ☐ Eve Disorder □ Eyes ☐ Back □ Toes □ Amputation. ☐ Psychological Stress ☐ Foreign Body ☐ Bite/Sting ☐ Allergy ☐ Mouth ☐ Head Injury □ Ears ☐ Ankles □ Nose ☐ Chest ☐ Skin ☐ Bruise/Crush ☐ Skin ☐ Internal Injury ☐ Tooth/Teeth ☐ Fingers ☐ Respiratory System ☐ Dislocation Irritation//Dermatitis ☐ Heart or □ Neck ☐ Internal Organs ☐ Sprain/Strain ☐ Heat/Cold Stress Circulatory ☐ Arms Abdomen/Stomach ☐ Spine ☐ Burn/Scald ☐ Poisoning Condition ☐ Hips Fracture ☐ Elbows ☐ Psychological ☐ Respiratory ☐ Other ☐ Shoulders ☐ Legs Condition ☐ Puncture/ Needlestick ☐ Groin Area ☐ Other Slip, Trip or Fall ☐ Repetitive movement □ Animal or insect ☐ Contact with, or striking against object ☐ Muscular effort – single event □ Biological □ Vibration □ Electricity □ Psychological ☐ Thermal (heat/cold) ☐ Vehicle ☐ Struck by falling or moving object ☐ Noise ☐ Radiation ☐ Other ☐ Chemical/Substance □ Explosion or implosion (pressure variation) Contributing Factor / Agency - selections of the following ☐ Machinery and fixed plant ☐ Chemicals ☐ Needlestick ☐ Mobile plant/machinery ☐ Foreign Objects (eq.projectors, ☐ Fire/explosion □ Vehicle (Government) splinters) ☐ Electricity ☐ Vehicle (Private) ☐ Outdoor environment ☐ Radiation/Arc Flash ☐ Powered equipment, tools and appliances ☑ Indoor environment ☐ Stress/Trauma ☐ Non-powered tools □ Animals ☐ Temperature ☐ Non-powered equipment (eg.playground) □ Human agencies □ Other _ ☐ Biological agent Activity - select one of the following **☑** Sports ☐ Admin General ☐ First Aid ☐ Travel to/from the workplace ☐ Lifting/Manual handling ☐ Chemical use □ Computer work ☐ Movement around the worksite ☐ Excursions/field trips ☐ Curriculum Prac ☐ Work General ☐ Grounds care ☐ Curriculum Theory ☐ Play (supervised/unsupervised) ☐ Other ☐ Playground Duty ☐ Restraining a students ☐ Equipment Usage Name of person completing form: Adam Darragh Date: 14/2/13 Job title: TEACHER

RTI application 340/5/3026 - Varsity College - Document 2 of 269

Signature:

Entered By
Meatchem, Francesca Lucinda, s.47(3) Female, Teacher Aide, Varsity College
P
Reported Time (24 hour HH:MM) 10:52
Reported by Student
Reported by Student
Type of Other Person
(eg. QLD) Other Person Pos
Other Person Employer
Incident Time (24 hour HH:MM)
the Departmental Incident Location. Location and complete the Non-Departmental Incider
Post Code
Post Code 4226

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	Offic
Dowker, Bree Jasmine, s.47(3)(t Female, OneSchool Role, Tch-General, Varsity College		
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s.47(3)(b Male, OneSchool Role, Youth Worker, Varsity Coll	ege	
evacuation Details		
Did an evacuation occur?		
Yes No		
Did a lockdown occur?		
Yese No		
Locations Involved		-
No Records		
Incident Types		
Select one or more Incident Types	Click here for help selecting Incident Typ	es
▼ Injury Illness		
Security Threat		
Motor Vehicle		
- Electrical		
Fire		
Environmental		
Property/Plant/Equipment		
Near Miss		
Was this a Dangerous Incident as defined under Legislation? ○ Yes ○ No	Click here for definition of Dangerous Inc	iden
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE	DETAILS FOR ALL INCIDENT TYPES SELECTED.	
Injury/Illness		
Injury/Illness	Student Name	
Injury/Illness ID Description INJ-29005 Student walking down stainwell and she tripped on the top step and fell down the rest		: Inte
Submit Incident Record for Review		
o 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 F	lealth and Safety Queensland (WHSQ)?	

Review and Provide Action	ıs				
	-1- 12-				
* Immediate actions	reviewed?				
c Yesc No					
t Unio and finished a	ctions been undertak	~#3			
the same of the sa	ctions been undertak	enr			
· Yes · No					
Details of Further Act	tions				
Further Actions Unde	ertaken By				
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records
Review Acknowledgemen	t and Notifications				
		cord, and you are imp	licated in this Incide	nt, you must consult	your supervisor for
	Record to Human Re				
MCIDENI RECORD E	LIAILS KLVICWED:				
Escalate to Human R	esources?				
		cident, details of noti	fiable Incidents will a	automatically be forw	arded to:
Once you have reviev	wed and saved the In		fiable Incidents will a	outomatically be forw	arded to:
Once you have review 1. Workplace Health 2. Electrical Safety O	wed and saved the In and Safety Queenslar ffice		fiable Incidents will a	automatically be forw	arded to:
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Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticip	wed and saved the In and Safety Queenslar ffice		fiable Incidents will a	automatically be forw	arded to:
Once you have review 1. Workplace Health 2. Electrical Safety Of Is legal action anticip Yes No An Officer in Charge	wed and saved the In and Safety Queenslar ffice pated? will be automatically				
Once you have review 1. Workplace Health 2. Electrical Safety Of Is legal action anticip Yes No An Officer in Charge Incident select these	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here.	nd; or notified about the Ind	cident. If there are o	ther employees within	n the Department t
Once you have review 1. Workplace Health 2. Electrical Safety Of Is legal action anticip Yes No An Officer in Charge of Incident select these Additional People to	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names	notified about the Ind	cident. If there are of	ther employees within	n the Department to
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OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

INC-31182 INJ-29014

This form should be used in accordance with DET Policy: HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The

information collected may be disclosed Electrical Safety Office (QLD), WorkCoi information collected on this form will bu stored securely as an attachment to the	ver Queensland, Industrial Orga e manually entered into the Myl	anisations, or other entities in HR Workplace Health and Sa	accordance with, or where	requested by law o	r industrial instrument. The
* Denotes Mandatory Fields that mus	t be completed			Subn	nitted
REPORTING DETAILS	Exel Spanis				
* Date Reported:	Reporte	d Time (24Hour HH:m	m):		
* Reported by: - (NOTE at leas	one 'reported by' field mus	st be populated)			
(✓ please tick) ☑S	Staff Studen	nt Other pers	on		
Given Name: Byee	Surname:	WKEY EQID (if	f known):		Type of other Person ☐ Client ☐ Contractor
	Address: C/O	Varity	College	e	☐ Parent
	Suburb:		Postcode:		☐ Visitor ☐ Volunteer
413 7m	Phone: (M)	(W)	(H)		□ Other
119	Other person Employe	er:			
Reported to: SUSO (who was the first person informed	SZEKCE of the incident, if known?)	eres			
INCIDENT DETAILS			Section 1		
* Date of Incident: 21/	2/13 · Time in	ncident Occurred: (24	hour hh:mm) 2.	55 pm	n (14 - 55
* Location of Incident: Where	the Incident occurred	Playaro.	und	~ о р	(11-00
Departmental Location/Base Loca	tion	Name of	f Facility		
Actual Incident Address: (Street A	ddress of any non-DET loca	ation)			
* Summary/Description of In	cident:				
A stydent student	s.47(3)(b) - Contrary	y to Public Interes	he swi	k by c	another
* Immediate Action Taken:	/	, ,		0	
	First Aid	Ambulance attended	☐ Doctor/Out Pati (medical treatmen] Hospitalisation
Who provided First Aid? (na	me)				
If First Aid - what first aid w	as provided?				
Was a hazard identified as a (→New hazards can be entered or			provide hazard details	below) 🗆 No	
*Supervising Officer:					
(The supervising Officer is a DET Director, Program Manager or HR (≪In the MyHR WHS Solution the	Manager)				Principal, HOD, HOSES,
Elected Workplace Health & (WHSR if location has one)	Safety Representative	:			
EVACUATION DETAILS		1 - 7	W. S. C. C. C. W.	3895-5	
Did an evacuation occur?	☐ Yes ☑ No	Did a lockdo	own occur? Yes	₽Mo	
Location/s involved:					
INCIDENT TYPES - Sel instru	clions below. Each Inciden	w type satedted will bring	up an includua sub-form	n' for comptation	
INSTRUCTIONS: Select one or m 'Property/Plant/Equipment' or 'Fire defined under legislation' will appe	or 'Environmental' or 'Elec	ctrical' are selected as the	dered a 'Near Miss' no otl e incident type, the quest	her selection car ion 'Was this a D	be made. If Dangerous Event as
INCIDENT TYPE Injury/Illness		Motor Vehicle		Property/Pla	ant/Equipment

Electrical Security Threa RTI application 340/5/3026 Threa RTI app

Did this inciden	t occur during a journ	ney to of	form work or du	uring an ordinary re	cess br	eak at work? □] Yes	DNo.
INJURY/ILLNES	S DETAILS - who was	injured?		A TOTAL				
* Provide a deta	iled description of the	injury o	r illness (i.e. Fra	ctured right ankle follow	wing fall o	on school oval)		
Left	elbow,	nb	s and	leg				
* The injured Pe	rson's Details (select			Other person				
A	3)(b) - Contrary		Given Nam	e 47(3)(b) - Contra	ry to P		Тур	e of other Person
Address:							0	Client Contractor
Suburb				Posto	ode:			Parent Visitor Volunteer Other
Base location of DET Staff role a	in one person was injured f injured staff membe t time of injury/illness lodge a workcover cl	r or stude s (i.e. Tea aim for th	ent or other per cher, admin offic his incident?	son:	No		rior ea	ach person involved.)
	y Injury – Fatality (Cla Injury – Non Fatality (C	ss A)	☐ Work Cause	ed Injury (Class A) cal Illness (Class P)	□ Boo	tily Injury (Class I	Rece	ss Claim (Class C) Class C)
Face Head Eyes Ears Nose Tooth/Teeth Neck Arms Elbows Shoulders	Location main injurate Hands Wrists Back Mouth Chest Fingers Abdomen/Stomach Hips Groin Area	☐ Knee: ☐ Foot/ ☐ Toes ☐ Ankle ☐ Skin ☐ Resp ☐ Interm ☐ Spine	s Feet s iratory System al Organs	☐ Ache/Pain ☐ Cut/Laceration ☐ Amputation ☐ Bite/Sting ☐ Bruise/Crush ☐ Dislocation ☐ Sprain/Strain ☐ Burn/Scald ☐ Fracture	☐ Infe ☐ Hea ☐ Psy ☐ Alle ☐ Skir Irritatio ☐ Hea ☐ Poi: ☐ Res	on//Dermatitis at/Cold Stress	ess	□ Weld Flash □ Eye Disorder □ Foreign Body □ Head Injury □ Internal Injury □ Heart or Circulatory Condition □ Other
☐ Vibration ☐ Struck by fallin ☐ Noise	all or striking against obje- ng or moving object mplosion (pressure var	ct	☐ Repetitive r	ffort – single event eat/cold)	Juliowin	☐ Animal or in ☐ Biological ☐ Psychologic ☐ Vehicle ☐ Other		
☐ Non-powered	d fixed plant nachinery rrnment) te) pment, tools and applia	ances	☐ Chemicals	ronment	the follo	☐ Needlestick ☐ Fire/explos ☐ Electricity ☐ Radiation/A ☐ Stress/Trau ☐ Temperatur ☐ Other	ion Arc Fla uma	ash
☐ Admin Genera ☐ Chemical use ☐ Computer wor ☐ Curriculum Pr ☐ Curriculum Th ☐ Playground D	k ac eory uty	0000	Activity – sele First Aid Lifting/Manual ha Movement arour Grounds care Play (supervised Restraining a stu	nd the worksite d/unsupervised)		Sports Travel to/from to Excursions/field Work General Other	trips	

RTI application 340/5/3026 - Varsity College - Document 7 of 269

Job title: PE

Name of person completing form: _

Signature: _

Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-31182		Meatchem, Francesca Teacher Aide, Varsity	Lucinda, s.47(3)(Female, College
Incident Status		reserver rines, renerly	
Submitted **			
Reporting Details			
* Reported Date		Reported Time (24)	nour HH:MM)
21/02/13		15:00	
Reported by Staff		Reported by Studen	t
Dowker, Bree Jasmine, s.47(3)(Female, OneSchool Role, Tch-Gene Varsity College	eral,		
Reported by Other Person		Type of Other Perso	n
Other Person Address 1			
Other Person Address 2			
Other Person Suburb Othe	r Person State (eg.	OLD)	Other Person Pos
Other Person Phone Number		Other Person Emplo	yer
Reported To			
Incident Details			
* Incident Date		Incident Time (24 h	our HH:MM)
21/02/13		15:00	
	nis location as the D	epartmental Incident I	
If the Incident occurred at a Non-Departmental location sele * Departmental Incident Location or Base Location			
If the Incident occurred at a Departmental location, select the Incident occurred at a Non-Departmental location seles * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location			
If the Incident occurred at a Non-Departmental location sele * Departmental Incident Location or Base Location Varsity College			
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Assembly Drive			
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Assembly Drive Actual Incident Address 2 * Suburb * Sta			on-Departmental Incider
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Assembly Drive Actual Incident Address 2	ct your Base Locati		on-Departmental Incider
# Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Assembly Drive Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident * Summary of Incident	ct your Base Locati		on-Departmental Incider
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Assembly Drive Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident Student hurt his left elbow, ribs and leg.	ct your Base Locati		on-Departmental Incider
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Assembly Drive Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident * Summary of Incident	te (eg. QLD)		on-Departmental Incider

Delated Harriet				
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 Dowker, Bree Jasmine, s.47(3)(Female OneSchool Ro	le Tch-General	Click here fo	or help selecting Supervising Offi
Varsity College	critaic, onescribor ro	ic, reir deneral,		
Elected Workplace Health and				
Hodges, Craig Wayne, s.47(3)(fale, OneSchool Role,	Youth Worker, Varsity Colle	ege	
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 fo	or help selecting Incident Types
▼ Injury Illness				
□ Security Threat				
┌ Electrical				
r Fire				
F Environmental				
□ Property/Plant/Equip	ment			
□ Near Miss				
Was this a Dangerous Inciden	t as defined under L	egislation?	Click here fo	or definition of Dangerous Incide
Yes No				
SAVE THIS PAGE AND PROGRE	SS TO THE NEXT TA	AB/S TO COMPLETE THE	DETAILS FOR ALL INC	CIDENT TYPES SELECTED.
Injury/Illness				
Injury/Illness				
Injury/Illness ID INJ-29014 S		Description by another student who fell off the	swing.	s.47(3)(b) - Contrary to Public In
Submit Incident Record for Review				
To submit this Incident Record, pl	ease tick the box below	w and click Save		
* Submit Incident Record for	review?			
« Yes∘ No				
Incident Review				
Review Incident Classification				
Incident Classification (general C - Investigation is Optional	ated on save)			

	Actions				
* Immediate act	ions reviewed?				
Yesr No	100000000000000000000000000000000000000				
103 140					
Have any furth	er actions been undertak	en?			
Yesr No					
Datalla of Fresh	- Astless				
Details of Furthe	r Actions				
VI. 24					
urther Actions L					
Surname No Records	Given Names No Records	Employee IDs No Records	Gender Na Records	Rales Na Recards	Locations No Records
Review Acknowledge	ement and Notifications				
. Electrical Safe	nticipated?				
Yes No	rge will be automatically hese employees here.	notified about the Incide	nt. If there are ot	ther employees within	the Departmen
Yes No An Officer in Cha Incident select to Additional People	hese employees here.				the Departmen
An Officer in Cha Incident select to Additional People Surname	hese employees here. e to Notify Given Names	Employee IDs	Gender	Roles	Locations
An Officer in Cha Incident select the	hese employees here. e to Notify				
An Officer in Cha Incident select to Additional People Surname	hese employees here. e to Notify Given Names	Employee IDs	Gender	Roles	Locations
An Officer in Cha Incident select to Additional People Surname No Records	hese employees here. e to Notify Given Names	Employee IDs	Gender	Roles	Locations
An Officer in Cha Incident select to Additional People Surname No Records	hese employees here. e to Notify Given Names	Employee IDs	Gender	Roles	Locations
An Officer in Cha Incident select to Additional People Surname No Records	hese employees here. e to Notify Given Names No Records Due Date	Employee IDs No Records Action ID	Gender	Roles No Records Action Title	Locations
An Officer in Cha Incident select to Additional People Surname No Records	hese employees here. e to Notify Given Names No Records	Employee IDs No Records	Gender	Roles No Records	Locations
An Officer in Cha Incident select to Additional People Surname No Records	hese employees here. e to Notify Given Names No Records Due Date	Employee IDs No Records Action ID	Gender	Roles No Records Action Title	Locations
An Officer in Cha Incident select the Additional People Surname No Records	hese employees here. e to Notify Given Names No Records Due Date	Employee IDs No Records Action ID	Gender	Roles No Records Action Title	Locations
An Officer in Cha Incident select to Additional People Surname	hese employees here. e to Notify Given Names No Records Due Date	Employee IDs No Records Action ID	Gender	Roles No Records Action Title	Locations

INJ-395

Property/Plant/Equipment

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland,

Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record. Denotes Mandatory Fields that must be completed REPORTING DETAILS 8/3/13 121000 * Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least, one 'reported by' field must be populated) Staff (✓ please tick) ☐ Student ☐ Other person Given Name: Surname: EQ ID (if known): Type of other Person DARREN RACKENANIN ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor ☐ Volunteer Suburb: Postcode: ☐ Other (W) Phone: (M) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Time incident Occurred: (24 hour hh:mm) * Date of Incident: * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility SENIOR CAMPUS COLLEGE VARSITY SCHOOL Actual Incident Address: (Street Address of any non-DET location) Summary/Description of Incident: visiting, sligged Female parent who was injured he arm * Immediate Action Taken: First Aid ☐ Doctor/Out Patients ☐ Hospitalisation □ Nil -☐ Ambulance attended (Returned to work/class) (on site by staff) (medical treatment) Rackeman Darren Who provided First Aid? (name) Ice pack If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (=New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') 'Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) EVACUATION DETAILS Did a lockdown occur? ☐ Yes ☐ No 1 No Did an evacuation occur? ☐ Yes Location/s involved: INCIDENT TYPES - See instructions below. Each incident type selected will bring up an incident sub-form for completion. INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No.

Motor Vehicle Electrical RTI application 340/5/3026 - Varsity College - Document Metal 269

□ Environmental

INCIDENT TYPE Ø

Injury/Illness

Security Threat

	NESS DETA	ILS - who was	s injured?	17, 3, 50	e e	5 (1 S N	III STEEL	
Provide a					actured right ankle follow	ving fall on sc	hool oval)	
					ui asi feul			stairs
* The injure	ed Person's I	Details (select	one box o	only)	/			
(✓ please tid	ck)	□ Staff	DS	tudent 🗓	Other person			
Surname: s	s.47(3)(b) - Con	trary to Public		Given Nan	s.47(3)(b) - Contra	ry to Pub		Type of other Person Client Contractor Parent
Suburb:					Postco			✓ Visitor ☐ Volunteer ☐ Other
								for each person involve
					rson: _ SCHOOL			
DET Staff r	ole at time of	f injury/illness	s (i.e. Tea	cher, admin offic	cer etc): _ DEPUT	V BEIN	ACIDAL	
Do you war	nt to lodge a	workcover cl	aim for th	is incident?	□ Yes 🗹 N	No		
WE'S ALL	N 18				CATION - Select one			
		- Fatality (Cla Non Fatality (C			ed Injury (Class A) cal Illness (Class P)	□ Workco		B) Recess Claim (Class ent (Class C)
	Bodily Locat	ion (main inju	rv) – sailec	one	Nature o			jury) - select one
□ Vibration	Abdon Hip Leg Gro or Fall with, or striking	sts ck uth est gers nen/Stomach s is in Area g against object	☐ Interm☐ Spine ☐ Psych Conditio☐ Other	ratory System al Organs nological n	ffort – single event	☐ Psychol ☐ Allergy ☐ Skin ☐ Irritation//[☐ Heat/Col ☐ Poisonii ☐ Respira ☐ Punctur	Loss/Deafn- logical Stress Dermatitis old Stress ng	Foreign Body Head Injury Internal Injury Heart or Circulatory Condition Other ck
	n or implosion	(pressure var	iation)	☐ Chemical/S	Substance			
☐ Mobile pl ☐ Vehicle (I ☐ Vehicle (I ☐ Powered ☐ Non-pow	equipment, to	ant	ances	☐ Chemicals	ronment		Needlesticl Pire/explos Electricity Radiation/A Stress/Trau Temperatu Other	sion Arc Flash uma re
		Unit-		Activity - sele	ct one of the followin	g		
	luse			First Aid Lifting/Manual ha Movement arour Grounds care	andling	□ Sp □ Tra □ Ex		· · · · · · · · · · · · · · · · · · ·
☐ Admin Ge ☐ Chemical ☐ Compute ☐ Curriculu ☐ Curriculu ☐ Playgrou ☐ Equipme	m Prac m Theory nd Duty			Restraining a stu	udents			
☐ Chemical ☐ Compute ☐ Curriculu ☐ Curriculu ☐ Playgrou ☐ Equipme	im Prac im Theory ind Duty int Usage	ng form:	D	Restraining a stu			Date:	8/3/13

ncident			
Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-42711		Meatchem, Francesca Lucinda Teacher Aide, Varsity College	, s.47(3)(, Female, (
Incident Status Submitted		reactier Alue, Valsity College	
Reporting Details			
* Reported Date		Reported Time (24 hour HI	H-MM\
08/03/13		12:35	п.мм)
Reported by Staff		Departed by Student	
Rackemann, Darren Grant, s.47(3)(Male, DP-Secondary, OneSo Role, Varsity College	chool	Reported by Student	
Reported by Other Person		Type of Other Person	
Other Person Address 1			
Other Person Address 2			
Other Person Suburb	ther Person State (eg. QI	LD)	Other Person Pos
Other Person Phone Number		Other Barrer Francisco	
Other Person Phone Number		Other Person Employer	
n			
Reported To			
Incident Details			
* Incident Date		Incident Time (24 hour HH	·MM)
08/03/13		11:00	
If the Incident occurred at a Departmental location, select If the Incident occurred at a Non-Departmental location s * Departmental Incident Location or Base Location Varsity College			
Non-Departmental Incident Location			
* Actual Incident Address 1 Varsity Parade			
Actual Incident Address 2			
* Suburb *	State (eg. QLD)		Post Code
	ld		4227
* Summary of Incident Woman injured her wrist			
Detailed Description of Incident			
Female parent who was visiting the school s.47(3)(b) - Cont sl outside the school hall.	lipped and fell down several	stairs and injured her arm. This	was on the stairs
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 Office
Rackemann, Darren Grant, s.47(3)(<mark>)</mark> , Male, DP-Seco Role, Varsity College	ndary, OneSchool		
Elected Workplace Health and Safety Represe			
Hodges, Craig Wayne, s.47(3) Male, OneSchool R	ole, Youth Worker, Varsity Col	lege	
Evacyation Details			
Did an evacuation occur?			
∩ Yes∘ No			
Did a lockdown occur?			
Yese No			
Locations Involved			
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 und	er Legislation?	Click here for	definition of Dangerous Incide
○ Yes ® No			
SAVE THIS PAGE AND PROGRESS TO THE NEX	T TAB/S TO COMPLETE TH	E DETAILS FOR ALL INCI	DENT TYPES SELECTED.
Injury/Illness			
Injury/Illness	Secretary.	district the second	El-W Marris
Injury/Illness ID Sub-Process Injury/Illness	Description	Student Name	Staff Name
COMPLETE DETAILS ON EACH TAB AND PROGRESS THROUGH THE TA AN ACTION IF REQUIRED.	BS FOR ALL INCIDENT TYPES SELECTED.	YOU MUST THEN PROCEED TO THE "S	LUBMIT INCIDENT FOR REVIEW" TAB AND COMP
Injury/Iliness ID (generated on save) INJ-39586			
Detailed Description of Injury/Illness S.47(3)(b) slipped and fell down several stairs and injured her arm.			
* Injury/Illness Classification		Click here for informatio	n on Incident Classifications and WHSQ notificat
Minor Injury or Incident (Class C)			
Staff Injured or III			
Committee of the commit			
Staff Injured or III		Staff Role at Time of Inju	
		Role ID	ary/Illness Fittle of Role Occupation Group Des No Records No Records

tudent Injured or III			
udent Injured or III			
ise Location of Student			
ther Injured or III Person			
ther Injured or III Person		Type of Other Person	
.47(3)(b)		Parent 🗸	
ase Location of Other Person arsity College			
ther Person Address 1			
ther Person Address 2			
ther Person Suburb	Other Person State (eg. QLD)		Other Person Post Code
other Person Phone Number		Other Person Employer	
njury Details			
odily Injuries			
Bodily Location Sub-Process			Nature of Injury/Illness
edily Injury * Bodily Location		If Other Bodily Location, please spec	cify
Wrists 😴			
* Nature of Injury/Illness Sprain/Strain 🐷		If Other Nature of Injury/Illness, ple	ease specify
Cause of Injury/Illness		If Other Cause of Injury/Illness	s, please specify
Contributing Factor/Agency Outdoor environment		If Other Contributing Factor/Ag	gency, please specify
Activity Other >		If Other Activity, please specify Cultural event	
		Name of Hospital	
Initial Response			
Initial Response			
Initial Response			
Initial Response First Ald Comments Oo you want to lodge a WorkCover claim? C Yes Po			
Initial Response First Ald Comments From Your Wart to lodge a WorkCover claim?			
Initial Response irist Aid omments o you want to lodge a WorkCover claim? Yes No irist Aid Details	t aid was administered		
Initial Response First Aid omments o you want to lodge a WorkCover claim? Yes No First Aid Details lither link an existing first aid record, or complete the fields below if first related First Aid			mments
Initial Response First Aid omments o you want to lodge a WorkCover claim? Yes No First Aid Details ither link an existing first aid record, or complete the fields below if first claim of the first Aid Student Name No Records No Records	t aid was administered Location First Aid Administered No Records	Reason for First Aid/Co No Records	
Initial Response irst Aid omments onyou want to lodge a WorkCover claim? Yes No irst Aid Details ither link an existing first aid record, or complete the fields below if first clated First Aid Student Name First Aid Date	Location First Aid Administered No Records	Reason for First Aid/Co	
Initial Response irst Aid ownments o you want to lodge a WorkCover claim? C Yes No irst Aid Details ther link an existing first aid record, or complete the fields below if first elated First Aid Student Name First Aid Date L No Records No Records	Location First Aid Administered No Records	Reason for First Aid/Co No Records	

Other Person Address 2					
Other Person Suburb		Other Person Sta	te (eg. QLD)		Other Person Post Code
Other Person Phone Number				Other Person Employer	
First Aid Types Ice/Cold Pack					
If Other, please specify					
First Aid Details					
Submit Incident Record for Review					
o submit this Incident Record, please Submit Incident Record for revie Yes No		w and click Save			
Incident Review					
Review Incident Classification					
Incident Classification (generated C - Investigation is Optional	on save)				
If this is a Psychological Illness, is	the Incident n	otifiable to Wor	kplace Health an	d Safety Queensland	(WHSQ)?
Click here for Information on Inci	dent Classificat	ions and WHSQ	notification requ	irements	
Review and Provide Actions					
*Immediate actions reviewed? Yes No					
Have any further actions been u	ndertaken?				
Details of Further Actions					
Further Actions Undertaken By				27.	
Surname Given Nan No Records No Record		Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgement and Notificatio	ns				
If you are the reviewer of the Inciescalate the Incident Record to H			cated in this Inci	dent, you must consu	ılt your supervisor for
NCIDENT RECORD DETAILS REV	ŒWED?□				
scalate to Human Resources?					
Once you have reviewed and save	d the Incident,	details of notifia	able Incidents w	ill automatically be fo	rwarded to:
1. Workplace Health and Safety Q 2. Electrical Safety Office	ueensland; or				
Is legal action anticipated?					

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 No Records Given Names Employee IDs Gender Roles Locations No Records Actions Actions Action ID Action Title Due Date No Records No Records Case Notes Case Notes Date of Note Person Making Note Who was Spoken To No Records No Records No Records

	hell student
Incident Record	, 4
Required Fields	
ncident ID (generated on save)	Entered By
NC-37856	Meatchem, Francesca Lucinda, s.47(3)(1 Female,
	Teacher Aide, Varsity College
ncident Status	
Submitted *	
W - B - L W	
eporting Details	
Reported Date	Reported Time (24 hour HH:MM)
11/06/13	14:45
teported by Staff	Reported by Student
Meatchem, Francesca Lucinda, s 47(3)(Female, OneSchool Role, TA	
Feacher Aide, Varsity College	
	2 75 424 0 0 0 0
Reported by Other Person	Type of Other Person
	8
Other Person Address 1	
1.000.000.000	
Other Person Address 2	
other Person Suburb Other Person State	e (eq. OLD) Other Person Po
	, 2
A sub-fit execute that	
Other Person Phone Number	Other Person Employer
Reported To	
reported to	
ncident Details	
ncident Details	
Incident Date	Total done Time (24 hours DU-MA)
11/06/13	Incident Time (24 hour HH:MM) 14:45
1/00/13	14;45
f the Incident occurred at a Departmental location, select this location as f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Arrity College	
f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location	
f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location /arsity College	
f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location /arsity College Ion-Departmental Incident Location	
f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location /arsity College Ion-Departmental Incident Location Actual Incident Address 1 198 Varsity College	
f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location /arsity College Ion-Departmental Incident Location Actual Incident Address 1 198 Varsity College	
f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Hon-Departmental Incident Location Actual Incident Address 1 198 Varsity College Actual Incident Address 2	Location and complete the Non-Departmental Incide
f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity College Actual Incident Address 2 Suburb * State (eg. QLD)	Location and complete the Non-Departmental Incides
f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Hon-Departmental Incident Location Actual Incident Address 1 198 Varsity College Actual Incident Address 2	Location and complete the Non-Departmental Incide
Departmental Incident Location or Base Location //arsity College Jon-Departmental Incident Location Actual Incident Address 1 198 Varsity College Actual Incident Address 2 Suburb * State (eg. QLD)	Location and complete the Non-Departmental Incide
Departmental Incident Location or Base Location Varsity College Actual Incident Address 1 198 Varsity College Actual Incident Address 2 Suburb * State (eg. QLD) Varsity College	Location and complete the Non-Departmental Incide
Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity College Actual Incident Address 2 Suburb Varsity College Suburb Varsity College Qid Summary of Incident Banged forehead	Location and complete the Non-Departmental Incide
Departmental Incident Location or Base Location Actual Incident Address 1 98 Varsity College Suburb Assity College * State (eg. QLD) Qld Summary of Incident Banged forehead Detailed Description of Incident Non-Departmental Incident * State (eg. QLD) Qld	Location and complete the Non-Departmental Incide
Departmental Incident Location or Base Location (arsity College Ion-Departmental Incident Location Actual Incident Address 1 98 Varsity College cutual Incident Address 2 Suburb (arsity College Qid Summary of Incident Banged forehead	Location and complete the Non-Departmental Incide

Related Hazards				
Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	No Récords	No Récords	No Records
* Supervising Officer		0641	Click here	for help selecting Supervising Office
O'Brien, Stephen John, s.47(3)(Male, Role, Varsity College	Head of Campus,	OneSchool		
Elected Workplace Health and Safet Hodges, Craig Wayne, s.47(3)(Male, C			llege	
Evacuation Details				
Did an evacuation occur?				
r Yes∘ No				
Did a lockdown occur?				
○ Yes ○ No				
Lassbiana Yawahaad				
Locations Involved		Location		
		Na Records		
Incident Types				
* Select one or more Incident Type:	s		Click here	for help selecting Incident Types
▼ Injury Illness				
Security Threat				
Motor Vehicle				
□ Electrical				
Fire				
□ Environmental				
 Property/Plant/Equipment 	nt			
□ Near Miss				
Was this a Dangerous Incident as d	ofined under La	aiclation?	Click horo	for definition of Dangerous Incide
· Yes · No	erined under Le	gisiation:	Click liefe	for definition of bangerous inclue
SAVE THIS PAGE AND PROGRESS TO	O THE NEXT TAI	3/S TO COMPLETE TH	E DETAILS FOR ALL I	NCIDENT TYPES SELECTED.
Injury/Illness				
Injury/Illness Injury/Illness ID		Description		Student Name
	banged his forehead wi	th another student/s while playing	ng sport.	s.47(3)(b) - Contrary to Public I
Submit Incident Record for Review				
To submit this Incident Record, please t	ick the box below	and click Save		
* Submit Incident Record for review	v?			
Yes No				
Incident Review				
Review Incident Classification				
Review Incident Classification Incident Classification (generated of C - Investigation is Optional **	on save)			

Review and Provide Actio	ns				
* Immediate actions	reviewed?				
c Yes c No					
* Have any further a	ctions been undertak	en?			
r Yesr No					
Details of Further Ac	tions				
Further Actions Unde	ertaken By				
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Repords	No Records	No Records	No Records
Review Acknowledgemen	t and Notifications				
	t Record to Human Re	cord, and you are imp esources.	licated in this Incide	nt, you must consult	your superviso
INCIDENT RECORD I	DETAILS REVIEWED?	T .			
Escalate to Human R	espurces?				
		cident, details of noti	fiable Incidente will :	urtamatically ha fami	tarded to
Office you have revie	wed and saved the In	cident, details of noti	nable incidents will a	automatically be forw	rarded to:
1. Workplace Health	and Safety Queensla	nd; or			
2. Electrical Safety O	пісе				
2. Electrical Safety O					

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.

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	Na Resords	No Records
Actions					
Actions					
Du	e Date	Action ID		Action Title	
No	Records	Na Records		Na Records	
Case Notes					
Case Notes					
Date of f	lote	Person Making Note		Who was Spoken To	
No Reco	vds	No Records		No Records	

Incident Record	
Required Fields	
Incident ID (generated on save)	Entered By
INC-38462	Meatchem, Francesca Lucinda, s 47(3)(Female, Teacher Aide, Varsity College
ncident Status Submitted 🛎	
Reporting Details	
Reported Date	Reported Time (24 hour HH:MM)
19/06/13	10:15
Reported by Staff	Reported by Student
Mitchell, Liana Nicole, s.47(3)(, Female, OneSchool Role, Tch-Physical Edn, Varsity College	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	te (eg. QLD) Other Person Po
Nikou Donner Dhone Museken	Other Person Semilarian
Other Person Phone Number	Other Person Employer
Described To	
Reported To	
incident Details	
Incident Date	Incident Time (24 hour HH:MM)
* Incident Date 19/06/13	Incident Time (24 hour HH:MM) 10:15
19/06/13 If the Incident occurred at a Departmental location, select this location as If the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College	10:15 s the Departmental Incident Location.
19/06/13 If the Incident occurred at a Departmental location, select this location as If the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College	10:15 s the Departmental Incident Location.
	10:15 s the Departmental Incident Location.
f the Incident occurred at a Departmental location, select this location as f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade	10:15 s the Departmental Incident Location.
f the Incident occurred at a Departmental location, select this location as f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb * State (eg. QLD)	s the Departmental Incident Location. Location and complete the Non-Departmental Incide
f the Incident occurred at a Departmental location, select this location as If the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 Suburb * State (eg. QLD) Varsity Lakes	s the Departmental Incident Location. Location and complete the Non-Departmental Incide
f the Incident occurred at a Departmental location, select this location as f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location /arsity College Ion-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 Suburb /arsity Lakes QLD Summary of Incident	s the Departmental Incident Location. Location and complete the Non-Departmental Incide
f the Incident occurred at a Departmental location, select this location as f the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb * State (eg. QLD)	s the Departmental Incident Location. Location and complete the Non-Departmental Incide
f the Incident occurred at a Departmental location, select this location as If the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 Suburb Varsity Lakes State (eg. QLD) QLD Summary of Incident Hurt left arm	s the Departmental Incident Location. Location and complete the Non-Departmental Incide Post Code 4227

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 f	for help selecting Supervising Office
O'Brien, Stephen John, s.47(3)(Male, Head of Campus, OneSchool Role, Varsity College		
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Colle	ege	
Evacuation Details		
Did an evacuation occur?		
Yes No No No No No No 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	CHCK HEIE I	of help selecting theident Types
Security Threat		
Motor Vehicle		
Electrical		
□ Fire		
□ Environmental		
Property/Plant/Equipment		
□ Near Miss		
Was this a Dangerous Incident as defined under Legislation? ○ Yes ○ No	Click here f	for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE	DETAILS FOR ALL IN	ICIDENT TYPES SELECTED.
Injury/Illness		
Injury/Illness		20.00
Injury/Illness ID Description IN3-35673 Student jumped to avoid a ball and then fell to the ground placing her hand out to be ground her hand out to be ground placing her hand out to be ground he	to stop her fall.	Student Name S.47(3)(b) - Contrary to Public Interes
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 H	lealth and Safety Que	ensland (WHSQ)?

Review and Provide Action	ns				
r Turnadiata asticus	unidamed2				
* Immediate actions • Yes • No	reviewed?				
rese No					
Have any further a	ctions been undertake	en?			
Yes No					
Details of Further Act	tions				
Details of Further Act	LIOIIS				
	23V.F				
urther Actions Unde		England 18	Austra	P-I	Landon.
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgemen	t and Notifications				
once you have review	wed and saved the Inc	cident, details of notifiabl	e Incidents will a	automatically be forw	arded to:
Once you have review L. Workplace Health E. Electrical Safety O Is legal action anticip Yes No An Officer in Charge	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically	and the second			
Once you have review L. Workplace Health L. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here.	nd; or notified about the Incide	nt. If there are o	ther employees within	n the Department
Once you have review L. Workplace Health L. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here.	nd; or			
Once you have review L. Workplace Health Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here. Notify	notified about the Incide	nt. If there are o	ther employees within	n the Department
Once you have review L. Workplace Health E. Electrical Safety O Is legal action anticip Yes No An Officer in Charge incident select these additional People to Surname No Records	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here. Notify	notified about the Incide	nt. If there are o	ther employees within	n the Department
Once you have review Workplace Health Electrical Safety O s legal action anticip Yes No An Officer in Charge Incident select these Additional People to Surname No Records	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here. Notify	notified about the Incide	nt. If there are o	ther employees within	n the Department
Once you have review L. Workplace Health E. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to Surname No Records Actions	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here. Notify	notified about the Incide Employee IDs No Records	nt. If there are o	ther employees within Roles No Records	n the Department
Once you have review L. Workplace Health Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to Surname No Records Actions	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here. Notify	notified about the Incide	nt. If there are o	ther employees within	n the Department
Once you have review L. Workplace Health E. Electrical Safety O Is legal action anticip Yes No An Officer in Charge incident select these additional People to Surname No Records Actions	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Incide	nt. If there are o	ther employees within Roles No Records	n the Department
Once you have review L. Workplace Health E. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to Surname No Records Actions Do No No	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Incide	nt. If there are o	ther employees within Roles No Records	n the Department
Once you have review L. Workplace Health Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to Surname No Records Actions Case Notes	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Incide	nt. If there are o	ther employees within Roles No Records	n the Department
1. Workplace Health 2. Electrical Safety O Is legal action anticip C Yes No An Officer in Charge Incident select these Additional People to Surname No Records Actions	wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Incide	nt. If there are o	ther employees within Roles No Records	Locations No Records

Incident Incident Record			
*Required Fields			
Required Fields			
Incident ID (generated on save) INC-40385		Entered By Meatchem, Francesca L Teacher Aide, Varsity C	ucinda, s 47(3)(Female,
Incident Status Submitted		padalat may raisty o	onego
Reporting Details			
* Reported Date 30/07/13		Reported Time (24 h	our HH:MM)
Reported by Staff Grace, James Kirkham, s.47(3)(Male, OneSchool Role, Tch-Ge Varsity College	eneral,	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 Pos
Other Person Phone Number		Other Person Employ	er
Reported To			
Incident Details			
* Incident Date 30/07/13		Incident Time (24 ho	ur HH:MM)
If the Incident occurred at a Departmental location, sele If the Incident occurred at a Non-Departmental location			
If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location			
* Departmental Incident Location or Base Location Varsity College			
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1			
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity Parade Actual Incident Address 2 * Suburb			
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity Parade Actual Incident Address 2 * Suburb	* State (eg. QLD)		n-Departmental Inciden
* Departmental Incident Location or Base Location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident	* State (eg. QLD)		n-Departmental Inciden

Related Hazards		
Date Hazard Reported Hazard ID Hazard	ocation Hazard Category	Hazard Description
No Records No Records No Re		No Records
* Supervising Officer King, Timothy Arnold, s.47(3)(I, Male, OneSchool Role, Snr-Maths/Sci		lp selecting Supervising Office
Varsity College		
Elected Workplace Health and Safety Representative		
Hodges, Craig Wayne, s.47(3)(Male, OneSchool Role, Youth Worke	Varsity College	
Evacuation Details		
Did an evacuation occur?		
↑ Yes ↑ No		
Did a lockdown occur?		
Yes No		
Locations Involved		
	cation Récords	
Incident Types		
* Select one or more Incident Types	Click here for he	lp selecting Incident Types
☑ Injury Illness		
Security Threat		
□ Motor Vehicle		
□ Electrical		
Fire		
□ Environmental		
Property/Plant/Equipment		
□ Near Miss		
	errie d'au est de	# 10
Was this a Dangerous Incident as defined under Legislation? ← Yes ← No	Click here for de	finition of Dangerous Incider
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO CO	IPLETE THE DETAILS FOR ALL INCIDE	NT TYPES SELECTED.
Injury/Illness		
Injury/Illness		2771
Injury/Illness ID Description 1N3-37423 S 47 was playing touch rugby and fell awkwardly	and hurt his left knee.	(3)(b) - Contrary to Public Interes
Submit Inadent Record for Review		
To submit this Incident Record, please tick the box below and click Sa	re	
* 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 \	orkplace Health and Safety Oueensla	nd (WHSQ)?
c Yesh No	and the second s	

Click hara fo	or Information on	Incident Classification	ne and WHSO notif	fication requirements
CHER HELE IC	n illioimation on	THEIL CLASSIFICATIO	HS and White Hour	ication reduirements

Review and Provide Actions

* Immediate actions reviewed?

r Yesr No

* Have any further actions been undertaken?

r Yesr No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Recards	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 adviescalate 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?

r Yesr 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 R	ecords	No Records		No Records	
Case Notes					
Case Notes					
Date of N	ote	Person Making Note		Who was Spoken To	
No Reco	rds	No Records		No Records	

OFFLINE HEALTH AND SAFETY INCID

This form should be used in accordance

HLS-PR-005: Health & Safety Incident Recording, Normcanon and wanagement

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, stored securely as an attachment to the electronic version of the incident record.

Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be Denotes Mandatory Fields that must be completed REPORTING DETAILS 10,300 m * Date Reported: 7/8 Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) ∆\Staff (✓ please tick) □ Student ☐ Other person Type of other Person Given Name: EQ ID (if known): Surname ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Suburb: Postcode: ☐ Volunteer □ Other (W) Phone: (M) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Date of Incident: * Time incident Occurred: (24 hour hh:mm) * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility - Seconda Actual Incident Address: (Street Address of any non-DET location) Summary/Description of Incident: * Immediate Action Taken: □ Nil -☐ First Aid Ambulance attended ☐ Doctor/Out Patients ☐ Hospitalisation (Returned to work/class) (medical treatment) (on site by staff) provided First Aid? (name) noee If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (~New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') 'Supervising Officer: morning Steve HarrioTT (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (⇒In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** Did an evacuation occur? ☐ Yes Did a lockdown occur? ☐ Yes Location/s involved: INCIDENT TYPES - S ee instructions below, Each incident type ealeghist will bring up an installant INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If

'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as

Injury/IllnessRTI application 340/5/30/26 - Varisity College - Document Ready September 1 Ready September 1 Ready September 1 Ready September 2 Ready Septem

defined under legislation' will appear and must be answered either Yes or No.

INCIDENT TYPE

☐ Electrical

Did this incident occur during a journey to of form work or during an ordinary recess break at work?

Yes No INJURY/ILLNESS DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) attached The injured Person's Details (select one box only) Student (✓ please tick) ☐ Staff ☐ Other person s.47(3)(b) - Contrary to Surname: Given I Type of other Person s.47(3)(b) - Contrary to Public Ir ☐ Client ☐ Contractor Address: ☐ Parent □ Visitor Suburb: Postcode: □ Volunteer ☐ Other (NOTE: If more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) Base location of injured staff member or student or other person: DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): ☐ Yes Do you want to lodge a workcover claim for this incident? No No INJURY/ILLNESS CLASSIFICATION - Select one of the following ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) ☐ Bodily Injury (Class B) ☐ Workcover Journey/Recess Claim (Class C) ☐ Psychological Illness (Class P) □Serious Bodily Injury - Non Fatality (Class A) Minor Injury or Incident (Class C) Bodily Location (main injury) -☐ Face □ Hands Kneeg Ache/Pain ☐ Infection/Disease ☐ Weld Flash ☐ Cut/Laceration ☐ Head ☐ Wrists ☐ Foot/Feet ☐ Hearing Loss/Deafness ☐ Eye Disorder ☐ Eyes ☐ Back ☐ Toes □ Amputation ☐ Psychological Stress ☐ Foreign Body ☐ Mouth ☐ Ankles ☐ Bite/Sting ☐ Allergy ☐ Head Injury □ Ears ☐ Bruise/Crush ☐ Skin □ Nose ☐ Chest ☐ Skin ☐ Internal Injury ☐ Tooth/Teeth ☐ Respiratory System □ Dislocation Irritation//Dermatitis ☐ Heart or ☐ Fingers ☐ Sprain/Strain ☐ Heat/Cold Stress ☐ Internal Organs Circulatory □ Neck ☐ Arms Abdomen/Stomach ☐ Spine ☐ Burn/Scald ☐ Poisoning Condition ☐ Elbows ☐ Hips ☐ Psychological ☐ Fracture ☐ Respiratory ☐ Other ☐ Legs Condition ☐ Puncture/ Needlestick □ Shoulders ☐ Groin Area ☐ Other Slip, Trip or Fall □ Repetitive movement Animal or insect Contact with, or striking against object Muscular effort - single event □ Biological ☐ Psychological □ Vibration ☐ Electricity ☐ Struck by falling or moving object ☐ Thermal (heat/cold) ☐ Vehicle □ Noise ☐ Radiation □ Other ☐ Explosion or implosion (pressure variation) ☐ Chemical/Substance Contributing Factor / Agency - select one of □ Needlestick ☐ Machinery and fixed plant ☐ Chemicals ☐ Mobile plant/machinery ☐ Foreign Objects (eg.projectors, ☐ Fire/explosion □ Vehicle (Government) splinters) ☐ Electricity ☐ Vehicle (Private) ☐ Radiation/Arc Flash ☐ Outdoor environment ☐ Powered equipment, tools and appliances Indoor environment ☐ Stress/Trauma □ Non-powered tools ☐ Animals □ Temperature □ Non-powered equipment (eg.playground) ☐ Human agencies ☐ Other ☐ Biological agent Activity - select one of the following □ Admin General ☐ First Aid D Sports ☐ Lifting/Manual handling ☐ Chemical use ☐ Travel to/from the workplace ☐ Computer work ☐ Movement around the worksite ☐ Excursions/field trips ☐ Work General Curriculum Prac ☐ Grounds care ☐ Play (supervised/unsupervised) ☐ Curriculum Theory ☐ Other ☐ Playground Duty ☐ Restraining a students ☐ Equipment Usage Name of person completing form: Musca TEACHER

RTrapplication 340/5/3026 - Varsity College - Document 28 of 269

Signature:

1	1 -		
	arsily	47(2)(b) Contrary	= -

Incident Report

Varsity College

ra.		3	ĸ	
(4		ź	S	
(4	-	á	š	

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

s.47(3)(b) - 0

Date: 7/8/13

Parent Phone No.:

Teacher Reporting:_

Murray Goodwin

Head of Department Sub School Principal Responsibility

The Golden Rule
"...Follow teachers' instruction first time, every time
without question...'

Red Behaviour

Form Class:

Dealing with gross misbehaviour, breaches of Workplace, Health and Safety / Behaviour Management Policy or illegal activities.

Description of incident :	Other Students involved:
The school fitsal fear was engaged in the Wednesday morning session. s.47(3)(b) - Contray t was disbbling the ball, aftempted to make a sharp turn, and in the process put his knee out. s.47(3)(b) - Contray stood with knee out until a chair was positioned to support the knee. Contact was flen mode with sea. Administration who contacted panels and ambulance staff.	Entrel Team
Action Taken by Teacher Clear area, call for support. Rect as alout Amauanio Called as well as both paworts, Sister & grandma.	□ Detention (run by the class teacher) □ correspondence home to parents via a note or phone call. □ Movement in class to separate seating □ class isolation □ Withdrawal to buddy class (needs to be organized in advance)
Teacher Recommendation for further action	

ncident Incident Record				
*Required Fields				
		200025		
Incident ID (generated on save) INC-41458		Entered By Meatchem, Francesca Lucinda, s 47(3)(Fe Teacher Aide, Varsity College		
Incident Status Submitted *				
Reporting Details				
* Reported Date 07/08/13		Reported Time (24 hour HH:MM)		
Reported by Staff Goodwin, Murray Patrick, s 47(3)(Male, OneSchool Role, Tcl	h Constal	Reported by Student		
Varsity College	n-General,			
Reported by Other Person		Type of Other Person		
Other Person Address 1				
E				
Other Person Address 2				
(in the price of a serious serious)	· · · · · · · · · · · · · · · · · · ·			
Other Person Suburb	Other Person State (eg. QL	D)	Other Person Pos	
Other Person Phone Number		Other Person Employer		
Reported To				
Incident Details				
14.00.14.11		T		
* Incident Date 07/08/13		Incident Time (24 hour Hi 10:30	1;MM)	
If the Incident occurred at a Departmental location, se If the Incident occurred at a Non-Departmental location				
Departmental Incident Location or Base Location Varsity College				
Non-Departmental Incident Location				
Actual Incident Address 1 Varsity College				
Actual Incident Address 2 Assembly Drive				
Suburb Varsity Lakes	* State (eg. QLD) Qld		Post Code 4227	
Summary of Incident Popped knee				
Detailed Description of Incident				
The school futsal team was engaged in the Wednesday morr in the process put his knee out. s.47(3) stood with knee out middle admin who contacted parents and ambulance staff.				

Salatad Hanaude					
Related Hazards Date Hazard Rep		Hazard Location		ard Description	
Na Records	No Recercio	No Rieco ds	No Records	No Records	
Supervising Office		ATT TOTAL	Click here for help sele	ecting Supervising Offi	
Role, Varsity College	nald, s 47(3)(Male, HOD-Prac Arts,	OneSchool			
	e Health and Safety Representative, s.47(3)(Male, OneSchool Role, Y		ege		
			ž		
vacuation Details					
ald an ausaustian	0.00112				
Yes No	occur?				
163-140					
Did a lockdown oc	cur?				
Yes No					
ocations Involved	j .			Aller and Person	
		No Reverds			
incident Types					
Select one or mo	ore Incident Types		Click here for help sele	ecting Incident Types	
Injury Illnes					
Security Th					
Motor Vehic					
- Electrical					
Fire					
Environmer	atal				
	ant/Equipment				
Near Miss					
	ous Incident as defined under Le	gislation?	Click here for definition	n of Dangerous Incide	
r Yes No					
				PES SELECTED.	
SAVE THIS PAGE A	AND PROGRESS TO THE NEXT TAI	B/S TO COMPLETE THE	DETAILS FOR ALL INCIDENT TY		
SAVE THIS PAGE	AND PROGRESS TO THE NEXT TAI	B/S TO COMPLETE THE	E DETAILS FOR ALL INCIDENT TY	40.800000000000000000000000000000000000	
	AND PROGRESS TO THE NEXT TAI	B/S TO COMPLETE THE	E DETAILS FOR ALL INCIDENT TY		
Injury/Illness	AND PROGRESS TO THE NEXT TAI	B/S TO COMPLETE THE	E DETAILS FOR ALL INCIDENT TY		
	AND PROGRESS TO THE NEXT TAI	B/S TO COMPLETE THE	Student Name	Staff Name	
Injury/Illness Onjury/Illness Sub-Process					
Injury/Illness Sub-Process Injury / Illness COMPLETE DETAILS ON EA	Injury/IRness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR	Description		Staff Name	
Injury/Illness Onjury/Illness Sub-Process Injury/Illness COMPLETE DETAILS ON EA AN ACTION IF REQUIRED.	Injury/IBness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR	Description	Student Name	Staff Name	
Injury/Illness Sub-Process njury/Illness COMPLETE DETAILS ON EA	Injury/IBness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR	Description	Student Name	Staff Name	
Injury/Illness Sub-Process Injury/Illness COMPLETE DETAILS ON EA AN ACTION IF REQUIRED. Injury/Illness 10 (general	Injury/Illness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR ted on save)	Description	Student Name	Staff Name	
Injury/Illness Sub-Process njury/Illness COMPLETE DETAILS ON EA AN ACTION IF REQUIRED. Injury/Illness 1D (generat INJ-38412	Injury/Illness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR ted on save)	Description	Student Name	Staff Name	
Injury/Illness Sub-Process njury/Illness COMPLETE DETAILS ON EA AN ACTION IF REQUIRED. Injury/Illness 10 (generat INJ-38412 Detailed Description of Inj Popped knee in HPE doing for Injury/Illness Classificat	Injury/Illness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR red on save) Jury/Illness Assal, Knee positioned with a chair until help arrived.	Description	Student Name	STAIF NAME SENT FOR REVIEW TAB AND COM	
Injury/Illness Sub-Process njury/Illness COMPLETE DETAILS ON EA AN ACTION IF REQUIRED. Injury/Illness 1D (generat INJ-38413 Detailed Description of Inj Popped knee in HPE doing for	Injury/Illness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR red on save) Jury/Illness Assal, Knee positioned with a chair until help arrived.	Description	Student Name YOU MUST THEN PROCEED TO THE "SUBMIT INCID	STAIF NAME SENT FOR REVIEW TAB AND COM	
Injury/Illness Sub-Process Injury/Illness COMPLETE DETAILS ON EA AN ACTION IF REQUIRED. Injury/Illness 10 (generat INJ-38412 Detailed Description of Inj Popped knee in HPE doing for Injury/Illness Classificat	Injury/Illness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR red on save) Jury/Illness Assal, Knee positioned with a chair until help arrived.	Description	Student Name YOU MUST THEN PROCEED TO THE "SUBMIT INCID	STAIT NAME BENT FOR REVIEW TAB AND COM	
Injury/Illness Sub-Process Injury/Illness COMPLETE DETAILS ON EA AN ACTION IF REQUIRED. Injury/Illness 10 (generat IND-38412 Detailed Description of Injury/Illness Classificat Minor Injury or Incident (Classificat Injury) or Incident (Classificat Injury)	Injury/Illness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR red on save) Jury/Illness Assal, Knee positioned with a chair until help arrived.	Description	Student Name YOU MUST THEN PROCEED TO THE "SUBMIT INCID	STAIF NAME SENT FOR REVIEW TAB AND COM	
Injury/Illness Sub-Process Injury/Illness COMPLETE DETAILS ON EA AN ACTION IF REQUIRED. Injury/Illness 10 (generat INJ-38412 Detailed Description of Injury/Illness Classificat	Injury/Illness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR red on save) Jury/Illness Assal, Knee positioned with a chair until help arrived.	Description	Student Name YOU MUST THEN PROCEED TO THE "SUBMIT INCID	STAIF NAME SENT FOR REVIEW TAB AND COM	
njury/Illness Sub-Process njury/Illness COMPLETE DETAILS ON EA AN ACTION IF REQUIRED. Injury/Illness 10 (generat IN)-38412 Detailed Description of Inj Popped knee in HPE doing for Injury/Illness Classificat Minor Injury or Incident (Classificat)	Injury/Illness ID ACH TAB AND PROGRESS THROUGH THE TABS FOR red on save) Jury/Illness Assal, Knee positioned with a chair until help arrived.	Description	Student Name YOU MUST THEN PROCEED TO THE "SUBMIT INCID	STAIT NAME SENT FOR REVIEW TAB AND COM	

udent Injured or III			
udent Injured or III .47(3)(b) - Contrary to Public Interest			
re Location of Student resty College			
her Injured or III Person			
ner Injured or III Person		Type of Other Person	
se Location of Other Person			
her Person Address 1			
her Person Address 2			
her Person Suburb	Other Person State (eg. QLD)	y	Other Person Post Code
her Person Phone Number		Other Person Employer	
	a commenced	h	
jury Details			
dily Injuries Bodily Location			Nature of Injury/Illness
Sub-Process dtly Injury			
Bodily Location Knees		If Other Bodily Location, please spec	ify
Nature of Injury/Illness Ache/Pain ~		If Other Nature of Injury/Illness, ple	ase specify
ausc of Injury/Illness		If Other Cause of Injury/Illness	, please specify
Contributing Factor/Agency door environment ~		If Other Contributing Factor/Ag	ency, please specify
Activity ort		If Other Activity, please specify	
initial Response		Name of Mospital	
mments		L	
usan Szekeres could not get hold of Mum or Dad. Someone contacted the sister an	nd she went to the sports hall and meet the g	randmither who then went in the ambulance v	s.47(
you want to lodge a WorkCover claim? Yes. • No			
rst Aid Details			
her link an existing first aid record, or complete the fields below if first a	iid was administered		. 1
lated First Aid		Reason for First Aid/Con	nments
Student Name First Aid Date Loc	No Records	No Records	
and the same of th	No Resords	No Records First Aid administered by studen	nt

Is legal action anticipated?

Other Person Address 2			
Other Person Suburb	Other Person State (eg. QLD)		Other Person Post Code
Other Person Phone Number		Other Person Employer	
		la constant and the same of th	
First Ald Types Ejevabon			
Montpr rawalting medical care (eg ambiliance)			
If Other, please specify			
First Aid Details			
Jubinit Incident Record for Review			
o submit this Incident Record, please tick the box belo	ow and click Save		
Submit Incident Record for review?			
Yese No			
Incident Review			
eview Incident Classification			
ncident Classification (generated on save) C - Investigation is Optional			
f this is a Psychological Illness, is the Incident n	estifiable to Westerland Hoa	olth and Cafety Ouesnelan	4 (MRCO)3
Yes No	otinable to workplace nea	itti and safety Queensian	u (whoQ)!
	an in a secretary and an experience	DESCRIPTION OF THE PARTY OF THE	
Click here for Information on Incident Classificat	ions and WHSQ notificatio	n requirements	
Review and Provide Actions			
Immediate actions reviewed?			
Yesr No			
Have any further actions been undertaken?			
Yes No			
Details of Further Actions			
Further Actions Undertaken By			
Surname Given Names	Employee IDs Gende		Locations
No Records No Pécoro	No Records No Reco	hos No Records	No Records
eview Acknowledgement and Notifications			
f you are the reviewer of the Incident Record, a scalate the Incident Record to Human Resource		is Incident, you must con	sult your supervisor for ad
NCIDENT RECORD DETAILS REVIEWED?			
scalate to Human Resources?			
nce you have reviewed and saved the Incident,	details of notifiable Incide	ents will automatically be	forwarded to:
. Workplace Health and Safety Queensland; or . Electrical Safety Office			

r Yesr 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 Notif	y				
Sun	neme	Given Names	Emplayer 1Ds	Gender	Roles	Locations
Talk	es to de	No Records	No Records	o Reportic	No Resords	No Africanic
Acrons						
45.44						
Actions						
	Due Date		Action ID		Action Title	
	No Rocorne		No Records		No Records	
Care Notes						
Caste Notes						
Case Note	S					
	Date of Note		Person Making Note		Who was Spoken To	
	No Recaids		No Records		No Records	

Entered By Firth, Wendy Christine, s 47(3)(Female, OneScho
Aide, Varsity College
Departed Time (24 hours HU-MA)
Reported Time (24 hour HH:MM) 08:17
00.17
Reported by Student
Type of Other Person
⊠
ote (eg. QLD) Other Person Pos
Other Person Employer
Other Person Employer
2-19-12-21-21-21-21-21-21-21-21-21-21-21-21-
Incident Time (24 hour HH:MM) 13:45
13.43
as the Departmental Incident Location.
e Location and complete the Non-Departmental Incident
Post Code
4227
a e

first aid	
Related Hazards	
Date Hazard Reported Hazard ID Hazard Loc No Records No Records No Records	
* Supervising Officer	Click here for help selecting Supervising Off
Williams, Russell Colin, s 47(3)(Male, HOD-Middle School, OneSchool Role, Varsity College	
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker,	Varsity College
Evacuation Details	
Did an evacuation occur?	
Did a lockdown occur?	
○ Yes No	
Locations Involved	
Loca	
No Re	cords
Incident Types	
* Select one or more Incident Types □ Injury Illness □ Security Threat □ Motor Vehicle □ Electrical	Click here for help selecting Incident Types
□ Fire □ Environmental □ Property/Plant/Equipment □ Near Miss	
Was this a Dangerous Incident as defined under Legislation? ○ Yes ○ No	Click here for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMP	PLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Illness	
Injury/Illness Injury/Illness ID Description INJ-39202 Broken tooth	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	2
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 Wo \circ Yes \circ No	rkplace Health and Safety Queensland (WHSQ)?

Click here for Information on Incident Classifications and WHSQ notification requirements **Review and Provide Actions** * Immediate actions reviewed? r Yesr No * Have any further actions been undertaken? r Yesr No **Details of Further Actions Further Actions Undertaken By** Roles Locations Surname Employee IDs 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 adviescalate 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? r Yesr 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 Given Names Employee IDs Gender Roles Locations Actions Actions Due Date Action ID Action Title No Records No Records No Records

INC-11775

☐ Property/Plant/Equipment

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD). Workplace Health and Safety Regulation 2008. Flectrical Safety Act 2002 (QLD) and/or Flectrical Safety Regulation 2008. The

information collected may be disclosed to t Electrical Safety Office (QLD), WorkCover information collected on this form will be m stored securely as an attachment to the ele	hird parties, including Queensland, Industri anually entered into	g the Government Superannuation C ial Organisations, or other entities in the MyHR Workplace Health and Sa	Office, Australian Tax Office, Workplace I accordance with, or where requested by	Health and Safety Queensland, y law or industrial instrument. The
* Denotes Mandatory Fields that must b				
REPORTING DETAILS	William S		a live and a second	This is a second
* Date Reported: 21 2 12	Re	ported Time (24Hour HH:m	m): 1:45pm	
Reported by: - (NOTE at least of				
(✓ please tick) □ Sta		Student	on	
Given Name:	Surname:		47(3)(b) - Contrary to Pub	Type of other Person Client
	Address:			☐ Contractor ☐ Parent
	Suburb:		Postcode:	☐ Visitor ☐ Volunteer
	Phone: (M)	(W)	(H)	□ Other
	Other person En	nployer;		
Reported to: (who was the first person informed of	the incident, if kn	own?)		
INCIDENT DETAILS		以表示的問題	A SECTION AND	STATE OF THE STATE
Date of Incident: 21/2/1	2 ·Ti	me incident Occurred: (24	hourhh:mm) likspon	1
* Location of Incident: Where the	e Incident occurre	d		
Departmental Location/Base Location ACTY COLLEGE Actual Incident Address: (Street Address)	Secardar ress of any non-pl	ET location	Facility - Purpose Cou	As
	V	y Lakes		
Playing Societ on multiple straight into wrist. Ve	ti-purpose iry painful	courts. Had arm l. Nurse exemine	by side & ball was	s kicked e west lling visible.
* Immediate Action Taken:	, °).	r=	-	
	st Aid ite by staff)	☐ Ambulance attended	☐ Doctor/Out Patients (medical treatment)	☐ Hospitalisation
Who provided First Aid? (name	<u>;</u>)	Susan Stel	ues	
If First Aid - what first aid was	provided?	Tee.		
Was a hazard identified as a re ⟨≈New hazards can be entered online		dent: Ves (please Solution via 'enter new hazard	provide hazard details below) [")	□ No
*Supervising Officer:				
(The supervising Officer is a DET em Director, Program Manager or HR Ma (≈In the MyHR WHS Solution the su	anager)			eputy Principal, HOD, HOSES,
Elected Workplace Health & Sa (WHSR if location has one)	fety Represent	ative: ORAiG HO	2300	
EVACUATION DETAILS			Mary Charge	
Did an evacuation occur?	□ Yes ☑N	No Did a lockdo	wn occur? 🗆 Yes 💆 No	
Location/s involved:				
INCIDENT TYPES - See Instruction	ns below, Each I	ncident type selected will bring	p an individual 'sub-form' for comp	letion
INSTRUCTIONS: Select one or more 'Property/Plant/Equipment' or 'Fire' o defined under legislation' will appear	r 'Environmental' o	or 'Electrical' are selected as the		

Motor Vehicle Electrical RTI application 340/5/3026 - Varsity College - Document 38 of Security Threat

Injury/Illness

Did this incident occur during a journey to of form work or during an ordinary recess break at work? ☐ Yes ☐ No INJURY/ILLNESS DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) Diagonsedwith compound Bacters of wrist. Hospital. * The injured Person's Details (select one box only) ☐ Staff Student (✓ please tick) ☐ Other person Surname: s.47(3)(b) - Contrary to Public Given Name: s.47(3)(b) -Type of other Person ☐ Client Contractor Address: Parent ☐ Visitor Suburb: ☐ Volunteer □ Other (NOTE: If more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) Base location of injured staff member or student or other person: VALSITY Seconday DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): P/No Do you want to lodge a workcover claim for this incident? ☐ Yes INJURY/ILLNESS CLASSIFICATION - Select one of the following ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) ☐ Bodily Injury (Class B) DSerious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) ☐ Workcover Journey/Recess Claim (Class C) Minor Injury or Incident (Class C) Bodily Location (main injury) - select on f Injury/Illness (main injury). - select one Ache/Pain □ Infection/Disease □ Face ☐ Hands □ Knees □ Weld Flash ☐ Head Wrists ☐ Foot/Feet Cut/Laceration ☐ Hearing Loss/Deafness ☐ Eye Disorder □ Eyes ☐ Back ☐ Toes □ Amputation □ Psychological Stress ☐ Foreign Body ☐ Bite/Sting □ Ankles ☐ Allergy ☐ Ears □ Mouth ☐ Head Injury ☐ Internal Injury ☐ Skin ☐ Bruise/Crush ☐ Skin ☐ Nose ☐ Chest ☐ Tooth/Teeth ☐ Respiratory System ☐ Dislocation Irritation//Dermatitis □ Fingers ☐ Heart or □ Neck □ Internal Organs ☐ Sprain/Strain ☐ Heat/Cold Stress Circulatory Abdomen/Stomach ☐ Burn/Scald ☐ Poisoning ☐ Spine Condition ☐ Arms ☐ Hips ☐ Psychological ☐ Fracture ☐ Respiratory □ Other ☐ Elbows □ Legs Condition ☐ Puncture/ Needlestick □ Shoulders ☐ Groin Area □ Other Cause of Injury/filmess - select one of the following ☐ Slip, Trip or Fall ☐ Repetitive movement ☐ Animal or insect ☐ Contact with, or striking against object ☐ Muscular effort – single event □ Biological ☐ Electricity ☐ Psychological ☐ Vibration Struck by falling or moving object ☐ Thermal (heat/cold) □ Vehicle ☐ Radiation ☐ Noise ☐ Other ☐ Explosion or implosion (pressure variation) ☐ Chemical/Substance Contributing Factor / Agency - select one of the ☐ Machinery and fixed plant □ Chemicals □ Needlestick □ Foreign Objects (eg.projectors, ☐ Fire/explosion ☐ Mobile plant/machinery ☐ Vehicle (Government) ☐ Electricity splinters) ☐ Radiation/Arc Flash ☐ Vehicle (Private) Outdoor environment ☐ Powered equipment, tools and appliances ☐ Indoor environment ☐ Stress/Trauma ☐ Non-powered tools ☐ Animals □ Temperature □ Non-powered equipment (eg.playground) ☐ Human agencies ☐ Other □ Biological agent Activity - select one of the following ☐ Admin General ☐ First Aid ☐ Sports ☐ Chemical use □ Lifting/Manual handling □ Travel to/from the workplace ☐ Computer work ☐ Movement around the worksite □ Excursions/field trips ☐ Curriculum Prac ☐ Grounds care ☐ Work General Play (supervised/unsupervised) □ Other □ Curriculum Theory ☐ Restraining a students □ Playground Duty ☐ Equipment Usage DUSAN Name of person completing form: Job title: Signature:

ncident			
Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-11775		Meatchem, Francesca Lu Teacher Aide, Varsity Co	ucinda, s 47(3)(Female, (
		reactier Aide, varsity Co	niege
Incident Status Signed Off and Closed *			
Reporting Details			
#20001810			Control of
* Reported Date 21/02/12		Reported Time (24 ho 14:24	ur HH:MM)
47.11.12.11.11		1.1.21.21.22.22.2	
Reported by Staff Szekeres, Susan, s 47(3)(Female, Adm Officer, OneSchool R	Pole	Reported by Student	
Varsity College	wie,		
Reported by Other Person		Type of Other Person	
		380	
Other Person Address 1			
Other Person Address 2			
Other Person Suburb	Other Person State (e	eg. QLD)	Other Person Pos
Other Person Phone Number		Other Person Employe	er
Parastad Tay			
Reported To Szekeres, Susan, s 47(3)(Female, Adm Officer, OneSchool R	Role, Varsity College		
	iono, rancit, comogo		
Incident Details			
* Incident Date		Incident Time (24 hou	IF HH-MM)
21/02/12		13:45	ar imann)
If the Incident occurred at a Departmental location, se If the Incident occurred at a Non-Departmental locatio			
* Departmental Incident Location or Base Location Varsity College			
Non-Departmental Incident Location			
* Actual Incident Address 1			
Assembly Drive			
Actual Incident Address 2			
* Suburb	* State (eg. QLD)		Post Code
Varsity Lakes	Qld		4226
* Summary of Incident Student hurt wrist			
Detailed Description of Incident s.47(3)(b) - Contrawas playing soccer on the multi-purpose School purso completed to visible quality	courts. Had arm by his si	ide and the ball was kicked and	went straight into his wris
very paintul for nim. School nurse exmained, no visible swelli	ing.	_ =	A CALL SET
Immediate Action Taken			

Related Hazards		
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records	
Supervising Officer	Click here for help selecting Supervising	na Offi
Szekeres, Susan, s 47(3)(Female, Adm Officer, OneSchool Role,	Click here for help selecting supervisit	ig Offic
Varsity College		
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Coll	000	
nouges, Craig Wayne, S 47 (3)(Male, Onescribol Role, Youth Worker, Valsity Coll	ege	-
vacuation Details		
Did an evacuation occur?		
Yes No		
Oid a lockdown occur?		
Ocations Involved		
No Records		
incident Types		
Select one or more Incident Types	Click here for help selecting Incident 1	Types
Injury Illness		
Security Threat		
Motor Vehicle		
Electrical		
Fire		
Environmental		
Property/Plant/Equipment		
Near Miss		
	27 X 27 2	
Nas this a Dangerous Incident as defined under Legislation? Yes No	Click here for definition of Dangerous	Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	DETAILS FOR ALL INCIDENT TYPES SELECTED.	
Injun/JIliness		
injury/Illness		
Injury/Illness ID Description INJ-10766 Student playing soccer, arm by side, ball kicked, went straight into wrist - very pain	Student Name ful, no visible swelling S.47(3)(b) - Contrary to Publi	ic Intere
	(a (c)(b) - Gormany to 1 abin	io intorc
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		

Click here for Informa	ation on Incident Cla	ssifications and WHSQ n	otification require	ments	
Review and Provide Action	s				
* Immediate actions	reviewed?				
* Have any further ac	tions been undertak	ren?			
r Yes No	cions been undertak	icii:			
Details of Further Act	ions				
no further action					
Further Actions Under					
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgement	and Notifications				
If you are the reviewe escalate the Incident INCIDENT RECORD D	Record to Human Re		ated in this Incide	nt, you must consult y	our supervisor for adv
Escalate to Human Re					
		ncident, details of notifial	ble Incidents will :	outomatically be forw	arded to:
Workplace Health a Electrical Safety Of	and Safety Queensla			, , , , , , , , , , , , , , , , , , , ,	
Is legal action anticip Yes No	ateur				
162 110					
Incident select these	employees here.	notified about the Incid	ent. If there are o	ther employees within	the Department that
Additional People to I	Notify Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records
Assign Investigator					
* Investigation requi	red?				
· Yes · No					
Click here for a list of	trained Health and	Safety Investigators			
Person Responsible fo	or Investigation				
Reasons for Not Inve	stigating				
Not required					
File Attachments					
File Attachment	547				
Attached No Reco		File Type No Records		No Records	File U
Actions					
Actions					
	Date ecords	Action ID No Records		Action Title No Records	
Case Notes					
Case Notes					
Date of N		Person Making Note		Who was Spoker	т То
No Reco		No Records		No Records	

INC-18209 INJ-16907

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually nerved into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

stored securely as an attachment to the electronic version of the incident record * Denotes Mandatory Fields that must be completed * Date Reported: Reported Time (24Hour HH:mm): 15.00 * Reported by: - (NOTE at least one 'reported by' field must be populated) ☑ Staff ☐ Student √ please tick) □ Other person Sumame EQ ID (if known): Type of other Person GIOVANNA SSINI ☐ Client □ Contractor COLLEGE Address: Parent ☐ Visitor Suburb: Postcode: □ Volunteer ☐ Other (W) Phone: (M) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) 2:55pm Senior Campus * Time incident Occurred: (24 hour hh:mm) * Date of Incident: * Location of Incident: Where the Incident occurred OVal Departmental Location/Base Location Actual Incident Address: (Street Address of any non-DET location) * Summary/Description of Incident: grass and s.47(3)(b) - Contrary to Pub on * Immediate Action Taken: □ Nil -DIFirst Aid □ Ambulance attended □ Doctor/Out Patients ☐ Hospitalisation (Returned to work/class) (on site by staff) (medical treatment) 400 Who provided First Aid? (name) If First Aid - what first aid was provided? ☐ Yes (please provide hazard details below) ☐ No Was a hazard identified as a result of the incident: (⇒New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (⇔In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) Did a lockdown occur? ☐ Yes ☑ No ☐ Yes ☐ No Did an evacuation occur? Location/s involved: INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. Injury/Illness Motor Vehicle Property/Plant/Equipment □ Near Miss Electrical Fire

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Did this inciden	t occur during a jour	ney to of	form work or d	uring an ordinary re	cess break a	at work?	Yes 🗆 No	
WAD.	10/16/11							
* Provide a deta	iled description of th	e injury o	r illness (i.e. Fra	actured right ankle follow	ving fall on sch	ool oval)		
fall or	n School	ova	6 -	collarbo	one ii	njur	4	
* The injured Pe	erson's Details (select		/					
(✓ please tick)	□ Staff	DS	tudent	Other person		_	-	
Sumame: s.47(3)	(b) - Contra		Given Nar	s. 47(3)(b) - Contr	ary to Public		Type of other ☐ Client ☐ Contract	
Suburb:		-		Postc	ode:		□ Parent □ Visitor □ Voluntee	er
(NOTE: If more that	an one person was injured	d/ill in the sa	ame incident, plea	se complete an addition	nal injury/illness	details page f	Other for each pers	son involved.)
Base location of	f injured staff membe	er or stud	ent or other pe	rson:				
DET Staff role a	t time of injury/illnes	s (i.e. Tea	cher, admin offic	cer etc):				
Do you want to	lodge a workcover c	aim for th	nis incident?	□ Yes □ I	No			
□ Sorious Bodil	y Injury – Fatality (Cla	(Λ 22	D Work Caus	ed Injury (Class A)	□ Rodily In	jury (Class B		
	Injury – Non Fatality (□ Psychologi	cal Illness (Class P)	□/Workcov	er Journey/R	lecess Clai	m (Class C)
					Minor Inj	ury or Incide	nt (Class C)
□ Face □ Head	☐ Hands ☐ Wrists	☐ Knee	Feet	☑ Ache/Pain ☐ Cut/Laceration		Loss/Deafne	ss D Eye	eld Flash e Disorder
☐ Eyes ☐ Ears	☐ Back ☐ Mouth	☐ Toes ☐ Ankle		 □ Amputation □ Bite/Sting 	☐ Allergy	gical Stress	☐ He	reign Body ad Injury
☐ Nose ☐ Tooth/Teeth	☐ Chest ☐ Fingers	☐ Skin ☐ Resp	iratory System	☐ Bruise/Crush☐ Dislocation	Skin Irritation//De	ermatitis	☐ Inte	emal Injury art or
□ Neck □ Arms	Abdomen/Stomach	☐ Intern	al Organs	☐ Sprain/Strain ☐ Burn/Scald	☐ Heat/Col ☐ Poisonin		Circul	
☐ Elbows ☐ Shoulders	☐ Hips ☐ Legs		nological	☐ Fracture	☐ Respirate		□ Ott	ner
Lysnoulders	☐ Groin Area				Li Functure	i Needlesuci	`	
					1			
Slip, Trip or Fa	all or striking against obje	ct	☐ Repetitive	movement ffort – single event		Animal or ins Biological	sect	
☐ Vibration	ng or moving object		☐ Electricity		. 0	Psychologica Vehicle	al	
☐ Noise			☐ Thermal (heat/cold) ☐ Radiation ☐ Chemical/Substance			Other		
☐ Explosion or in	mplosion (pressure var	riation)	☐ Chemical/S	Substance				
☐ Machinery and	d fixed plant		☐ Chemicals			Needlestick		
☐ Mobile plant/m☐ Vehicle (Gove	nachinery		☐ Foreign Ob splipters)	ojects (eg.projectors,		Fire/explosion Electricity	on	
☐ Vehicle (Privat	te)	ALTOTAL -	Outdoor er			Radiation/Ar		
☐ Non-powered			☐ Indoor env	ironment		Stress/Traur Temperature	9	
☐ Non-powered	equipment (eg.playgro	ound)	☐ Human age		0	Other	_	
			10 E = 1					
☐ Admin Genera ☐ Chemical use			First Aid Lifting/Manual h	andling	□ Spo	orts vel to/from th	e workniac	0
☐ Computer wor	k		Movement arou	nd the worksite	□Exc	ursions/field		
☐ Curriculum Pra		(D)	Grounds care Play (supervised	d/unsupervised)		rk General er		
☐ Playground Di ☐ Equipment Us	uty		Restraining a st	udents				
	completing form:	Siova	una	Bussin	,	Date: 6	/3/	12
Signature:	Haris	•		Job title: <u>teo</u>	cher			
	1			4 51 300				

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Done twice

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace

Health and Safety Act 1995 (QLD), Work information collected may be disclosed to Electrical Safety Office (QLD), WorkCow information collected on this form will be stored securely as an attachment to the	o third parties, including the er Queensland, Industrial (manually entered into the	ne Government Super Organisations, or othe MyHR Workplace He	rannuation Office, Australi er entities in accordance	an Tax Office, Workplace with, or where requested by	Health and Safety Queensland, y law or industrial instrument. The
* Denotes Mandatory Fields that must	be completed				
* Reported by: - (NOTE at least	one 'reported by' field i	must be populated	ther person	30	NTERED
Given Name: GIOVANNA	Sumame:	5/11	EQ ID (if known):		Type of other Person ☐ Client
	Address: Suburb:	IARSITY	COLLEGE	MIDDLE SCHOOL	☐ Contractor ☐ Parent ☐ Visitor ☐ Volunteer
	Phone: (M)	(W)	(H)		□ Other
	Other person Empl				
ported to: no was the first person informed	of the incident, if know	m?)			
		G-102707277	Calc Vicut versions		
	3/12 *Time	e incident Occu	rred: (24 hour hh:n	im) 2:55	pm nior Campu
* Location of Incident: Where Departmental Location/Base	the Incident occurred	Ova 1	- VOV	sity ser	nior Campu
			Name of Facility		
Actual Incident Address: (Street Ad	Idress of any non-DET	location)			
* Summary/Description of Inc s.47(3)(b) - Contrary to Pul	Slipped her 5	on thould	the gran	ss and	fel!
* Immediate Action Taken:					
	First Aid site by staff)	☐ Ambulance a		ctor/Out Patients cal treatment)	☐ Hospitalisation
Who provided First Aid? (nar	ne)	Craig	Hodges,	Wendy	Firth
First Aid - what first aid wa	s provided?	ICED			
Was a hazard identified as a (⇔New hazards can be entered on				azard details below)	D/No
*Supervising Officer; (The supervising Officer is a DET e Director, Program Manager or HR (⇔In the MyHR WHS Solution the	Manager)				Deputy Principal, HOD, HOSES,
Elected Workplace Health & (WHSR if location has one)	Safety Representat	tive:			
E F		210		-	
Did an evacuation occur?	☐ Yes ☐ No	Did	a lockdown occur	? 🗆 Yes 🗷 No	
Location/s involved:	MIX -		~~~~		
INSTRUCTIONS: Select one or me 'Property/Plant/Equipment' or 'Fire defined under Jegislation' will appe	or 'Environmental' or	'Electrical' are sele	ected as the incident ty	ar Miss' no other select /pe, the question 'Was	ion can be made. If this a Dangerous Event as
Injury/Illness		☐ Motor Vehic	cle	☐ Prope	erty/Plant/Equipment

Security TIRE application 340/5/3026 Villoge - Document 45 of 269 G:\Coredata\Office\School Management\Health & Safety\HEAI TH&SAFETY INCIDENT FORM 20 07 2011 doc

□ Near Miss

☐ Fire

Electrical

Did this incident occur during a journey to of form work or during an ordinary recess break at work? ☐ Yes ☐ No * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) School Ovala * The injured Person's Details (select one box only) Student ☐ Staff (✓ please tick) ☐ Other person Surname: s.47(3)(b) - Contra s.47(3)(b) - Contrary to Public Given Name: Type of other Person ☐ Client ☐ Contractor Address: A CHARLEST WITH THE ☐ Parent ☐ Visitor Postcode: □ Volunteer ☐ Other (NOTE: If more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) Base location of injured staff member or student or other person: DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Do you want to lodge a workcover claim for this incident? ☐ Yes □ No □ Serious Bodily Injury – Fatality (Class A) ☐ Work Caused Injury (Class A) □ Bodily Injury (Class B) □Serious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) ☐ Workcover Journey/Recess Claim (Class C. ☐ Minor Injury or Incident (Class C) ☐ Ache/Pain ☐ Hands ☐ Knees □ Infection/Disease ☐ Weld Flash ☐ Face ☐ Wrists ☐ Foot/Feet □ Cut/Laceration ☐ Head ☐ Hearing Loss/Deafness ☐ Eve Disorder ☐ Eyes ☐ Back ☐ Toes ☐ Amputation ☐ Psychological Stress ☐ Foreign Body ☐ Allergy ☐ Bite/Sting ☐ Mouth ☐ Ankles ☐ Ears ☐ Head Injury ☐ Chest ☐ Bruise/Crush ☐ Skin □ Nose ☐ Skin ☐ Internal Injury ☐ Respiratory System Irritation//Dermatitis □ Tooth/Teeth ☐ Fingers □ Dislocation ☐ Heart or ☐ Internal Organs □ Neck ☐ Sprain/Strain ☐ Heat/Cold Stress Circulatory Abdomen/Stomach ☐ Spine ☐ Burn/Scald ☐ Poisoning □ Arms Condition ☐ Fracture ☐ Hips □ Psychological □ Respiratory □ Elbows ☐ Other Shoulders. □ Legs Condition ☐ Puncture/ Needlestick ☐ Groin Area ☐ Other □ Repetitive movement Slip, Trip or Fall □ Animal or insect □ Contact with, or striking against object ☐ Muscular effort – single event □ Biological □ Vibration □ Electricity ☐ Peychological ☐ Vehicle Struck by falling or moving object ☐ Thermal (heat/cold) ☐ Other □ Radiation □ Noise □ Explosion or implosion (pressure variation) ☐ Chemical/Substance ☐ Machinery and fixed plant □ Chemicals □ Needlestick ☐ Mobile plant/machinery □ Foreign Objects (eg.projectors, □ Fire/explosion □ Vehicle (Government) splinters) □ Electricity ☐ Vehicle (Private) Outdoor environment ☐ Radiation/Arc Flash ☐ Powered equipment, tools and appliances □ Indoor environment ☐ Stress/Trauma □ Non-powered tools □ Animals □ Temperature □ Non-powered equipment (eg.playground) □ Human agencies ☐ Other □ Biological agent ☐ First Aid □ Admin General ☐ Lifting/Manual handling ☐ Travel to/from the workplace ☐ Chemical use ☐ Movement around the worksite □ Excursions/field trips ☐ Computer work ☐ Grounds care □ Work General □ Curriculum Prac Play (supervised/unsupervised) ☐ Curriculum Theory ☐ Other ☐ Restraining a students ☐ Playground Duty □ Equipment Usage Name of person completing form: Giovanna Bassini Job title: <u>teach</u> er Signature:

RTI application 340/5/3026 - Varsity College - Document 46 of 269
G:\Coredata\Office\School Management\Health & Safety\HEALTH&SAFETY INCIDENT FORM 20.07.2011.doc

Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-18209		Meatchem, Francesca Luc	inda, s 47(3)(Female,
		Teacher Aide, Varsity Coll	ege
Incident Status Submitted *			
Reporting Details			
* Reported Date		Reported Time (24 hou	r HH:MM)
06/03/12		03:00	
Reported by Staff		Reported by Student	
Bassini, Giovanna Maria, s 47(3)(Female, OneSchool Role, S General, Varsity College	Snr-	reported by otudent	
Reported by Other Person	1	Type of Other Person	
Other Person Address 1		i sai	
Other Person Address 2			
Other Person Suburb	Other Person State (e	a. OLD)	Other Person Po
	(
Other Person Phone Number		Other Person Employe	
outon't distant notice manipul		odici retson Employe	
Reported To			
Bassini, Giovanna Maria, s 47(3)(Female, OneSchool Role, S	Snr-General, Varsity Colleg	e	
Incident Details			
		20000020002000	and the
		Incident Time (24 hour 02:55	нн:мм)
		02.33	
* Incident Date 06/03/12			
06/03/12 If the Incident occurred at a Departmental location, se If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location			
06/03/12 If the Incident occurred at a Departmental location, se If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College			
If the Incident occurred at a Departmental location, se If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2			
If the Incident occurred at a Departmental location, se If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive	on select your Base Loca		Departmental Incide
If the Incident occurred at a Departmental location, se If the Incident occurred at a Non-Departmental location Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb	* State (eg. QLD)		Post Code
If the Incident occurred at a Departmental location, se If the Incident occurred at a Non-Departmental location Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive	on select your Base Loca		Departmental Incide
Off the Incident occurred at a Departmental location, see If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb Varsity Lakes * Summary of Incident Collarbone injury	* State (eg. QLD)		Post Code
Off/03/12 If the Incident occurred at a Departmental location, see If the Incident occurred at a Non-Departmental location Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive Suburb Varsity Lakes Summary of Incident	* State (eg. QLD)		Post Code

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 Offi
Gardner, Cheryll Elizabeth <mark>, s.47(3)(</mark> , Female, Bus Serv Manager, OneSchool Role, Varsity College		
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s.47(3)(Male, OneSchool Role, Youth Worker, Varsity Co	llege	
Evacuation Details		
Did an evacuation occur?		
Yes No		
Did a lockdown occur?		
Yese No		
Locations Involved		
No Records		
Incident Types		
* Select one or more Incident Types	Click here for I	help selecting Incident Types
▼ Injury Illness	7	
Security Threat		
Motor Vehicle		
Electrical		
Fire		
□ Environmental		
Property/Plant/Equipment		
□ Near Miss		
Was this a Dangerous Incident as defined under Legislation? Yes No	Click here for	definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	E DETAILS FOR ALL INCI	DENT TYPES SELECTED.
Injury/Illness		
Injury/Illness Injury/Illness ID Description		Student Name
INJ-16907 Student slipped on the grass and fell on her shoulder	s.47(3)(b) - Co	entrary 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 $^{\circ}$ Yes $^{\circ}$ No	Health and Safety Queens	sland (WHSQ)?

Click here for Information on Incident Classifications and WHSQ notification requirements Review and Provide Actions * Immediate actions reviewed? r Yesr No * Have any further actions been undertaken? r Yesr No **Details of Further Actions Further Actions Undertaken By** Surname No Records Given Names Employee IDs Gender Roles Locations 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 adviescalate 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? c Yesc 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 Gender Employee IDs Locations Actions Actions Due Date Action ID Action Title No Records Case Notes Case Notes Date of Note Person Making Note Who was Spoken To No Records No Records No Records

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy: HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace

Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland. Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed * Date Reported: 08/03/ Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) ☑ Staff ☐ Other person (✓ please tick) □ Student EQ ID (if known): other Person Surname: Given Name: 6105 ☐ Client - Contrary to Public Interest ☐ Contractor Address ☐ Parent s.47(3)(b) - Contrary to P ☐ Visitor s.47(3)(b) - C Suburb: Postcode: □ Volunteer ☐ Other s.47(3)(b) - Contr s.47(3)(b) - Contrary Phone: (M) Other person Employer: ported to: (who was the first person informed of the incident, if known?) * Time incident Occurred: (24 hour hh:mm) * Date of Incident: 2012 VARSITY COLLEGE * Location of Incident: Where the Incident occurred Name of Facility Departmental Location/Base Location Actual Incident Address: (Street Address of any non-DET location) * Summary/Description of Incident: JESSION TRAINING RUGBY LEAGUE RECEIVED A URING CLASH HOSPITAL OSINA * Immediate Action Taken: First Aid ☑ Ambulance attended ☐ Doctor/Out Patients ☐ Hospitalisation □ Nil -(medical treatment) (Returned to work/class) (on site by staff) MICHEUR Who provided First Aid? (name) OVERY First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below)
☐ No (⇒New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: RAIG ALLUM (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (⇔In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) Did an evacuation occur? ☐ Yes Did a lockdown occur? ☐ Yes ☐ No Location/s involved:

INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No.

	HEIST CL.			
	Injury/Illness	☐ Motor Vehicle	☐ Property/Plant/Equipment	
	Electrical	□ Fire	□ Near Miss	
	Security Thread application 34	40/5/3026 Fire 40/5/3026 Vir Varsity College - D	ocument 50 of 269	

Did this incider	nt occur during a jour	ney to of	form work or d	luring an ordinary r	ecess bi	ak at work?	□ Ye	es 🗆 No
In All Concession	13 (2 14 H) 2 1 290	in sh			SES.	1	1	
* Provide a deta	ailed description of th	ne injury o	r illness (i.e. Fr	actured right ankle folio	wing fall o	on school oval)		
BLEEDING RESULT OF	FROM THE	M.	NTH /	HEAD IN	TURY	/ ZEISA	RE	As A
	erson's Details (selec							
(✓ please tick)	□ Staff	Ø S	tudent E	Other person				
Surname: s.47	7(3)(b) - Contrary to Pu		Given Na	me: s.47(3)(b) - Contr	ary			pe of other Person
Address: s.47(3))(b) - Contrary to Public Ir	nterest						Client Contractor Parent
Suburb:	s.47(3)(b) - Contrary to Pu	ıblic Interest		Posto	code: s.4	7(3)(b) - Con		Visitor Volunteer
(NOTE: If more that	an one person was injured	d/ill in the sa	me incident, plea	se complete an additio	nal injury/i	illness details pa		Other each person involved.
Base location of	of injured staff member	er or stude	ent or other pe	rson:	1759	VA	HESIT	7 COLLEGE
Do you want to	at time of injury/illnes lodge a workcover complete the state of the s	laim for th	is incident?	☐ Yes ☐	□ Bod	ily Injury (Clas	ss B)	
Liberious Bodily	Injury – Non Fatality (Class A)	LI Psychologi	cal Illness (Class P)		kcover Journe or Injury or Inc		ess Claim (Class C Class C)
	processing the	n er				lek ja 1	ren.	
☐ Face ☐ Head ☐ Eyes ☐ Ears ☐ Nose ☐ Tooth/Teeth ☐ Neck ☐ Arms ☐ Elbows ☐ Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area		reet s ratory System al Organs ological	☐ Ache/Pain ☐ Cut/Laceration ☐ Amputation ☐ Bite/Sting ☐ Bruise/Crush ☐ Dislocation ☐ Sprain/Strain ☐ Burn/Scald ☐ Fracture	☐ Hea ☐ Psyd ☐ Alled ☐ Skin Irritatio ☐ Hea ☐ Pois ☐ Res	n//Dermatitis t/Cold Stress	afness ess	☐ Weld Flash ☐ Eye Disorder ☐ Foreign Body ☐ Head Injury ☐ Internal Injury ☐ Heart or Circulatory Condition ☐ Other
 □ Vibration □ Struck by fallin □ Noise 	all or striking against obje ng or moving object mplosion (pressure var		☐ Repetitive in Muscular ein Electricity ☐ Thermal (hin Radiation ☐ Chemical/S	ffort – single event eat/cold)		☐ Animal o ☐ Biologica ☐ Psycholo ☐ Vehicle ☐ Other	al ogical	
□ Non-powered	nachinery ernment) te) pment, tools and applia	ances	☐ Chemicals ☐ Foreign Obsplinters) ☐ Outdoor en ☐ Indoor envi ☐ Animals ☐ Human age ☐ Biological a	ronment		□ Needlest □ Fire/exple □ Electricity □ Radiation □ Stress/Tr □ Tempera □ Other	osion y n/Arc F rauma iture	
☐ Admin Genera☐ Chemical use☐ Computer wor☐ Curriculum Pra☐ Curriculum Th☐ Playground Du☐ Equipment Us	k ac eory uty		irst Aid ifting/Manual ha lovement arour rounds care lay (supervised estraining a stu	d the worksite //unsupervised)		Sports Travel to/from Excursions/fie Work Genera Other	eld trips	S
	completing form:	16	LUM	HG1VS Job title:		Date:	08/	03/2012

ncident	
Incident Record	
*Required Fields	
Incident ID (generated on save)	Entered By
INC-10260	Firth, Wendy Christine, s 47(3)(Female, OneSch Aide, Varsity College
Incident Status Submitted *	, mady various, desired
Reporting Details	
* Reported Date	Reported Time (24 hour HH:MM)
08/03/12	12:45
Departed by Staff	Reported by Student
Reported by Staff Agius, Callum Samual, s 47(3)(Male, OneSchool Role, Snr-Maths/Sci, Varsity College	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 Po
Other Person Phone Number	Other Person Employer
Reported To	
Incident Details	
* Incident Date	Incident Time (24 hour HH:MM)
08/03/12	13:30
	13.30
If the Incident occurred at a Non-Departmental location select your B * Departmental Incident Location or Base Location	on as the Departmental Incident Location.
If the Incident occurred at a Non-Departmental location select your B * Departmental Incident Location or Base Location Varsity College	on as the Departmental Incident Location.
If the Incident occurred at a Departmental location, select this location If the Incident occurred at a Non-Departmental location select your Be * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade	on as the Departmental Incident Location.
If the Incident occurred at a Non-Departmental location select your B * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1	on as the Departmental Incident Location.
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb * State (eg. Q	on as the Departmental Incident Location. Base Location and complete the Non-Departmental Incident in
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb * State (eg. Q	on as the Departmental Incident Location. Base Location and complete the Non-Departmental Incident
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb * State (eg. Q	on as the Departmental Incident Location. Base Location and complete the Non-Departmental Incident in
** Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location ** Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 ** Suburb Varsity Lakes ** State (eg. Q Qld ** Summary of Incident Blow to the head as a result of a head clash with another student	on as the Departmental Incident Location. Base Location and complete the Non-Departmental Incident in
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident * Summary of Incident * Summary of Incident * Summary of Incident	on as the Departmental Incident Location. Base Location and complete the Non-Departmental Incident Location and Complete the Non-Departmental Incident Location and Complete the Non-Departmental Incident Location.

Related Hazards	
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
Supervising Officer	Click here for help selecting Supervising Office
Agius, Callum Samual, s.47(3)(Male, OneSchool Role, Snr-Maths/Sci, /arsity College	Check here for help selecting Supervising Offi
Elected Workplace Health and Safety Representative Blackbeard, Neil, s.47(3) Male, OneSchool Role, Tch-Manual Arts, Varsity College	
vacuation Details	
oid an evacuation occur?	
Yes No	
Did a lockdown occur?	
Yes No	
ocations Involved	
No Records	
ncident 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	
Vas this a Dangerous Incident as defined under Legislation? Yes No	Click here for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DET	TAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/tilness	
njury/Illness	
Injury/Illness ID Description INJ-13079 Bleeding from the mouth, head injury, seizure as a result of a head clash.	s.47(3)(b) - Contrary to Public Interest
Submit Incident Record for Review	
o submit this Incident Record, please tick the box below and click Save	
Submit Incident Record for review? Yes No	
Tes No	
Incident Review	
Provided by Toda's Toda's	
teview Incident Classification	
ncident Classification (generated on save) C - Investigation is Optional	

Review and Provide Action	is				
Immediate actions	reviewed?				
Yes No					
Have any further ac	tions been undertak	en?			
Yes No					
Details of Further Act	ions				
urther Actions Unde	rtaken By				
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	Na Records	No Records	No Records	Na Records
teview Acknowledgement	and Notifications				
Scalate to Human R	esources?				
Once you have review L. Workplace Health C. Electrical Safety Of Is legal action anticip Yes No An Officer in Charge Incident select these	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here.	cident, details of notif nd; or notified about the Inc			
Once you have review Workplace Health Electrical Safety Of Is legal action anticip Yes No An Officer in Charge of Incident select these Additional People to	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify	notified about the Inc	ident. If there are of	ther employees within	n the Department tha
Once you have review L. Workplace Health C. Electrical Safety Of Is legal action anticip Yes No An Officer in Charge Incident select these	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here.	nd; or notified about the Inc	ident. If there are of	ther employees within	n the Department tha
Once you have review L. Workplace Health E. Electrical Safety Of Is legal action anticip Yes No An Officer in Charge of the Select these Additional People to Sumame No Records	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify	notified about the Inc	ident. If there are of	ther employees within	n the Department tha
Dince you have review L. Workplace Health Electrical Safety Of Is legal action anticip Yes No An Officer in Charge of Incident select these Additional People to Sumane No Records Actions	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify	notified about the Inc	Gender No Records	ther employees within	n the Department tha
Once you have review Workplace Health Electrical Safety Of Is legal action anticip Yes No An Officer in Charge of the control of the select these additional People to Sumame No Records Actions	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Inc Employee IDs No Records	Gender No Records	ther employees within Roles No Records Action Title	n the Department tha
Once you have review Workplace Health 2. Electrical Safety Or s legal action anticip Yes No An Officer in Charge on the control of the c	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Inc Employee IDs No Records	Gender No Records	ther employees within Roles No Records Action Title	Locations No Records

NC-18446

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

* Denotes Mandatory Fields that must be completed REPORTING DETAILS Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) M Staff ☐ Other person (✓ please tick) Given Name: EQ ID (if known): Surname: Type of other Person s.47(3)(b) - Contrary to Pub ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Suburb Postcode: □ Volunteer □ Other (W) Phone: (M) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Time incident Occurred: (24 hour hh:mm) * Date of Incident: * Location of Incident: Where the Incident occurred H911 Departmental Location/Base Location Name of Facility Actual Incident Address: (Street Address of any non-DET location) Summary/Description of Incident: award s.47(3)(b) oin's oth student red collided with was administered mkles. Immediate Action Taken: ☐ Doctor/Out Patients ☐ Hospitalisation First Aid ☐ Ambulance attended (Returned to work/class) (medical treatment) (on site by staff) Sam Fewler Who provided First Aid? (name) observa Light 100 If First Aid - what first aid was provided? ☐ Yes (please provide hazard details below) ☐ No Was a hazard identified as a result of the incident: (New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** Did an evacuation occur? □ Yes DINO Did a lockdown occur? □ Yes Location/s involved: INCIDENT TYPES - See instructions below INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. INCIDENT TYPE Motor Vehicle □ Property/Plant/Equipment Injury/Illness

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□ Electrical

Did this inc	ident occur durin	g a journey	to of for	m work or du	iring ar	ordinary re	cess bre	eak at work?	1 Yes	□ No
INJURY/ILL	NESS DETAILS -	who was in	jured?	Harry S		No Con	500		000	
* Provide a	detailed descripti	on of the in	njury or il	lness (i.e. Frad	ctured ri	ght ankle follov	ving fall or	n school oval)		
	d Person's Detail		/							
(✓ please tic	ck)	Staff	Stud		W. W.	erson				
Surname: Address:	s.47(3)(b) - Contrary			Given Nam	ne: s.4	7(3)(b) - Contr	ar	J.		e of other Person Client Contractor Parent
Suburb:						Postco				Visitor Volunteer Other
									for e	ach person involved.)
Base location	on of injured staff	member o	r student	or other per	son: _	HPE	49			
DET Staff ro	ole at time of inju	y/illness (i	.e. Teache	er, admin offic	er etc):	TRO	iche	V	_	
Do you wan	it to lodge a work	cover clain	n for this	incident?	□ Ye	es 🖸 N	No			
				S CLASSIFIC					ZQ.	11111
	Bodily Injury – Fata odily Injury – Non F			Work Cause Psychologic			□ Worl	ily Injury (Class I kcover Journey/I or Injury or Incide	Rece	ss Claim (Class C) Class C)
	Bodily Location (r	nain injury)	- select o	ne	die vi	Nature o	f Injury/	liness (main in)	ury) -	select one
☐ Vibration☐ Struck by	Abdomen/S Hips Legs Groin Are	tomach CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Internal of Spine Psychological Other Cause of C	ory System Organs ogical Repetitive management of the management	□ Cut □ Am □ Bite □ Bru □ Dis □ Spr □ Bur □ Fra	ct one of the ent ngle event	☐ Hear	n//Dermatitis t/Cold Stress coning piratory cture/ Needlestic	ck	☐ Weld Flash ☐ Eye Disorder ☐ Foreign Body ☐ Head Injury ☐ Internal Injury ☐ Heart or Circulatory Condition ☐ Other
☐ Noise ☐ Explosion	or implosion (pres	sure variati		☐ Radiation ☐ Chemical/S	ubstand	e		☐ Other		
	SOUTH STATE			Factor / Age			the follow	wing	310	
☐ Mobile pla ☐ Vehicle ((☐ Vehicle (F) ☐ Powered ☐ Non-power	equipment, tools a	nd applianc	ces (I	Chemicals Foreign Obj splinters) Outdoor envir Indoor envir Animals Human age	iects (eg vironme ronmen	g.projectors,		☐ Needlestick☐ Fire/explos☐ Electricity☐ Radiation/A☐ Stress/Trau	ion Arc Fl uma	ash Lev Student
100	100 041	W. 15		ctivity - saled	ct one o	f the followin				
☐ Admin Ge ☐ Chemical ☐ Compute ☐ Curriculus ☐ Curriculus ☐ Playgrous ☐ Equipmes	use r work m Prac m Theory nd Duty		☐ Mo ☐ Gro ☐ Pla	st Aid ing/Manual ha vement aroun bunds care y (supervised straining a stu	d the w		0	Sports Travel to/from to Excursions/field Work General Other		
Name of pe	rson completing fo	rm: _ S	9m	Foule	~			Date:2	2-	-3-12
Signature: _	Y	69	_		Job title	PE	TA	each	_	-

RTI application 340/5/3026 - Varsity College - Document 56 of 269
G:\Coredata\Office\School Management\Health & Safety\HEALTH&SAFETY INCIDENT FORM 20.07.2011.doc

cident	
Incident Record	
Required Fields	
Incident ID (generated on save)	Entered By
INC-18446	Meatchem, Francesca Lucinda, s 47(3)(Female, Teacher Aide, Varsity College
Incident Status Submitted **	
Reporting Details	
Reported Date	Reported Time (24 hour HH:MM)
16/03/12	01:20
Reported by Staff	Reported by Student
Fowler, Samuel Keith, s 47(3)(Male, Tch-General, Varsity College	
Reported by Other Person	Type of Other Person
	M
Other Person Address 1	
Other Person Address 2	
Other Person Suburb Othe	er Person State (eg. QLD) Other Person Pos
Other Review Physics Number	Other Proper Facilities
Other Person Phone Number	Other Person Employer
Reported To	
Incident Details	
* Incident Date 16/03/12	Incident Time (24 hour HH:MM) 01:20
* Incident Date 16/03/12	01:20
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select t	01:20 his location as the Departmental Incident Location.
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select t	01:20 his location as the Departmental Incident Location.
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select t If the Incident occurred at a Non-Departmental location select	01:20 his location as the Departmental Incident Location.
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select t	01:20
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select t If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location	01:20 his location as the Departmental Incident Location.
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location or Base Location * Departmental Incident Location * Actual Incident Address 1	01:20 his location as the Departmental Incident Location.
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental Incident Location or Base Location Non-Departmental Incident Location	01:20 his location as the Departmental Incident Location.
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location or Base Location * Departmental Incident Location * Actual Incident Address 1	01:20 his location as the Departmental Incident Location.
Incident Date 16/03/12 If the Incident occurred at a Departmental location, select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location select to the Incident Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive	his location as the Departmental Incident Location. ect your Base Location and complete the Non-Departmental Inciden
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location select to the Incident Incident Location or Base Location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb	his location as the Departmental Incident Location. ect your Base Location and complete the Non-Departmental Incident Incident Location and Locatio
Incident Date 16/03/12 If the Incident occurred at a Departmental location, select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location select to the Incident Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb Varsity Lakes * Summary of Incident	his location as the Departmental Incident Location. ect your Base Location and complete the Non-Departmental Incident Incident Location and Locatio
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location select to the Incident Incident Location or Base Location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb Varsity Lakes * Summary of Incident Students collided	his location as the Departmental Incident Location. ect your Base Location and complete the Non-Departmental Incident Incident Location and Locatio
Incident Date 16/03/12 If the Incident occurred at a Departmental location, select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location select to the Incident Incident Location or Base Location * Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State Suburb * State Suburb * State Suburb	his location as the Departmental Incident Location. ect your Base Location and complete the Non-Departmental Incident attention attention and complete the Non-Departmental Incident attention attention and complete the Non-Departmental Incident attention a
* Incident Date 16/03/12 If the Incident occurred at a Departmental location, select to the Incident occurred at a Non-Departmental location select to the Incident occurred at a Non-Departmental location select to the Incident Incident Location or Base Location * Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * Standard Varsity Lakes * Summary of Incident Students collided Detailed Description of Incident	his location as the Departmental Incident Location. ect your Base Location and complete the Non-Departmental Incident attention attention and complete the Non-Departmental Incident attention attention and complete the Non-Departmental Incident attention a

Date Hazard Reported				
No Records	Hazard ID No Records	Hazard Location No Records	Hazard Category No Records	Hazard Description No Records
* Supervising Officer Gardner, Cheryll Elizabeth, s 47 OneSchool Role, Varsity College	7(3)(Female, Bus Serv M			r help selecting Supervising Offic
Elected Workplace Health an Hodges, Craig Wayne, s 47(3)(ege	
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 Inciden ✓ Injury Illness ✓ Security Threat ✓ Motor Vehicle ✓ Electrical ✓ Fire ✓ Environmental ✓ Property/Plant/Equi ✓ Near Miss			Click here fo	r help selecting Incident Types
Was this a Dangerous Incide	ent as defined under Le	egislation?	Click here fo	r definition of Dangerous Incider
SAVE THIS PAGE AND PROGE	RESS TO THE NEXT TA	B/S TO COMPLETE THE	DETAILS FOR ALL INC	IDENT TYPES SELECTED.
Injury/Illness		Company of the Compan		Student Name
Injury/Illness Injury/Illness ID INJ-17127 Studen	nts going for a soccer ball, collided	Description with each other. Both students be	nged their ankles,	s.47(3)(b) - Contrary to Public In:
Injury/Illness ID		A SEASON OF THE	nged their ankles,	s.47(3)(b) - Contrary to Public Int
Injury/Illness ID IN3-17127 Studen Submit Incident Record for Review	nts going for a soccer ball, coffided	with each other. Both students ba	nged their ankies.	s.47(3)(b) - Contrary to Public In
Injury/Illness ID INJ-17127 Studen	nts going for a soccer ball, collided	with each other. Both students ba	nged their ankies,	s.47(3)(b) - Contrary to Public Int
Injury/Illness ID INJ-17127 Studen Submit Incident Record for Review To submit this Incident Record, p	nts going for a soccer ball, collided	with each other. Both students ba	nged their ankies,	s.47(3)(b) - Contrary to Public Int
Injury/Illness ID INJ-17127 Studen Submit Incident Record for Review To submit this Incident Record, I * Submit Incident Record for C YES NO Incident Review	nts going for a soccer ball, collided	with each other. Both students ba	nged their ankies.	s.47(3)(b) - Contrary to Public In
Injury/Illness ID INJ-17127 Studen Submit Incident Record for Review To submit this Incident Record, p * Submit Incident Record for C Yes No Incident Review Review Incident Classification Incident Classification (gene	nts going for a soccer ball, collided please tick the box below r review?	with each other. Both students ba	nged their ankies,	s.47(3)(b) - Contrary to Public Int
Injury/Illness ID INJ-17127 Studen Submit Incident Record for Review To submit this Incident Record, p * Submit Incident Record for Review To Submit Incident Record for Review	please tick the box below r review?	with each other. Both students ba		

Case Notes

Case Notes

Date of Note No Records

	ns				
Immediate actions	reviewed?				
Yesr No					
* Have any further a	ctions been undertak	an2			
Yeso No	ctions been undertak	EIII			
Details of Further Ac	tions				
Further Actions Unde	ertaken By				
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records
Review Acknowledgemen	t and Notifications				
escalate the Inciden INCIDENT RECORD I Escalate to Human R	t Record to Human Report Reviewed?	F.			
Escalate the Incident INCIDENT RECORD INCIDENT RECORD IN Escalate to Human Record you have review to the Incident Properties of the Incident Incide	t Record to Human Report Resources? wed and saved the In and Safety Queenslate pated?	cident, details of noti	fiable Incidents will a	automatically be forw	varded to:
Escalate the Incident INCIDENT RECORD IN Escalate to Human Record Ince you have review the Incident Record Incident Safety Of Incident Select these Incident select the Incident select s	t Record to Human Report Resources? wed and saved the International and Safety Queenslatiffice pated? will be automatically a employees here.	cident, details of noti	fiable Incidents will a	automatically be forw	varded to:
Escalate the Incident (INCIDENT RECORD) Escalate to Human Record of the Incident Record of the Incident Record of the Incident Record of the Incident Select Incident Select these Incident select these Incident select these	t Record to Human Report Resources? wed and saved the International and Safety Queenslatiffice pated? will be automatically a employees here.	cident, details of noti	fiable Incidents will a	automatically be forw	varded to:
Escalate the Incident INCIDENT RECORD IN Escalate to Human Record Ince you have review the Incident Safety Of Incident Select these Additional People to	t Record to Human Report Resources? wed and saved the International Safety Queenslatiffice pated? will be automatically employees here.	cident, details of noting	fiable Incidents will a	utomatically be forw	rarded to: n the Department (
Escalate the Incident INCIDENT RECORD INCIDENT RECORD IN Escalate to Human Record you have review to the Incident Safety Of the Incident Select Incident Select these Additional People to Surname	t Record to Human Report Resources? wed and saved the Interport Resources and Safety Queenslates and Safety Queen	cident, details of notified about the Inc	fiable Incidents will a cident. If there are of	utomatically be forw ther employees within	n the Department (
Escalate the Incident INCIDENT RECORD INCIDENT RECORD IN Escalate to Human Record Incident Surface Health Incident Safety Of Incident Select these Additional People to Surface No Records	t Record to Human Report Resources? wed and saved the Interport Resources and Safety Queenslates and Safety Queen	cident, details of notified about the Inc	fiable Incidents will a cident. If there are of	utomatically be forw ther employees within	n the Department (

Person Making Note No Records

Who was Spoken To

Incident Incident Record	
*Required Fields	
Incident ID (generated on save)	Entered By
INC-13616	Firth, Wendy Christine, s 47(3) Female, OneSch Aide, Varsity College
Incident Status	
Submitted [™]	
Reporting Details	
* Reported Date	Reported Time (24 hour HH:MM)
01/05/12	13:45
Reported by Staff	Reported by Student
Sutherland, Haydn, s 47(3)(Male, OneSchool Role, Tch-General, Varsity College	
Reported by Other Person	Type of Other Person ☑
Other Person Address 1	
Other Person Address 2	
Other Person Suburb Other Person State	te (eg. QLD) Other Person Po
Other Person Phone Number	Other Person Employer
Reported To	
incident Details	
* Incident Date	Incident Time (24 hour HH:MM)
01/05/12	13:45
If the Incident occurred at a Departmental location, select this location a If the Incident occurred at a Non-Departmental location select your Base * Departmental Incident Location or Base Location Varsity College	
If the Incident occurred at a Non-Departmental location select your Base * Departmental Incident Location or Base Location	
If the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College	
If the Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1	
The Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 Suburb * State (eg. QLD)	Location and complete the Non-Departmental Incider
The Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 Suburb * State (eg. QLD) Varsity Lakes	Location and complete the Non-Departmental Incider
The Incident occurred at a Non-Departmental location select your Base Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 Suburb * State (eg. QLD)	Location and complete the Non-Departmental Incider
# Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * State (eg. QLD) Qld	Location and complete the Non-Departmental Incider
# Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * State (eg. QLD) Varsity Lakes * Summary of Incident Tackled by another student	Location and complete the Non-Departmental Incider

Related Hazards	
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
* Supervising Officer Sutherland, Haydn, s.47(3)(Male, OneSchool Role, Tch-General, Varsity College	Click here for help selecting Supervising Offi
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity	y College
Evacuation Details	
Did an evacuation occur?	
Did a lockdown occur?	
Yes No	
ocations Involved	
Location Varsity Collège	
ncident Types	
Felect one or more Incident Types Finjury Illness Find Security Threat Fire Fire Fire Fire Fire Fire Fire Fire	Click here for help selecting Incident Types
Nas this a Dangerous Incident as defined under Legislation? Yes® No	Click here for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE	THE DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Illiness	
njury/Illness	
Injury/Illiness ID Description INJ-12456 Hit back of head on concrebe	s.47(3)(b) - Contrary to Public Interest
Submit Incident Record for Review	
o submit this Incident Record, please tick the box below and click Save	
Submit Incident Record for review? Yes No	
Incident Review	
leview Incident Classification	
ncident Classification (generated on save)	

		t Classifications and WHSQ no			
Review and Provid	de Actions				
* Immediate a	ctions reviewed?				
* Have any fur • Yes No	ther actions been unde	rtaken?			
Details of Furtl	her Actions				
		imilar behaviour and prevent whe	re possible		
Further Actions	s Undertaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowled	dgement and Notifications				
escalate the In INCIDENT REC Escalate to Hui	ocident Record to Huma CORD DETAILS REVIEW man Resources?	ED?□			
	lealth and Safety Quee	e Incident, details of notifiab nsland; or	e Incidents will	automatically be forwa	arded to:
Is legal action • Yes• No	anticipated?				
An Officer in Cl Incident select	harge will be automatic these employees here	cally notified about the Incide	nt. If there are o	other employees within	the Department that
Additional Peop	ple to Notify Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records
Assign Investigator					
)	and Safety Investigators			
Reasons for No	ot Investigating				
File Attachments					
File Attachmen	Attached File No Records	File Type No Records		Date Loaded No Recards	File Ug
Actions					
Actions	Due Date No Records	Action ID No Records		Action Title	
Case Notes					
Case Notes					
	Date of Note	Person Making Note		Who was Spoken To	

INC-16357

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM-

This form should be used in accordance with DET Policy: HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The

* Denotes Mandatory Fields that	must be completed			nal as	oleted mitially
REPORTING DETAILS	COME SAN		No. Hills	nor com	ole ra Inffally
Date Reported:	Re	ported Time (24Ho	our HH:mm):		THE PARTY OF
Reported by: - (NOTE at)					2010
	/		ther person		25/8 JM
s.47(3)(b) - Contra		ntrar AICLLO	EQ ID (if known)	i;	Type of other Person
101111		1,0=1			☐ Client ☐ Contractor
JOHN	Address:				☐ Parent☐ Visitor
	Suburb:		Po	ostcode:	☐ Volunteer ☐ Other
	Phone: (M)	(W)	(H)		
	Other person E	mployer:			
Reported to:					
who was the first person infor	med of the incident, if kr	nown?)			
NCIDENT DETAILS				A THE PARTY	
Date of Incident: 31	5 12 *T	ime incident Occu	rred: (24 hour h	nh:mm) 14.35	
Location of Incident: W			,		
Departmental Location/Base L	ocation		Name of Facility		
	ALL		HP	, E	
Actual Incident Address: (Stre				N	
VARSITY COLLECT	ie mione	E HECH SE	NOK (AMIPOS.	
Summary/Description o	f Incident:				
Immediate Action Taker		l to the		Doctor/Out Patients	ing dodge ball
(Returned to work/class)	(on site by staff)	LI Ambulance al		edical treatment)	LI HOSPITATISATION
Who provided First Aid?	(name)			JOHN	AIELLO.
f First Aid – what first aid	d was provided?	ICE TO	FORE HEAD	(OLY WAS	WR TO FACE.
Was a hazard identified a (⇒New hazards can be entere				e hazard details below)	EZ No
Supervising Officer:					
H. M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	DET emplovee who is res	sponsible to review the	e details of the inc	ident record eg. Principal.	Deputy Principal, HOD, HOSE
Director, Program Manager or	HR Manager)				
			a by email to revie	w the incident details)	
Elected Workplace Healtl (WHSR if location has one)	n & Safety Represen	tative:			
EVACUATION DETAILS	Section 1	/SI - S			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Did an evacuation occur	? □ Yes to	No Did	a lockdown oc	cur? Yes No	
_ocation/s involved:	2 100 2		a lookaoiiii oo	2,00	
NCIDENT TYPES - See In	structions below. Each	incident type a refer	will bring up an in	savidual sub-form for cor	mpletion.
INSTRUCTIONS: Select one of Property/Plant/Equipment' or defined under legislation' will a	or more Incident Types - 'Fire' or 'Environmental'	however if the incide or 'Electrical' are sele	ent if considered a ected as the incide	'Near Miss' no other selec	ction can be made. If
NOMENT TYPE		3810000	A La Spine	The Paris	octu/Diont/Coulogo-
Injury/Illness Electrical		☐ Motor Vehic	le	Prop Near Propument 64	perty/Plant/Equipment r Miss
☐ Security Threat	application 34	0/5/3026 - Var	sity College	2 - Document 64	of 269

Did this incident occur during a journey to of form work or during an ordinary recess break at work?

Yes
No INJURY/ILLNESS-DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) Student claims to be feeling previously unwell and the blow to the forchand has given him a head-actie. He feels a bit clizzy and eyes are a bit sore. * The injured Person's Details (select one box oply) Student ☐ Staff (✓ please tick) ☐ Other person _ Surname: s.47(3)(b) - Contrary Type of other Person s.47(3)(b) - Contrar ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Suburb: Postcode: □ Volunteer □ Other (NOTE: If more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) Base location of injured staff member or student or other person: DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): □ No ☐ Yes Do you want to lodge a workcover claim for this incident? INJURY/ILLNESS CLASSIFICATION - Select one of the following ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) ☐ Bodily Injury (Class B) □Serious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) ☐ Workcover Journey/Recess Claim (Class C) Minor Injury or Incident (Class C) Bodily Location (main injury) - select M Ache/Pain ☐ Infection/Disease ☐ Face ☐ Hands □ Knees □ Weld Flash Head ☐ Wrists ☐ Foot/Feet ☐ Cut/Laceration ☐ Hearing Loss/Deafness ☐ Eye Disorder □ Eyes ☐ Back ☐ Toes ☐ Amputation ☐ Psychological Stress ☐ Foreign Body ☐ Bite/Sting ☐ Ankles ☐ Allergy ☐ Ears ☐ Mouth □ Head Injury ☐ Internal Injury ☐ Skin ☐ Bruise/Crush ☐ Skin □ Nose ☐ Chest ☐ Tooth/Teeth ☐ Respiratory System ☐ Dislocation Irritation//Dermatitis ☐ Fingers ☐ Heart or □ Neck □ Internal Organs ☐ Sprain/Strain ☐ Heat/Cold Stress Circulatory ☐ Burn/Scald Abdomen/Stomach ☐ Spine ☐ Poisoning ☐ Arms Condition ☐ Psychological ☐ Fracture ☐ Respiratory ☐ Elbows ☐ Hips ☐ Other ☐ Puncture/ Needlestick ☐ Shoulders ☐ Legs Condition ☐ Groin Area □ Other of Injury/lijness - select one of the to ☐ Slip, Trip or Fall □ Repetitive movement ☐ Animal or insect ☐ Contact with, or striking against object ☐ Muscular effort – single event ☐ Biological ☐ Psychological □ Vibration ☐ Electricity ☐ Thermal (heat/cold) □ Vehicle Struck by falling or moving object ☐ Radiation □ Other ☐ Explosion or implosion (pressure variation) ☐ Chemical/Substance Contributing Factor / Agency - select one of the lo ☐ Machinery and fixed plant ☐ Chemicals □ Needlestick ☐ Foreign Objects (eg.projectors, ☐ Fire/explosion ☐ Mobile plant/machinery splinters) ☐ Vehicle (Government) ☐ Electricity ☐ Radiation/Arc Flash ☐ Vehicle (Private) Outdoor environment ☐ Stress/Trauma □ Powered equipment, tools and appliances □ Indoor environment □ Non-powered tools ☐ Animals ☐ Temperature Other DODGE BALL ☐ Non-powered equipment (eq.playground) ☐ Human agencies □ Biological agent Activity - select one of the following ☐ Admin General ☐ First Aid ☐ Chemical use □ Lifting/Manual handling ☐ Travel to/from the workplace ☐ Movement around the worksite □ Excursions/field trips ☐ Computer work Grounds care/ ☐ Curriculum Prac ☐ Work General ☑ Play (supervised/unsupervised) ☐ Curriculum Theory ☐ Other ☐ Restraining a students ☐ Playground Duty ☐ Equipment Usage Name of person completing form: Job title: ____ Signature:

RTI application 340/5/3026 - Varsity College - Document 65 of 269

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Entered By
Meatchem, Francesca Lucinda, s 47(3)(Fe Teacher Aide, Varsity College
, cause they rainly conego
Reported Time (24 hour HH:MM)
14:26
Reported by Student
Reported by Student
Type of Other Person
other Pers
Other Person Employer
Incident Time (24 hour HH:MM)
14:35
as the Departmental Incident Location. e Location and complete the Non-Departmental In
Post Code
Post Code 4226
a

Related Hazards	
Date Hazard Reported Hazard ID Hazard Location	Hazard Category Hazard Description
No Records Na Records Na Records	No Records No Records
Supervising Officer	Click here for help selecting Supervising Office
Aiello, John Angelo <mark>, s.47(3)(</mark> Male, OneSchool Role, Tch-General, Varsity College	
Elected Workplace Health and Safety Representative	
Hodges, Craig Wayne, s.47(3)(t Male, OneSchool Role, Youth Worker, Varsity Collec	ge
vacuation Details	
Did an evacuation occur?	
Yes No	
Did a lockdown occur?	
Yese No	
Locations Involved	
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 Environmental	
Property/Plant/Equipment	
Near Miss	
Nas this a Dangerous Incident as defined under Legislation?	Click here for definition of Dangerous Incide
Yes No	CICK HELE TO DEMINICION OF DANGETOUS INCIDE
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 INJ-19861 Student received a ball to forehead while playing dodgeball.	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 He	ealth and Safety Queensland (WHSQ)?
	ealth and Safety Queensland (WHSC

	1S				
Immediate actions	reviewed?				
Yes No					
Have any further a	tions been undertak	en?			
Yesc No					
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etails of Further Act	10115				
urther Actions Unde	NAME OF TAXABLE PARTY OF TAXABLE PARTY.				
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Entered By
Meatchem, Francesca Lucinda, s 47(3)(Female, Teacher Aide, Varsity College
Reported Time (24 hour HH:MM)
14:47
Reported by Student
Type of Other Person
e (eg. QLD) Other Person Po
Other Person Employer
Incident Time (24 hour HH:MM)
s the Departmental Incident Location. Location and complete the Non-Departmental Inciden
Post Code
4226
ck when it occured, he was carried from the pitch as he was

Related Hazards			
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category No Records	Hazard Description No Records	
* Supervising Officer Szekeres, Susan, s.47(3)(1) Female, Adm Officer, OneSchool Role, Varsity College	Click here for help selecting Supervising Of		
Elected Workplace Health and Safety Representative			
Hodges, Craig Wayne, s.47(3), Male, OneSchool Role, Youth Worker, Varsity Coll	ege		
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 he	elp selecting Incident Types	
✓ Injury Illness	CHER HEIC TOT III	big selecting xilcitions rypes	
□ Security Threat			
Motor Vehicle			
□ Electrical			
□ Fire			
□ Environmental			
□ Property/Plant/Equipment □ Near Miss			
Nedi Miss			
Was this a Dangerous Incident as defined under Legislation? ○ Yes ○ No	Click here for de	efinition of Dangerous Incider	
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE	DETAILS FOR ALL INCID	ENT TYPES SELECTED.	
Injury/Illness			
Injury/Illness			
Injury/Illness ID Description INJ-16358 Student accidentally kicked by another player, felt a crack (knee), carried from pitch, a	mable to put pressure or move his leg.	s.47(3)(b) - Contrary to Pub	
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 F $ ext{Yes} \cap ext{No}$	lealth and Safety Queensla	and (WHSQ)?	

Review and Provide Action	is				
* Immediate actions	reviewed?				
Yes No					
Have any further ac	tions been undertak	en?			
Yes No					
Details of Further Act	ions				
urther Actions Unde	rtaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgement	and Notifications				
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. Workplace Health : . Electrical Safety Of s legal action anticipm Yes No . No Officer in Charge in Charg	wed and saved the In and Safety Queenslan ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Ind Employee IDs No Records	Gender No Records	ther employees within Roles No Records Action Title	n the Department tha Locations No Records

3NC - 16150
3NC - 17436LINE HEALTH AND SAFETY INCIDENT REPORT FORM
This form should be used in accordance with DET Policy:
HLS-PR-005: Health & Safety Incident Recording, Notification and Management

18/6 J.m

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (OLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (OLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record. Denotes Mandatory Fields that must be completed REPORTING DETAILS 15/6/ Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) Q Staff ☐ Other person ✓ please tick) ☐ Student Type of other Person Given Name: EQ ID (if known): STEPHEN ☐ Client ☐ Contractor Address ☐ Parent ☐ Visitor Suburb: Postcode: ☐ Volunteer □ Other Phone: (M) (W) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS Date of Incident: * Time incident Occurred: (24 hour hh:mm) * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility GUC. Actual Incident Address: (Street Address of any non-DET location) 4227 VARSTY COLLEGE, ASSEMBL Summary/Description of Incident: 1 Immediate Action Taken: □ Doctor/Out Patients ☐ Hospitalisation First Aid ☐ Ambulance attended (Returned to work/class) (on site by staff) (medical treatment) Who provided First Aid? (name) If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: Yes (please provide hazard details below) (-New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') Continual review Processis Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** ☐ Yes DVNo Did a lockdown occur? ☐ Yes Did an evacuation occur? Location/s involved: INCIDENT TYPES - See instructions below INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No.

| Motor Vehicle | Property/Plant/Equipment | Security Threat | Property/Plant/Equipment | Property/Pla

Did this incident occur during a journey to of form work or during an ordinary recess break at work?

Yes INJURY/ILLNESS DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) pain in left shoulde. Parents Student * The injured Person's Details (select one box only) Student (please tick) ☐ Staff ☐ Other person s.47(3)(b) - Contrar Type of other Person Surname: Given Name: s.47(3)(b) - Contrary ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Suburb: ☐ Volunteer ☐ Other (NOTE: If more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) Base location of injured staff member or student or other person: VARYTY COLLEGE - Secondary DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): □ No Do you want to lodge a workcover claim for this incident? ☐ Yes INJURY/ILLNESS CLASSIFICATION - Select one of the hallowing ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) ☐ Bodily Injury (Class B) □Serious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) ☐ Workcover Journey/Recess Claim (Class C) ☐ Minor Injury or Incident (Class C) Bodily Location (main injury) - select one ☐ Face ☐ Hands ☐ Knees ☐ Ache/Pain □ Infection/Disease ☐ Weld Flash ☐ Head ☐ Wrists ☐ Foot/Feet ☐ Cut/Laceration ☐ Hearing Loss/Deafness ☐ Eye Disorder ☐ Psychological Stress ☐ Back □ Toes □ Amputation ☐ Foreign Body ☐ Eyes ☐ Bite/Sting ☐ Allergy ☐ Ears ☐ Mouth ☐ Ankles ☐ Head Injury ☐ Chest ☐ Bruise/Crush ☐ Skin ☐ Skin ☐ Internal Injury ☐ Nose ☐ Tooth/Teeth ☐ Fingers ☐ Respiratory System □_rDislocation Irritation//Dermatitis ☐ Heart or Sprain/Strain □ Neck □ Internal Organs ☐ Heat/Cold Stress Circulatory ☐ Burn/Scald Abdomen/Stomach ☐ Spine ☐ Poisoning ☐ Arms Condition ☐ Hips ☐ Psychological ☐ Fracture ☐ Respiratory □ Elbows ☐ Other ☑ Shoulders ☐ Legs Condition ☐ Puncture/ Needlestick ☐ Groin Area ☐ Other of injury/lliness - select one of the following ☐ Repetitive movement ☐ Animal or insect Slip, Trip or Fall ☐ Biological ☐ Contact with, or striking against object ☐ Muscular effort - single event ☐ Psychological ☐ Electricity □ Vibration ☐ Vehicle ☐ Struck by falling or moving object ☐ Thermal (heat/cold) □ Radiation ☐ Other ☐ Chemical/Substance ☐ Explosion or implosion (pressure variation) Contributing Factor / Agency - selections of ☐ Machinery and fixed plant ☐ Chemicals □ Needlestick ☐ Foreign Objects (eg.projectors, ☐ Fire/explosion ☐ Mobile plant/machinery splinters) ☐ Vehicle (Government) ☐ Electricity ☐ Vehicle (Private) ☑ Outdoor environment ☐ Radiation/Arc Flash ☐ Powered equipment, tools and appliances □ Indoor environment ☐ Stress/Trauma ☐ Animals ☐ Temperature □ Non-powered tools □ Non-powered equipment (eq.playground) ☐ Human agencies ☐ Other □ Biological agent Activity - select one of the following ☐ Sports ☐ Admin General ☐ First Aid ☐ Lifting/Manual handling ☐ Travel to/from the workplace ☐ Chemical use ☐ Movement around the worksite ☐ Excursions/field trips ☐ Computer work ☐ Curriculum Prac ☐ @rounds eare ☐ Work General Play (supervised/unsupervised) ☐ Curriculum Theory ☐ Other ☐ Playground Duty ☐ Restraining a students ☐ Equipment Usage Name of person completing form: Job title: Signature:

ALIENITHOCAFETY INCIDENT FOR

Entered By	
Meatchem, Francesco Teacher Aide, Varsity	Lucinda, s 47(3)(Female,
reacher Alacy Valsity	Concego
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Reported by Stude	
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arsity College	<u> </u>	micoly officiality			
lected Workplace	e Health and Safety I	Representativ	re		
			outh Worker, Varsity Col	ege	
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Fire					
Environmen	ntal				
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	AND PROGRESS TO T	HE NEXT TAB	S/S TO COMPLETE TH	DETAILS FOR ALL IN	CIDENT TYPES SELECTED.
AVE THIS PAGE					
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injury/Illness	Student fell off swing lar		escription or. She has bruising and has strain	ed her collarbone.	Student Name S.47(3)(b) - Contrary to Public Inte
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Yes No					
Details of Further Act	tions				
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urther Actions Unde	the first and the second of the last of the second of the	F		P. I.	15.18.5
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INJ-18887

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed REPORTING DETAILS Date Reported: Reported Time (24Hour HH:mm): Reported by: - (NOTE at least one 'reported by' field must be populated) ☐ Staff ☑ Student ☐ Other person √ please tick) Given Name s.47(3)(b) - Contra Surname EQ ID (if known): Type of other Person s.47(3)(b) - Contra ☐ Client ☐ Contractor s.47(3)(b) - Contrary to Public Interest Address: ☐ Parent s.47(3)(b) - Contrary to □ Visitor s.47(3)(b) -Suburb: Postcode: □ Volunteer ☐ Other s.47(3)(b) - Contrary to (H) Phone: (M) (W) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Date of Incident: * Time incident Occurred: (24 hour hh:mm) * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility School Ova College Actual Incident Address: (Street Address of any non-DET location) drive LONKES oursi Summary/Description of Incident: Soccer * Immediate Action Taken: Doctor/Out Patients □ Nil -☐ First Aid ☐ Ambulance attended ☐ Hospitalisation (Returned to work/class) (on site by staff) (medical treatment) Who provided First Aid? (name) If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (⇒New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: G-asdnes (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (⇒In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** Did an evacuation occur? ☐ Yes Did a lockdown occur?

Yes Location/s involved: INCIDENT TYPES - Sen instructions b INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. Motor Vehicle Injury/Illness M Property/Plant/Equipment \Box **Flectrical** Electrical
Security Thre RTI application 340/5/3026 on Marsity College - Document 77 of

Did this incident	occur during a jour	ney to of t	form work or du	uring an ordinary re	cess break at work?	☐ Yes ☐ No
INJURY/ILLNES	S-DETAILS - who wa	s injured?		61	ACED INCOME	
* Provide a detail Sprained to	led description of the oes after of doctor	e injury o	rillness (i.e. Fra	on the s	school oval	
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(✓ please tick)	□ Staff	,		Other person		
0.47(2)/	b) - Contra					
Surname.	- Contrary to Public Inte	rest	Given Nan	s.47(3)(b) - C		Type of other Person Client Contractor Parent Visitor
Suburb: s.47(3)(t	o) - Contrary			Postco	ode: s.47(3)(b) - Cor	□ Volunteer
(NOTE: If more that	n one person was injured	d/ill in the sa	ame incident, pleas	se complete an addition	al injury/illness details page	Other e for each person involved.)
DET Staff role at	time of injury/illnes odge a workcover c	s (i.e. Teadaim for th	cher, admin offic	er etc):		
	njury – Fatality (Cla Injury – Non Fatality (iss A)	☐ Work Cause	ed Injury (Class A) cal Illness (Class P)	☐ Bodily Injury (Class	Recess Claim (Class C)
	y Location (main inju				f fojury/limest (main in	
☐ Face ☐ Head ☐ Eyes ☐ Ears ☐ Nose ☐ Tooth/Teeth ☐ Neck ☐ Arms ☐ Elbows ☐ Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area	☐ Intern☐ Spine☐ Psych	ratory System al Organs	☐ Ache/Pain ☐ Cut/Laceration ☐ Amputation ☐ Bite/Sting ☐ Bruise/Crush ☐ Dislocation ☑ Sprain/Strain ☐ Burn/Scald ☐ Fracture	☐ Infection/Disease ☐ Hearing Loss/Deafn ☐ Psychological Stres ☐ Allergy ☐ Skin Irritation//Dermatitis ☐ Heat/Cold Stress ☐ Poisoning ☐ Respiratory ☐ Puncture/ Needlesti	□ Weld Flash □ Eye Disorder □ Foreign Body □ Head Injury □ Internal Injury □ Heart or Circulatory Condition □ Other
	THE PROPERTY TOWN	- Davids	of later dignam	e volact one of the	Infloritsia	20.500
 □ Vibration □ Struck by fallin □ Noise 	ull or striking against obje g or moving object nplosion (pressure va	ct	☐ Repetitive r	ffort - single event eat/cold)	☐ Animal or i☐ Biological☐ Psycholog	
(Street, Line)		Contribut	ing Factor / Age	ency - select one of	the following	
☐ Non-powered	I fixed plant achinery rnment) e) pment, tools and appli	ances	☐ Chemicals	jects (eg.projectors, vironment ronment encies	☐ Needlestid ☐ Fire/explos ☐ Electricity ☐ Radiation/ ☐ Stress/Tra ☐ Temperatu ☐ Other	sion Arc Flash uma ure
100	74	100		or one of the followin	g' AND	
□ Admin Genera □ Chemical use □ Computer worl □ Curriculum Pra □ Curriculum That □ Playground Du □ Equipment Us	k ac eory uty age		First Aid Lifting/Manual ha Movement arour Grounds care Play (supervised Restraining a sto	andling nd the worksite d/unsupervised) udents	Sports Travel to/from Excursions/fiel Work General Other	d trips
Name of pers.47		3)(b) - Contr	ary to Public Intere		Date: 10	

RTI application 340/5/3026 - Varsity College - Document 78 of 269
G:\Coredata\Office\School Management\Health & Safety\HEALTH&SAFETY INCIDENT FORM 20.07.2011.doc

Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-18188		Meatchem, Francesca	Lucinda, s 47(3)(Female, (
		Teacher Aide, Varsity (
Incident Status			
Submitted *			
Reporting Details			
		2000	
* Reported Date 19/06/12	1	Reported Time (24 h 13:43	our HH:MM)
Reported by Staff		s.47(3)(b) - Contrary	to Public Interest
		0.17 (0)(b) Contrary	
Reported by Other Person		Type of Other Person	1
		8	
Other Person Address 1			
Other Person Address 2			
Other Person Address 2			
149.25 (3.27.3)	12.14	2124	- 40 to 5 to 50
Other Person Suburb	Other Person State (eg	J. QLD)	Other Person Pos
Other Person Phone Number	-	Other Person Employ	/er
Reported To			
Incident Details			
		T-11-17-17-17-17-17-1	- mina
* Incident Date		Incident Time (24 ho	our HH:MM)
		Incident Time (24 ho	our HH:MM)
* Incident Date		The state of the s	our HH:MM)
* Incident Date	ration, select this location as the	02:30	
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc		02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12		02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc		02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca	al location select your Base Loca	02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental	al location select your Base Loca	02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca Varsity College	al location select your Base Loca	02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca	al location select your Base Loca	02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca Varsity College Non-Departmental Incident Location	al location select your Base Loca	02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca Varsity College Non-Departmental Incident Location * Actual Incident Address 1	al location select your Base Loca	02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School	al location select your Base Loca	02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2	al location select your Base Loca	02:30 Departmental Incident Le	ocation.
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School	al location select your Base Loca	02:30 Departmental Incident Le	ocation.
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* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive	al location select your Base Loca	02:30 Departmental Incident Le	ocation. n-Departmental Incident
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* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb Varsity lakes * Summary of Incident Possible sprained toes Detailed Description of Incident	* State (eg. QLD)	02:30 Departmental Incident Le	Post Code
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Loca Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb Varsity lakes * Summary of Incident Possible sprained toes	* State (eg. QLD)	02:30 Departmental Incident Le	ocation. n-Departmental Incident
* Incident Date 19/06/12 If the Incident occurred at a Departmental loc If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Local Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb Varsity lakes * Summary of Incident Possible sprained toes Detailed Description of Incident	* State (eg. QLD)	02:30 Departmental Incident Le	ocation. n-Departmental Incident

Related Hazards				
Date Hazard Reported No Records	Hazard ID No Records	Hazard Location No Records	Hazard Category No Records	Hazard Description No Records
Supervising Officer Gardner, Cheryll Elizabeth, s.47(3) OneSchool Role, Varsity College	Female, Bus Serv N	Manager,	Click here fo	or help selecting Supervising Office
Elected Workplace Health and S Hodges, Craig Wayne, s 47(3)(llege	
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 fo	or help selecting Incident Types
▼ Injury Illness				
Security Threat				
□ Electrical				
Fire				
r Environmental				
□ Property/Plant/Equip	ment			
□ Near Miss				
Was this a Dangerous Incident	as defined under L	egislation?	Click here fo	or definition of Dangerous Incide
Yes No				
SAVE THIS PAGE AND PROGRE	SS TO THE NEXT TA	AB/S TO COMPLETE TH	E DETAILS FOR ALL INC	CIDENT TYPES SELECTED.
injury/Illness				
Injury/Illness				
Injury/Illness ID INJ-16887 Students f	Descrip foot got kicked upwards while	otion playing soccer and toes got injure	s.47(3)(b	b) - Contrary to Public Interest
Submit Incident Record for Review				
To submit this Incident Record, ple	ase tick the box below	w and click Save		
Submit Incident Record for re	eview?			
· Yes · No				
Incident Review				
Review Incident Classification				
Incident Classification (genera	ted on save)			
C - Investigation is Optional *				
If this is a Psychological Illness	s, is the Incident no	otifiable to Workplace	Health and Safety Quee	nsland (WHSQ)?
∩ Yes∩ No				
	ncident Classification	ons and WHSO notific	ation requirements	

Date of Note

No Records

Review and Provide Actions * Immediate actions reviewed? r Yesr No * Have any further actions been undertaken? r Yesr No **Details of Further Actions Further Actions Undertaken By** Given Names Employee IDs Gender Locations 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 adviescalate 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? r Yesr 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 Employee IDs No Records No Records Actions Due Date No Records No Records No Records Case Notes Case Notes

Person Making Note

No Records

Who was Spoken To

No Records

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Including the Government Superannuation Office, Australian Tax Office, Workplace He Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be

stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed REPORTING DETAILS 14:30 hrs Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) Staff (✓ please tick) □ Student ☐ Other person Surname: EQ ID (if known s.47(3)(b) - Contrary to Type of other Person ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Suburb: Postcode: □ Volunteer □ Other Phone: (M) (W) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Time incident Occurred: (24 hour hh:mm) 1430 hrs * Date of Incident: 22 * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility Summary/Description of Incident: Injured tinger playing * Immediate Action Taken: Doctor/Out Patients ☐ Ambulance attended ☐ Hospitalisation П Nil -☐ First Aid (Returned to work/class) (medical treatment) (on site by staff) Who provided First Aid? (name) If First Aid - what first aid was provided? ☑ Yes (please provide hazard details below) □ No Was a hazard identified as a result of the incident: (New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: BUENTAN (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** Did a lockdown occur? ☐ Yes Did an evacuation occur? Location/s involved: INCIDENT TYPES - See Instruction ged will bring up an individual "sub-form" for oderple INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. Motor Vehicle Property/Plant/Equipment ₽/ Injury/Illness Electrical Security Threa TI application 340/5/30/26 Ton Varsity College - Document 82 of 269

A COLUMN TO THE PARTY OF T			form work or d	uring an ordinary re	ecess break at work?	□ Yes □ No
INJURY/ILLNES	S-DETAILS - Who WE	s injured?		No. of the second		CONTRACTOR OF THE PARTY OF THE
Ball ben	the Swelling f	CkWar	do.			gament dama
	erson's Details (select	one box	oply)	Other person		, , , , , , , , , , , , , , , , , , ,
Surname: s.47(3)(b) - Contrary to Public In	ere	Given Nar	me: s.47(3)(b) - Contrar	y t	Type of other Person ☐ Client ☐ Contractor
Suburb:				Posto	ode:	☐ Parent ☐ Visitor ☐ Volunteer ☐ Other
Base location of DET Staff role a	f injured staff membe t time of injury/illnes	er or stude s (i.e. Tea	ent or other per cher, admin office	rson:VARS	NA COULEGE	ge for each person involved.
Jo you want to	lodge a workcover cl		And the second		No	
	y Injury – Fatality (Cla Injury – Non Fatality (ss A)	☐ Work Caus	ed Injury (Class A) cal Illness (Class P)	☐ Bodily Injury (Class	//Recess Claim (Class C)
Bodil	ly Location (main inju	ry) - selec	1 one	Nature o	of Injury/Illness (main)	njiniv) – selections
☐ Face ☐ Head ☐ Eyes ☐ Ears ☐ Nose ☐ Tooth/Teeth ☐ Neck ☐ Arms ☐ Elbows ☐ Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Criest ☑ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area		ratory System al Organs nological	☐ Ache/Pain ☐ Cut/Laceration ☐ Amputation ☐ Bire/Sting ☐ Bruise/Crush ☐ Dislocation ☐ Sprain/Strain ☐ Burn/Scald ☐ Fracture	☐ Infection/Disease ☐ Hearing Loss/Deaf ☐ Psychological Stre ☐ Allergy ☐ Skin ☐ Irritation//Dermatitis ☐ Heat/Cold Stress ☐ Poisoning ☐ Respiratory ☐ Puncture/ Needles	SS
☐ Vibration	all or striking against obje ng or moving object mplosion (pressure var	ct	☐ Repetitive	ffort - single event eat/cold)	Animal or Biological Psychological Vehicle	gical
☐ Non-powered	d fixed plant nachinery rrnment) te) pment, tools and applia	ances	☐ Chemicals	ojects (eg.projectors, ovironment ironment encies	☐ Needlesti	sion /Arc Flash auma ure
☐ Admiri Genera ☐ Chemical use ☐ Computer wor ☐ Curriculum Pra ☐ Curriculum Th ☐ Playground Do ☐ Equipment Us	k ac eory uty	000	First Aid Lifting/Manual h Movement arou Grounds care	nd the worksite d/unsupervised)	☐ Sports ☐ Travel to/from ☐ Excursions/fie ☐ Work General ☐ Other	ld trips
	completing forms	USan	Szel	eves =	cilities M	9/1/12
Signature:	S) how	Mes		Job title:	UITTIES M	unage

47700 AMO 53			
Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-18183		Meatchem, Francesca Lu	cinda, s 47(3)(Female,
		Teacher Aide, Varsity Co	llege
Incident Status			
Signed Off and Closed 💆			
Reporting Details			
2000/1200			Market.
* Reported Date 22/06/12		Reported Time (24 ho 13:04	ur HH:MM)
22/00/12			
Reported by Staff	-	Reported by Student	
Szekeres, Susan, s 47(3)(Female, Adm Officer, OneSchool Role, Varsity College			
Reported by Other Person	2	Type of Other Person	
		€	
Other Person Address 1			
Other Person Address 2			
Other Person Suburb Other P	erson State (eg. Qi	D)	Other Person Po
other Person Stability	erson state (eg. Qi		Other Person Po
Other Person Phone Number		Other Derson Employe	
other Person Phone Number		Other Person Employe	
Donated To			
Reported To			
Incident Details			
* Incident Date		Incident Time (24 hou	r HH:MM)
AID-DELIA UGLE	-	ancident time (a time	
22/06/12 If the Incident occurred at a Departmental location, select this			
22/06/12 If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location Varsity College			
22/06/12 If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location Varsity College			
22/06/12 If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location			
22/06/12 If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location			
22/06/12 If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2			
If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive			
22/06/12 If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State			Departmental Incider
If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive	your Base Location		Departmental Incider
22/06/12 If the Incident occurred at a Departmental location, select this if the Incident occurred at a Non-Departmental location select Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive Suburb Varsity Lakes Summary of Incident	your Base Location		Post Code
22/06/12 If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb Varsity Lakes * Summary of Incident Injured finger	your Base Location		Departmental Incider
If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive Suburb Suburb State QLD Summary of Incident Injured finger Detailed Description of Incident	your Base Location		Departmental Incider
If the Incident occurred at a Departmental location, select this If the Incident occurred at a Non-Departmental location select Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State	your Base Location		Departmental Incider

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
Gardner, Cheryll Elizabeth, s 47(3)(Female, Bus Serv Manager, OneSchool Role, Varsity College	
Elected Workplace Health and Safety Representative Hodges, Craig Wayne s.47(3)(t Male, OneSchool Role, Youth Worker, Varsity Co	pllege
Evacuation Details	
Did an evacuation occur?	
Did a lockdown occur?	
Yes No	
Locations Involved	
No Records	
Incident Types	
* Select one or more 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? □ Yes □ No SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE Injury/Illness	Click here for help selecting Incident Types Click here for definition of Dangerous Incident HE DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Illness	
Injury/Illness ID Description	s.47(3)(b) - Contrary to Public Interest
INJ-16878 Student injured finger by it getting bent backwards playing ball.	s.47(3)(b) - Contrary to Fublic Interest
Submit Incident Record for Review	
2 ****** **** **** *** *******	
To submit this Incident Record, please tick the box below and click Save	
To submit this Incident Record, please tick the box below and click Save * Submit Incident Record for review? * Yes No	
To submit this Incident Record, please tick the box below and click Save * Submit Incident Record for review? * Yes No	
To submit this Incident Record, please tick the box below and click Save * Submit Incident Record for review?	

Review and Provide Actions * Immediate actions r					
* Immediate actions r					
	eviewed?				
* Have any further act	ions been undertak	en?			
Details of Further Acti	ons				
Further Actions Under					
Surname Na Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgement	and Notifications				
If you are the reviewe escalate the Incident I INCIDENT RECORD DE	Record to Human Re		ated in this Incide	nt, you must consult y	our supervisor for adv
Escalate to Human Re	sources?				
Once you have review	ed and saved the In	cident, details of notifial	ole Incidents will a	utomatically be forwa	arded to:
Workplace Health a Electrical Safety Off		nd; or			
Is legal action anticipa	ited?				
An Officer in Charge w Incident select these o		notified about the Incid	ent. If there are of	ther employees within	the Department that
Additional People to N					
Surname No Records	Given Names Na Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Assign Investigator					
* Investigation require	ed?				
Click here for a list of	trained Health and S	Safety Investigators			
Person Responsible fo	r Investigation				
Reasons for Not Inves	tigating				
Investigation not require	-7				
File Attachments					
		File Type No Records		Date Loaded No Records	
File Attachment Attached F					
File Attachment Attached F					
File Attachment Attached F No Recon	ds	No Records		No Records	
File Attachment Attached F No Recon	<i>ds</i>				
File Attachment Attached F No Recon Actions Actions	<i>ds</i>	No Records Action ID		No Records Action Title	
File Attachment Attached F No Recon Actions Due t No Rec	Date Coords	No Records Action ID		No Records Action Title	File Up

Incident Record			
*Required Fields			
Incident ID (generated on save) INC-18470		Firth, Wendy Christine, Aide, Varsity College	s 47(3)(Female, OneSch
Incident Status Submitted ≅			
Reporting Details			
* Reported Date 16/07/12		Reported Time (24 h	our HH:MM)
Reported by Staff Bartlett, Sharma Jade, s.47(3)(t Female, OneSchool Role, To Hith&PhysEdn, Varsity College	h-	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 Pos
Other Person Phone Number		Other Person Employ	er
Reported To			
Incident Details			
* Incident Date		Incident Time (24 ho	ur HH:MM)
13/07/12			
If the Incident occurred at a Departmental location, so If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location			
13/07/12 If the Incident occurred at a Departmental location, so If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location			
If the Incident occurred at a Departmental location, so If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College			
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Related Hazards	
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
* Supervising Officer Bartlett, Sharma Jade, s.47(3)(! Female, OneSchool Role, Tch-Hlth&PhysEdn, Varsity College	Click here for help selecting Supervising Off
Elected Workplace Health and Safety Representative	
Evacuation Details	
Did an evacuation occur?	
Did a lockdown occur?	
Yes ← No	
Locations Involved	
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?	Click here for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLE	TE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Uliness	
Injury/Illness	
Injury/Illness ID Description INJ-17148 Swollen right 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	

Click here for Information on Incident Classifications and WHSQ notification requirements

Review and Provide Actions

* Immediate actions reviewed?

c Yesc No

* Have any further actions been undertaken?

c Yesc 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 adviescalate 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?

r Yesr 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 10s	Gender	Roles	Locations
No Records		No Records	No Records	No Records	No Records	No Records
Actions-						
Actions						
	No Records		Action ID No Records		Action Title No Records	
Case Notes						
Case Notes						
	Date of Note		Person Making Note		Who was Spoken To	
	No Records		No Records		No Records	

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland. Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

* Denotes Mandatory Fields that must be completed * Date Reported: 27 3 12. Reported Time (24Hour HH:mm): 10 · 10 0 mm * Reported by: - (NOTE at least one 'reported by' field must be populated) ☑ Student □ Staff □ Other person √ please tick) Given Name s.47(3)(b) - Co EQ ID (if known): s.47(3)(b) - Contrar Surname: Type of other Person s.47(3)(b) ☐ Client Contractor s.47(3)(b) - Contrary to Public Interest Address: ☐ Parent s.47(3)(b) -Visitor s.47(3)(b) - Contrary to Postcode Suburb: □ Volunteer ☐ Other s.47(3)(b) - Contrary to P Phone: (M) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) * Date of Incident: 27 3 12. * Time incident Occurred: (24 hour hh:mm) 10,10 am * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility SPOVES Actual Incident Address: (Street Address of any non-DET location) MISSIMBIU * Summary/Description of Incident: hu student * Immediate Action Taken: First Aid □ Ambulance attended □ Doctor/Out Patients □ Nil -☐ Hospitalisation (Returned to work/class) (on site by staff) (medical treatment) middle Admin Stat-Who provided First Aid? (name) If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (⇒New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (⇒In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: Hoda (WHSR if location has one) ☐ Yes Did a lockdown occur? ☐ Yes Did an evacuation occur? Location/s involved: INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. Property/Plant/Equipment M Injury/Illness Motor Vehicle Fire Near Miss Physical College - Document 90 of 269

Electrical

Security Threat application 340/5/3

Did this incider	nt occur during a jou	rney to of	form work or c	during	an ordinary r	ecess br	eak at work?	□Yes	No No
(MSDMENT PRE	DOTATE I - WICK								
* Provide a deta	ailed description of t	ne injury o	or illness (i.e. Fr	acture	d right ankle follo	wing fall o	n school oval)		
Bruised i	night should	vr.							
	erson's Details (selec	1	11.7		gara.				
(✓ please tick)	□ Staff	12 €	Student E	Othe	er person			-	
	7(3)(b) - Contrary to Publ	c Interest	Given Na	me:	s.47(3)(b) - Cor				e of other Person Client Contractor
Suburb:					Posto	ode: s.47	7(3)(b) - C	8	Parent Visitor Volunteer
(NOTE: If more una	an one person was injure	anıı ın ıne sı	ame incident, plea	se cor	nplete an addition	nal injurv/ii - Contrary	liness details page		Other ach person involved.)
DET Staff role a	of injured staff memb at time of injury/illnes lodge a workcover c	s (i.e. Tea	cher, admin offi	cer et	- Fanci	ner.	- mac	12	
	y Injury – Fatality (Cla Injury – Non Fatality (☐ Work Caus ☐ Psychologi		ury (Class A) ness (Class P)	□,Worl	ily Injury (Class kcover Journey/ or Injury or Incid	Rece	ss Claim (Class C) Class C)
☐ Face ☐ Head ☐ Eyes ☐ Ears ☐ Nose ☐ Tooth/Teeth ☐ Neck ☐ Arms ☐/Elbows ☐ Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area		ratory System al Organs nological		Ache/Pain Cut/Laceration Amputation Bite/Sting Bruise/Crush Dislocation Sprain/Strain Burn/Scald Fracture	☐ Heal ☐ Psyc ☐ Aller ☐ Skin Irritatio ☐ Heal ☐ Pois ☐ Resp	n//Dermatitis t/Cold Stress oning	S	☐ Weld Flash ☐ Eye Disorder ☐ Foreign Body ☐ Head Injury ☐ Internal Injury ☐ Heart or Circulatory Condition ☐ Other
 □ Vibration □ Struck by fallin □ Noise 	all or striking against obje ng or moving object mplosion (pressure val		☐ Repetitive of Muscular e ☐ Electricity ☐ Thermal (h ☐ Radiation ☐ Chemical/S	eat/co	single event		☐ Animal or in☐ Biological☐ Psychologic☐ Vehicle☐ Other☐	cal	
☐ Non-powered	nachinery rnment) te) pment, tools and appli		☐ Chemicals ☐ Foreign Ob splinters) ☐ Outdoor en ☐ Indoor envi ☐ Animals ☐ Human age ☐ Biological a	ojects ovironr ironme encies	ent		☐ Needlestick ☐ Fire/explos ☐ Electricity ☐ Radiation/A ☐ Stress/Trau ☐/Temperatu	ion Arc Fla uma	
☐ Admin Genera☐ Chemical use☐ Computer worl☐ Curriculum Pra☐ Curriculum The☐ Playground Du☐ Equipment Usa	k ac eory uty		First Aid ifting/Manual had Movement arour Grounds care Play (supervised Restraining a stu	nd the I/unsu	worksite pervised)	000	Sports Travel to/from th Excursions/field Work General Other		
Name of person of	completing form:	Jul		Job tit	Phys	siml	Date:	27	13/12 Teacher

RTI application 340/5/3026 - Varsity College - Document 91 of 269

Required Fields Incident ID (generated on save) INC 19400 INC 1940	Required Fields Incident ID (generated on save) INC-13460 Incident Status Submitted ■ Reported Status Submitted ■ Reported Date 2/703/12 Reported Dy Staff Utite, Julie Addel, 547(3)() Female, OneSchool Role, Tch-General, Varsity College Reported by Student Type of Other Person Other Person Address 1 Other Person Suburb Other Person Suburb Other Person Suburb Other Person Phone Number Other Person Phone Number Other Person Phone Number Incident Date 2/703/12 If the Incident Occurred at a Departmental location, select this location as the Departmental Incident Location. If the Incident Cocurred at a Departmental location select your Base Location and complete the Non-Departmental Incident Location. If the Incident Address 1 * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * State (eg. QLD) Post Code	ncident			
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Incident Date Incident Date Incident Time (24 hour HH:MM) 10:10 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 Location or Base Location Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive Suburb State (eg. QLD) Post Code 4226	* Incident Date * Incident Date 27/03/12 * Incident Time (24 hour HH:MM) 10:10 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 Location or Base Location * Departmental Incident Location or Base Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes QLD QLD 4226 * Summary of Incident Bruised right shoulder	Other Person Phone Number		Other Person Empl	oyer
Incident Date Incident Date Incident Time (24 hour HH:MM) 10:10 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 Location or Base Location Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive Suburb State (eg. QLD) Post Code 4226	* Incident Date * Incident Date 27/03/12 * Incident Time (24 hour HH:MM) 10:10 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 Location or Base Location * Departmental Incident Location or Base Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes QLD QLD 4226 * Summary of Incident Bruised right shoulder	Reported To		-	
Incident Date 27/03/12 Incident Time (24 hour HH:MM) 10:10 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 Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive Suburb State (eg. QLD) Post Code Varsity Lakes	* Incident Date 27/03/12 Incident Time (24 hour HH:MM) 10:10 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 Location or Base Location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb Varsity Lakes QLD Post Code * Summary of Incident Bruised right shoulder	Reported To			
27/03/12 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 Location or Base Location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes	27/03/12 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 Location or Base Location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes QLD * Summary of Incident Bruised right shoulder	Incident Details			
27/03/12 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 Location or Base Location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes	27/03/12 10:10 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 Location or Base Location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes QLD * Summary of Incident Bruised right shoulder	* Incident Date		Incident Time (24	hour HH:MM)
The Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident Location * Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes	# Departmental Incident Location or Base Location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes * Summary of Incident Bruised right shoulder	27/03/12			
* Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes QLD 4226	* Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes QLD * Summary of Incident Bruised right shoulder	If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location			
Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes QLD 4226	Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes QLD * Summary of Incident Bruised right shoulder	Non-Departmental Incident Location			
Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes QLD 4226	* Suburb	* Actual Incident Address 1			
Assembly Drive * Suburb * State (eg. QLD) Post Code Varsity Lakes QLD 4226	* Suburb * State (eg. QLD) Post Code Varsity Lakes QLD 4226 * Summary of Incident Bruised right shoulder				
Varsity Lakes QLD 4226	Varsity Lakes * Summary of Incident Bruised right shoulder	Varsity College Middle School			
Varsity Lakes QLD 4226	Varsity Lakes * Summary of Incident Bruised right shoulder	Varsity College Middle School Actual Incident Address 2			
Summary of Incident	Bruised right shoulder	Varsity College Middle School Actual Incident Address 2 Assembly Drive	* State (eg. OLD)		Post Code
	Detailed Description of Incident	Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb			
Detailed Description of Incident		Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb Varsity Lakes * Summary of Incident			
	s.47(3) got hit in shoulder area by another student throwing a plastic bat whilst batting in T-ball game.	Varsity College Middle School Actual Incident Address 2 Assembly Drive * Suburb Varsity Lakes * Summary of Incident Bruised right shoulder			

Related Hazards		
Date Hazard Reported Hazard ID Hazard Location	Hazard Category	Hazard Description
No Records No Records No Records	Na Records	No Records
Supervising Officer	Click here for	r help selecting Supervising Office
Gardner, Cheryll Elizabeth, s 47(3)(Female, Bus Serv Manager, OneSchool Role, Varsity College		
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Col	lege	
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 fo	or 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 fo	or definition of Dangerous Incide
c Yes Ro		
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	E DETAILS FOR ALL INC	CIDENT TYPES SELECTED.
Injury/Illness		
Injury/Illness Injury/Illness ID Description		Student Name
IN3-17142 Student hit in shoulder area by another student throwing a plastic bat whilst batti	ng in T-ball game. 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 I \circ Yes \circ No	lealth and Safety Quee	ensland (WHSQ)?

Review and Provide Action	ns				
* Immediate actions • Yes • No * Have any further ac • Yes • No		en?			
Details of Further Act	tions				
Further Actions Unde	ertaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
NO NECOLOS	No Newlas	No necoros	NO NELDOS	NO NECOTOS	NO NECULES
Review Acknowledgemen	t and Notifications				
Escalate to Human R	DETAILS REVIEWED?				
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these	esources? To wed and saved the In and Safety Queensland ffice pated? will be automatically employees here.	cident, details of notifiand; or	dent. If there are o	ther employees within	n the Department the
1. Workplace Health 2. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to	esources? wed and saved the In and Safety Queenslateffice pated? will be automatically employees here.	cident, details of notifiand; or notified about the Inci	dent. If there are of	ther employees within	the Department the
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to Surname No Records	esources? To wed and saved the In and Safety Queensland ffice pated? will be automatically employees here.	cident, details of notifiand; or	dent. If there are o	ther employees within	n the Department the
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to Surname No Records Actions Actions	esources? wed and saved the In and Safety Queenslateffice pated? will be automatically employees here.	nd; or notified about the Incident of the Inc	dent. If there are of	ther employees within Rales No Records	the Department the
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to Sumanne No Records Actions Du No Records	esources? wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	cident, details of notifiand; or notified about the Inci	dent. If there are of	ther employees within	the Department the
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to Surname No Records Actions Output No Actions Case Notes	esources? wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	nd; or notified about the Incident No Records Action ID	dent. If there are of	ther employees within Roles No Records Action Title	the Department the
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these Additional People to Sumane No Records Actions Du No A	esources? wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	nd; or notified about the Incident No Records Action ID	dent. If there are of	ther employees within Roles No Records Action Title	Locations No Resords

Entered By	
Firth, Wendy Christine, s 47(3)(Female,	, OneSc
ride, variaty conege	
Reported Time (24 hour HH:MM)	
08:28	
Reported by Student	
Type of Other Person	
e (eg. QLD) Other Per	rson Po
Other Person Employer	
Other Person Employer	
Incident Time (24 hour HH:MM)	
01:00	
the Departmental Incident Location. Location and complete the Non-Departmental	Incide
Post Code	e
4227	
	Reported Time (24 hour HH:MM) 08:28 Reported by Student Type of Other Person (eg. QLD) Other Person Employer Incident Time (24 hour HH:MM) 01:00 the Departmental Incident Location. ocation and complete the Non-Departmental

Related Hazards	
Date Hazard Reported Hazard ID Hazard Location	Hazard Category Hazard Description No Records No Records
* Supervising Officer Harriott, Stephen Ronald, s.47(3)(Male, HOD-Prac Arts, OneSchool Role, Varsity College	Click here for help selecting Supervising Off
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, S.47(3)(Male, OneSchool Role, Youth Worker, Vars	ity College
Evacuation Details	
Did an evacuation occur?	
Did a lockdown occur?	
Yes No	
Locations Involved	
Location No Records	
1.900	
(ncident Types	2.5.4.4.4.4.
F Select one or more Incident Types F Injury Illness □ Security Threat □ Motor Vehicle □ Electrical □ Fire □ Environmental □ Property/Plant/Equipment	Click here for help selecting Incident Types
Near Miss Nas this a Dangerous Incident as defined under Legislation?	Click here for definition of Dangerous Incide
Yes No	Click here for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLET	E THE DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Illness	
Injury/Illness ID Description INJ-10926 Lateral ankle sprain	s.47(3)(b) - Contrary to Public Interest
Submit Incident Record for Review	
o submit this Incident Record, please tick the box below and click Save	
Submit Incident Record for review? Yes No	
Incident Review	
teview Incident Classification	
Incident Classification (generated on save) C - Investigation is Optional	

	Click here for Information on	Incident Classifications and WHSC	notification requirements
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Review and Provide Actions

* Immediate actions reviewed?

r Yesr No

* Have any further actions been undertaken?

c Yesc 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 adviescalate 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?

r Yesr 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	

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

TMI-18120 INC-1940

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (OLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be

stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed REPORTING DETAILS * Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) 30M/2 For Staff. √ please tick) ☐ Student ☐ Other person Given Name: EQ ID (if known): Type of other Person ☐ Client SMERYL MLEXANDER ☐ Contractor Address: ☐ Parent ☐ Visitor Suburb Postcode: □ Volunteer □ Other (W) (H) Phone: (M) Other person Employer; Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Time incident Occurred: (24 hour hh:mm) 11:15 am Date of Incident: 25/7/12 * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility School Oval Actual Incident Address: (Street Address of any non-DET location) * Summary/Description of Incident: Did not witness actual fault of incident. Saw student laying on the ground and crying. Called male teacher also on duty to help carry student to office. Immediate Action Taken: First Aid ☐ Ambulance attended ☐ Doctor/Out Patients ☐ Hospitalisation (Returned to work/class) (on site by staff) (medical treatment) s. Alexander and J. Moore Who provided First Aid? (name) Ice and support from male teacher to move. If First Aid - what first aid was provided? ☐ Yes (please provide hazard details below) ☐ No Was a hazard identified as a result of the incident: (=New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') students ray into each other ??? *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) DIN the MYHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** ☐ Yes ☐ No Did a lockdown occur? ☐ Yes ☐ No Did an evacuation occur? Location/s involved: INCIDENT TYPES - See instructions below. Each inside it type selected will bring up an individual 'sub-form' for completion INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. Injury/Illness Motor Vehicle Property/Plant/Equipment

Fire

Security Thre RTI application 340/5/3026 on Mansity College - Document 98 of 269

□ Near Miss

Electrical

Did this incident occur during a journey to of form work or during an ordinary recess break at work? ☑ Yes ☐ No INJURY/ILLNESS-DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) This student colleded with another student on the oval fell on his shoulder. * The injured Person's Details (select one box only) Student (✓ please tick) ☐ Staff ☐ Other person Given Name: s.47(3)(b) -Surname s.47(3)(b) - Contrary to Public I Type of other Person ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Suburb: Postcode: ☐ Volunteer □ Other (NOTE: If more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) Varsity College Base location of injured staff member or student or other person: Toacher DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): DY NO Do you want to lodge a workcover claim for this incident? INJURY/ILLNESS CLASSIFICATION - Select one of the following ☐ Bodily Injury (Class B) ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) ☐ Psychological Illness (Class P) □Serious Bodily Injury - Non Fatality (Class A) ☐ Workcover Journey/Recess Claim (Class C) ☐ Minor Injury or Incident (Class C) Bodily Location (main injury) - select one Injury/limess (main injury) - selections ☐ Face □ Hands □ Knees Ache/Pain □ Infection/Disease ☐ Weld Flash ☐ Wrists ☐ Foot/Feet ☐ Cut/Laceration ☐ Hearing Loss/Deafness ☐ Eye Disorder □ Head ☐ Eyes ☐ Toes ☐ Foreign Body ☐ Back □ Amputation ☐ Psychological Stress ☐ Ankles ☐ Bite/Sting ☐ Allergy ☐ Head Injury □ Ears ☐ Mouth ☐ Nose ☐ Chest ☐ Skin ☐ Bruise/Crush ☐ Skin ☐ Internal Injury ☐ Tooth/Teeth ☐ Respiratory System Irritation//Dermatitis □ Fingers ☐ Dislocation ☐ Heart or ☐ Internal Organs ☐ Sprain/Strain ☐ Heat/Cold Stress Circulatory □ Neck Abdomen/Stomach ☐ Arms ☐ Spine ☐ Burn/Scald ☐ Poisoning Condition ☐ Psychological ☐ Fracture ☐ Respiratory □ Flbows ☐ Hips ☐ Other M Shoulders ☐ Legs Condition ☐ Puncture/ Needlestick ☐ Groin Area ☐ Other Slip, Trip or Fall ☐ Repetitive movement ☐ Animal or insect ☐ Biological ☐ Contact with, or striking against object ☐ Muscular effort – single event ☐ Psychological □ Vibration ☐ Electricity ☐ Thermal (heat/cold) ☐ Vehicle ☐ Struck by falling or moving object ☐ Noise □ Radiation ☐ Other □ Explosion or implosion (pressure variation) □ Chemical/Substance Contributing Factor / Agency - select one of the foll ☐ Machinery and fixed plant □ Chemicals □ Needlestick ☐ Mobile plant/machinery ☐ Foreign Objects (eg.projectors, ☐ Fire/explosion ☐ Vehicle (Government) splinters) ☐ Electricity ☐ Radiation/Arc Flash ☐ Vehicle (Private) ☐ Outdoor environment ☐ Powered equipment, tools and appliances ☐ Indoor environment ☐ Stress/Trauma ☐ Animals ☐ Non-powered tools □ Temperature Human agencies another student ☐ Non-powered equipment (eq.playground) ☐ Other ☐ Biological agent Activity - select one of the following ☐ First Aid □ Sports □ Admin General ☐ Lifting/Manual handling ☐ Travel to/from the workplace ☐ Chemical use ☐ Movement around the worksite □ Excursions/field trips □ Computer work □ Curriculum Prac ☐ Grounds care ☐ Work General ☑ Play (supervised/unsupervised) ☐ Other ☐ Curriculum Theory ☐ Playground Duty ☐ Restraining a students ☐ Equipment Usage Name of person completing form: Shery! Alexander

Signature: Job ti __ Date: __27/6/7/12 Teacher

RTI application 340/5/3026 - Varsity College - Document 99 of 269
G:\Coredata\Office\School Management\Health & Safety\HEALTH&SAFETY INCIDENT FORM 20.07.2011.doc

ncident			
Incident Record			
*Required Fields			
Incident ID (generated on save) INC-19495		Entered By Meatchem, Francesca L Teacher Aide, Varsity C	ucinda, s 47(3)(Female, C
Incident Status Signed Off and Closed		reducted Aldey Valsity e	onege
Reporting Details			
* Reported Date 25/07/12		Reported Time (24 ho	our HH:MM)
Reported by Staff Alexander, Sheryl Leanne, s.47(3)(t) Female, OneSchool Role, Tch-Maths/Sci, Varsity College		Reported by Student	
Reported by Other Person		Type of Other Person	
Other Person Address 1		Amount .	
Other Person Address 2			
Other Person Suburb Othe	r Person State (eg. Q	LD)	Other Person Pos
Other Person Phone Number		Other Person Employ	er
Reported To			
Incident Details			
* Incident Date 25/07/12		Incident Time (24 ho	ur HH:MM)
If the Incident occurred at a Departmental location, select the Incident occurred at a Non-Departmental location select			
* Departmental Incident Location or Base Location Varsity College			
Non-Departmental Incident Location			
* Actual Incident Address 1 Varsity College Middle School			
Actual Incident Address 2			
* Suburb * Sta Varsity Lakes QLD	ate (eg. QLD)		Post Code 4226
* Summary of Incident Students collided with each other			1.20
Detailed Description of Incident			
s.47 an into collided with another student on the oval and s.4 fell o s.4 on the ground in pain and upset. Joel Moore (teacher) also assi		her(Sheryl Alexander did i	not witness the fall but saw
Immediate Action Taken			

Related Hazards	
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
* Supervising Officer Alexander, Sheryl Leanne, s.47(3)(b Female, OneSchool Role, Tch-	Click here for help selecting Supervising (
Maths/Sci, Varsity College	
Elected Workplace Health and Safety Representative	
Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity	College
Evacuation Details	
Did an evacuation occur?	
Yes No	
Did a lockdown occur?	
c Yes∘ No	
Locations Involved	
Location No Records	
(ncident Types	-34 F4004 6 50 150 2
* Select one or more Incident Types	Click here for help selecting Incident Type
F Injury Illness	
Security Threat	
Motor Vehicle	
Electrical	
Fire	
r Environmental	
□ Property/Plant/Equipment	
□ Near Miss	
Was this a Dangerous Incident as defined under Legislation?	Click here for definition of Dangerous Inc
r 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
TNJ-18120 Students collided with each other	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 Workplac	a Harlth and Safety Ousensland (WUSO)2

Review and Provide Acti	ons				
* Immediate action • Yes No	s reviewed?				
	actions been undertal	ken?			
r Yes € No					
Details of Further A	ctions				
Further Actions Und	ertaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
		110 100000	ite itemoy	719 1923132	101000
Review Acknowledgeme	nt and Notifications				
	wer of the Incident Re	ecord, and you are implicates	ated in this Incide	ent, you must consult	your supervisor for adv
	DETAILS REVIEWED?				
Escalate to Human	Resources?				
Once you have revie	ewed and saved the Ir	ncident, details of notifial	ble Incidents will	automatically be forw	arded to:
Workplace Health Electrical Safety	n and Safety Queensla Office	and; or			
Is legal action antic	ipated?				
c Yesc No					
		notified about the Incid	ent. If there are o	ther employees within	n the Department that
Incident select thes	e employees here.				
Additional People to	Notify	Special and The	Candar	Drilas	Lorshoot
		Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Additional People to Sumame No Records	Notify Given Names				
Additional People to Surname No Records	Given Names No Records				
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Additional People to Surname No Records Assign Investigator * Investigation requ C Yes Ro	Given Names No Records	No Records			
Assign Investigator * Investigation requirement Yes Roo Click here for a list	Given Names No Records uired?	No Records			
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Additional People to Sumane No Records Assign Investigator * Investigation requirements Click here for a list Person Responsible Reasons for Not Investigation requirements File Attachments Attachment	Given Names No Records uired? of trained Health and for Investigation	No Records			No Records
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This form should be used in accordance with DET Policy: HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Salety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

* Denotes Mandatory Fields that must be completed REPORTING DETAILS * Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) √ please tick) ☐ Staff □ Student □ Other person Giyen Name: Type of other Person Surname EQ ID (if known): ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Suburb: Postcode: □ Volunteer ☐ Other Phone: (M) (W) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Date of Incident: 31 - 7 - 12 * Time incident Occurred: (24 hour hh:mm) Basketball * Location of Incident: Where the Incident occurred Departmental Location/Base Location Actual Incident Address: (Street Address of any non-DET location) Drive Summary/Description of Incident: * Immediate Action Taken: First Aid ☐ Doctor/Out Patients ☐ Hospitalisation □ Ambulance attended (Returned to work/class) (medical treatment) (on site by staff) Who provided First Aid? (name) swel Dress If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below)
☐ No (New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') 'Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** Did a lockdown occur? ☐ Yes Did an evacuation occur? ☐ Yes ☐ No Location/s involved: INCIDENT TYPES - Se INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. INCIDENT TYPE Injury/Illness Property/Plant/Equipment

Motor Vehicle

Marsity College - Document 103 of 269

Security Threat application 340/5/3026

Electrical

NJURY/ILLNES	S DETAILS - who will	s injuned?	1				1-11
Provide a deta	ailed description of th	e injury o	illness (i.e. Fra	ctured right ankle follow	wing fall on	school oval)	
Kin gra	ized on K	nees	, foreh	ead and	nose	after	student
7/1 /17		face.					
The injured Pe	erson's Details (select						
✓ please tick)	□ Staff	/	2.00	Other person			
AVC TO S							Total of the December
Surname: s.47(3)	(b) - Contrary to Public In	ite	Giver s.47	(3)(b) - Contrary to P			Type of other Person ☐ Client
ddress:							☐ Contractor ☐ Parent
Suburb:				Postco	ode:		☐ Visitor ☐ Volunteer
NOTE: If more the	an one person was injured	t/ill in the sa	me incident nless	se complete an addition	nal injuny/illr	ness details nene f	Other
	of injured staff member					A CALL OF THE STATE OF THE STAT	
	at time of injury/illnes						
				□ Yes □ I	No		
o you want to	lodge a workcover cl						
☐ Serious Bodil	ly Injury – Fatality (Cla			ed Injury (Class A)		y Injury (Class B)
	Injury - Non Fatality (cal Illness (Class P)	□ Work	cover Journey/R	lecess Claim (Class
						Injury or Incider	
J/Face	ly Location (main in u ☐ Hands	ry) - selec	the state of the s	Nature o		ion/Disease	w) – select one ☐ Weld Flash
Head	☐ Wrists	□ Foot/F		☐ Cut/Laceration	☐ Heari	ng Loss/Deafne	ss D Eye Disorde
I Eyes I Ears	☐ Back ☐ Mouth	☐ Toes ☐ Ankle		☐ Amputation ☐ Bite/Sting	☐ Psych	nological Stress	☐ Foreign Boo
l Nose	☐ Chest	Skin	5	Bruise/Crush	Skin	ly .	☐ Internal Inju
Tooth/Teeth	☐ Fingers	☐ Respi	ratory System	☐ Dislocation	Irritation	//Dermatitis	☐ Heart or
□ Neck			al Organs	☐ Sprain/Strain	The second second second	Cold Stress	Circulatory
□ Arms □ Elbows	Abdomen/Stomach	☐ Spine ☐ Psych		☐ Burn/Scald ☐ Fracture	☐ Poiso☐ Resp		Condition Other
☐ Shoulders	Legs	Conditio	n	La i idoloic		ture/ Needlestick	
	Groin Area	□ Other					
12 3 9 9	187	Cause	of Injury/Illnes	s - select one of the	Josephine		1000
Slip, Trip or F			☐ Repetitive r	movement		☐ Animal or ins	sect
☐ Contact with, ☐ Vibration	or striking against obje	ct	☐ Muscular e	ffort - single event		☐ Biological☐ Psychological	al
	ng or moving object		☐ Thermal (h	eat/cold)		□ Vehicle	Car.
☐ Noise		riotion)	☐ Radiation ☐ Chemical/S	Substance		□ Other	
_ Explosion or i	mplosion (pressure var						
☐ Machinery an		Contributi	□ Chemicals	ency - select one of	the lollow	□ Needlestick	
☐ Mobile plant/r	nachinery			jects (eg.projectors,		☐ Fire/explosion	on
	ernment)		splinters)			☐ Electricity	e et al.
		ances	☐ Outdoor en			☐ Radiation/Ar ☐ Stress/Traur	
☐ Vehicle (Priva	pilicit, tools and appli	ariocs	☐ Animals	TOTALIST		☐ Temperature	
☐ Vehicle (Priva☐ Powered equi		(haur	☐ Human age			□ Other	
☐ Vehicle (Priva ☐ Powered equi ☐ Non-powered		ouriu)		igeni			
☐ Vehicle (Priva ☐ Powered equi ☐ Non-powered	tools			MINISTER STATE OF THE STATE OF			
□ Vehicle (Priva □ Powered equi □ Non-powered □ Non-powered	tools equipment (eg.playgro		Activity - sple	ct one of the followin	I ASA	Sports	
☐ Vehicle (Priva ☐ Powered equi ☐ Non-powered ☐ Non-powered ☐ Admin Genera ☐ Chemical use	tools equipment (eg.playgro al		Activity - sale irst Aid Lifting/Manual h	andling		Sports Travel to/from th	
□ Vehicle (Priva □ Powered equi □ Non-powered □ Non-powered □ Admin Genera □ Chemical use □ Computer wo	tools equipment (eg.playgro al		Activity - sole First Aid Lifting/Manual had Movement arour	andling	0 0	Travel to/from th Excursions/field	
☐ Admin General Chemical use	tools equipment (eg.playgro al rk		Activity sole First Aid Lifting/Manual had Movement around Grounds care	andling nd the worksite	0000	Travel to/from th Excursions/field Work General	
□ Vehicle (Priva □ Powered equi □ Non-powered □ Non-powered □ Admin Genera □ Chemical use □ Computer wo	tools equipment (eg.playgro al rk ac neory		Activity - sole First Aid Lifting/Manual had Movement arour	andling nd the worksite d/unsupervised)	0000	Travel to/from th Excursions/field	
☐ Vehicle (Priva ☐ Powered equi ☐ Non-powered ☐ Non-powered ☐ Admin Genera ☐ Chemical use ☐ Computer wo ☐ Curriculum Th ☐ Playground D ☐ Equipment Use	tools equipment (eg.playgro al rk necry	01	First Aid Lifting/Manual had become a round care Play (supervised Restraining a street and street a	andling nd the worksite d/unsupervised) udents		Travel to/from th Excursions/field Work General Other	trips

RTI application 340/5/3026 - Varsity College - Document 104 of 269

ncident			
Incident Record			
*Required Fields			
Incident ID (generated on caus)		Entored Pu	
Incident ID (generated on save) INC-19682		Entered By Meatchem, Francesca Lucind	a. s 47(3)(Female.
		Teacher Aide, Varsity College	5, <u>6 (6) (</u> remais,
Incident Status Submitted			
Reporting Details			
* Reported Date		Reported Time (24 hour H	H-MM)
31/07/12		02:30	п.ниј
Day and the Country		a contract to accept the	
Reported by Staff Crimmins, Vanessa Louise, s.47(3)(t Female, Tch-General, Va	reity	Reported by Student	
College	isity		
Reported by Other Person		Type of Other Person	
Reported by Other Person		Type of Other Person	
Other Person Address 1			
Other Person Address 1			
Other Person Address 2			
Other Person Suburb	Other Person State (e	g. QLD)	Other Person Pos
Other Person Phone Number		Other Person Employer	
Other Person Phone Namber		outer reison employer	
Banartad Ta			
Reported To			
Incident Details			
* Incident Date		Incident Time (24 hour H	H:MM)
31/07/12		02:35	
	lact this location as the	Donostmontal Tacidont Locatio	
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental locatio * Departmental Incident Location or Base Location Varsity College			
If the Incident occurred at a Non-Departmental locatio * Departmental Incident Location or Base Location			
If the Incident occurred at a Non-Departmental locatio * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location			
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1			
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School			
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School			
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb	* State (eg. QLD)		Post Code
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb	n select your Base Loc		partmental Inciden
* Departmental Incident Location or Base Location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident	* State (eg. QLD)		Post Code
** Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location ** Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 ** Suburb Varsity Lakes ** Summary of Incident Grazing to face, knees and forehead	* State (eg. QLD)		Post Code
If the Incident occurred at a Non-Departmental locatio * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location	* State (eg. QLD)	ation and complete the Non-Dep	Post Code

Related Hazards	
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
	Click here for help selecting Supervising Office
Supervising Officer Crimmins, Vanessa Louise, s.47(3) Female, Tch-General, Varsity	click here for help selecting supervising office
College	
lected Workplace Health and Safety Representative	
Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity C	follege
vacuation Details	
Did an evacuation occur?	
Yes No	
Did a lockdown occur?	
Yes No	
ocations Involved	
No Records	
ncident 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	
	Large and agent agent to accept
Vas this a Dangerous Incident as defined under Legislation? Yes Ro	Click here for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE T	HE DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Illness	
njury/Illness	
Injury/Illness ID Description INJ-18291 Student playing hockey on basketball courts when he tripped over his feet and hit	his head on the ground. 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	
Incident Review	
Review Incident Classification	
Incident Classification (generated on save) C - Investigation is Optional	
c. 111VE3dgadori is Optional	

Review and Provide Actio	ns				
* Immediate actions	reviewed?				
Yese No					
	X	45			
The state of the s	ctions been undertake	en?			
Yes No					
Details of Further Ac	tions				
	Author No.				
Surname Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records
Keview Acknowledgemen	t and Notifications				
NCIDENT RECORD I	DETAILS REVIEWED?				
nce you have review	esources? wed and saved the Inc and Safety Queenslar	cident, details of notifiab	le Incidents will a	outomatically be forwa	arded to:
Once you have review L. Workplace Health 2. Electrical Safety O	esources? To wed and saved the Inc and Safety Queenslar ffice	cident, details of notifiab	le Incidents will a	outomatically be forwa	arded to:
L. Workplace Health 2. Electrical Safety O s legal action antici	esources? To wed and saved the Inc and Safety Queenslar ffice	cident, details of notifiab	le Incidents will a	outomatically be forwa	arded to:
Once you have review L. Workplace Health 2. Electrical Safety O Is legal action anticip	esources? To wed and saved the Inc and Safety Queenslar ffice	cident, details of notifiab	le Incidents will a	outomatically be forwa	arded to:
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Once you have review Workplace Health Electrical Safety O s legal action anticip Yes No on Officer in Charge incident select these additional People to Surname	esources? wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here.	cident, details of notifiab nd; or notified about the Incide	ent. If there are of	ther employees within	the Department t
Once you have review L. Workplace Health Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these	esources? wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here.	cident, details of notifiab nd; or notified about the Incide	ent. If there are of	ther employees within	the Department t
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Once you have review L. Workplace Health Electrical Safety O Is legal action anticip Yes No An Officer in Charge incident select these additional People to Surname No Records Actions	esources? wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here.	cident, details of notifiab nd; or notified about the Incide	ent. If there are of	ther employees within	the Department t
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Once you have review Workplace Health Electrical Safety O s legal action anticip Yes No an Officer in Charge incident select these additional People to Surname No Records Actions Decrease of the select s	esources? F wed and saved the Inc and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Incide Employee IDs No Records	ent. If there are of	cher employees within Roles No Records Action Title	the Department t

INC-14/61 INJ-18368

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland. Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be

stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed REPORTING DETAILS Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) √ please tick) ☐ Staff □ Student ☐ Other person EQ ID (if known): s.47(3)(b) - Contrary to P Type of other Person Given Name Surname: ☐ Client ☐ Contractor Address: ☐ Parent □ Visitor Postcode: Suburb □ Volunteer ☐ Other (W) Phone: (M) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Date of Incident: 31 7 12 * Time incident Occurred: (24 hour hh:mm) 14:50
* Location of Incident: Where the Incident occurred M W H PW POSE COWES. Departmental Location/Base Location Actual Incident Address: (Street Address of any non-DET location) * Summary/Description of Incident: * Immediate Action Taken: First Aid ☐ Doctor/Out Patients ☐ Hospitalisation □ Nil -□ Ambulance attended (Returned to work/class) (on site by staff) (medical treatment) Who provided First Aid? (name) 100 SWELLI If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (-New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** Did an evacuation occur? ☐ Yes □ No Did a lockdown occur? ☐ Yes ☐ No Location/s involved: INCIDENT TYPES - See instructions below. INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. INCIDENT TYPE

Motor Vehicle

Security This application 340/5/3026 or Wassity College - Document 108 of 269

Property/Plant/Equipment

Injury/Illness

Electrical

П

NJURYALLNES	S DETAILS - who was	s injured?			Styll in	Section 1	
Provide a deta	iled description of th	e iniury o	r illness (i.e. Fra	actured right ankle follow	ving fall on sch	nool oval)	
Swelling	above righ				after		struck
	erson's Details (select	one hove	nki				
✓ please tick)	☐ Staff			Other person			
	(b) - Contrary to Public In						
ddress: s.47(3)	(b) - Contrary to Public II		Given Nar	s.47(3)(b) - Contrary to	o Publ		Type of other Person Client Contractor Parent
uburb:	Postcode:						☐ Visitor ☐ Volunteer ☐ Other
NOTE: If more tha	an one person was injured	Vill in the sa	me incident, plea	se complete an addition	nal injury/illnes	s details page	
ase location o	f injured staff membe	r or stude	ent or other pe	rson:			
ET Staff role a	t time of injury/illnes	s (i.e, Tea	cher, admin offic	cer etc);			
o you want to	lodge a workcover cl	aim for th	is incident?	□ Yes □ N	Vo		
				CATION - Select one			30 (A) (1995)
	y Injury – Fatality (Cla Injury – Non Fatality (ed Injury (Class A) cal Illness (Class P)	☐ Workcov		B) Recess Claim (Class ent (Class C)
Bodi	ly Location (main inju	y) – selec	1 one	Nature o	f Injury/lline	es (main inj	ury) - solect one
Face Head Eyes Ears	☐ Hands ☐ Wrists ☐ Back ☐ Mouth	□ Toes	☐ Knees ☐ Ache/Pain ☐ Infection ☐ Heat ☐ Toes ☐ Amputation ☐ Psyctomical ☐ Psyctomical ☐ Control ☐ Psyctomical ☐ Control ☐ Psyctomical ☐ Control ☐ Psyctomical ☐ Control ☐ Cont		☐ Infection☐ Hearing		☐ Weld Flash ess ☐ Eye Disorder
Nose Tooth/Teeth Neck Arms Elbows Shoulders	☐ Chest☐ Fingers☐ Abdomen/Stomach☐ Hips☐ Legs☐ Groin Area		ological n	□ Bruise/Crush □ Dislocation □ Sprain/Strain □ Burn/Scald □ Fracture	☐ Skin Irritation//D ☐ Heat/Co ☐ Poisonir ☐ Respirat ☐ Puncture	ld Stress	☐ Internal Injur ☐ Heart or Circulatory Condition ☐ Other
I Vibration I Struck by fallir I Noise	all or striking against obje ng or moving object mplosion (pressure var	ct	☐ Repetitive	ffort - single event eat/cold)	0	Animal or in Biological Psychologic Vehicle Other	cal
Non-powered	d fixed plant nachinery rnment) te) pment, tools and applia	ances	☐ Chemicals	ronment		Needlestick Fire/explosi Electricity Radiation/A Stress/Trau Temperatur Other	on rc Flash rma re
	26	SIST I	Activity - sulo	ct one of the followin			
Admin Genera Chemical use Computer wor Curriculum Pra Curriculum Th Playground Do	k ac eory		First Aid Lifting/Manual h Movement arous Grounds care Play (supervised Restraining a sti	□ Spo □ Tra □ Exc □ Wo		ne workplace trips	

Entered By	
Meatchem, Francesca	Lucinda, s 47(3)(Female, College
Poported Time (24	hour HH:MM)
02:50	nour minning
Penorted by Studer	nt
Reported by Studen	
Type of Other Perso	on
e (eg. QLD)	Other Person Po
Other Basses Frank	
Other Person Emplo	oyer
rsity College	
•	
Incident Time (24 I	nour HH-MM\
Incident time (24)	iour mining
the Departmental Incident Location and complete the N	
	Post Code
	Post Code 4226
j	
	Reported Time (24 02:50 Reported by Studer Type of Other Person e (eg. QLD) Other Person Emplorsity College Incident Time (24 I

Related Hazards	
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
Supervising Officer Kovacevic, Helena Maryanne, S.47(3)(tremale, OneSchool Role, Tch-	Click here for help selecting Supervising Office
Maths/Sci, Varsity College	
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity College	
vacuation Details	
Did an evacuation occur?	
Yes No	
Did a lockdown occur?	
Yes No	
ocations Involved	
Locations Involved	
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 Environmental	
Property/Plant/Equipment	
Near Miss	
Was this a Dangerous Incident as defined under Legislation?	Click here for definition of Dangerous Incide
Yese No	
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DET	TAILS FOR ALL INCIDENT TYPES SELECTED.
[n]ury/Illness	
Injury/Illness	
Injury/Illness ID Description	Student Name
INJ-18368 Student bending forward and was struck above the eye by a hockey stick.	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	

	ns				
* Immediate actions • Yes• No * Have any further a	reviewed? ctions been undertak	en?			
c Yesc No					
Details of Further Ac	tions				
Further Actions Unde	ertaken By				
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	Na Records	Na Records	No Records	No Records
Review Acknowledgemen	t and Notifications				
		cident, details of notic	fiable Incidents will	automatically be forw	arded to:
1. Workplace Health 2. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here.				
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticip Yes No An Officer in Charge Incident select these	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here.	nd; or notified about the Ind	cident. If there are o	ther employees within	n the Department th
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticipated of the property	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here.	nd; or			
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticipated of the Second No An Officer in Charge Incident select these Additional People to Surname	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names	nd; or notified about the Inc	cident. If there are o	ther employees within	n the Department th
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticipated of the second of th	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Inc Employee IDs No Records	Cident. If there are o	ther employees within Roles No Records	n the Department th
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticipated by the Second Second Surname No Records Actions December 1. Workplace Health Actions December 1. Workplace Health Action December 1	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names	nd; or notified about the Inc	cident. If there are o Gender No Records	ther employees within	n the Department th
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticipated by the Second Second Surname No Records Actions December 1. Workplace Health Actions December 1. Workplace Health Action December 1	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Inc Employee IDs No Records	cident. If there are o Gender No Records	ther employees within Roles No Records Action Title	n the Department th
Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticipated of Yes on No An Officer in Charge Incident select these No Records Actions December 1. D	wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Inc Employee IDs No Records	cident. If there are o Gender No Records	ther employees within Roles No Records Action Title	n the Department th

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM
This form should be used in accordance with DET Policy:

INJ-1837E

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

* Denotes Mandatory Fields that	must be completed				
REPORTING DETAILS		THE STATE OF	136		1
* Date Reported: 3/ 7 * Reported by: - (NOTE at			our HH:mm): 14 3	11	18/12 fm
(✓ please tick)	Staff	Student D C	ther person		
Given-Name:	Surname:	1110	EQ ID (if known):		Type of other Person
cardyo	1 1	(3)(b) - Contrary to P	s.47(3)(b) - Contrary		☐ Client ☐ Contractor
3	Address: S.47	(3)(b) - Contrary to Pi	ablic interest		□ Parent
	Suburb: s.47	7(3)(b) - Contrary to P	ublic Interes Postcod	s.47(3)(b) - C	☐ Visitor ☐ Volunteer
	Phone: (M)	(W) S	.47(3)(b) - Con(H)		Other
	Other person E	mployer:			
Reported to: (who was the first person info	rmed of the incident, if kr	nown?)			
INCIDENT DETAILS	(2) · 10 · 10 · 10			Property of the second	LACK SW
* Date of Incident:	•т	ime incident Occu	rred: (24 hour hh:mr	n)	
Location of Incident: W	here the Incident occurre	ed			
Departmental Location/Base 1759	Location		Name of Facility Varsity	ollege	
Actual Incident Address: (Street Vavsity Collection		ET location)	15.15.19	92	
* Summary/Description	of Incident:				
s.47(3)(b) - Co was hi kicked at cla	t on the right se range by	t side of h	ner face by student.	a soccer ba	ill that was
* Immediate Action Take	n:				
□ Nil – (Returned to work/class)	Or site by staff)	☐ Ambulance a		or/Out Patients al treatment)	☐ Hospitalisation
Who provided First Aid?	(name)	susan 52	ekeres		
If First Aid – what first a	d was provided?	Ice Applie	ed, student	monitored for	r dizziness, etc.
Was a hazard identified a (⇒New hazards can be enter		dent:	s (please provide haz	ard details below)	No - Accidental
*Supervising Officer: (The supervising Officer is a Director, Program Manager of ⟨ In the MyHR WHS Solution	r HR Manager)				uty Principal, HOD, HOSE
Elected Workplace Healt (WHSR if location has one)	h & Safety Represen	tative: Craig	Hodges.		
EVACUATION DETAILS	No. of the last	F = 14-0.3			
Did an evacuation occur	? □ Yes ☑	No Did	a lockdown occur?	☐ Yes ☐ No	
Location/s involved:					
INCIDENT TYPES - SIN	nsmictions below. Each	incident type satector	will bring up an maked	un um-form for dometer	non:
INSTRUCTIONS: Select one 'Property/Plant/Equipment' or defined under legislation' will INCIDENT TYPE	'Fire' or 'Environmental'	or 'Electrical' are sele	cted as the incident typ	Miss' no other selection e, the question 'Was this	can be made. If a Dangerous Event as
☑ Injury/Illness		☐ Motor Vehic	le	☐ Property/	/Plant/Equipment
	application 340				

	t occur during a journ	3.0	orm work or di	uring an ordinary re	cess break	at work? LI Y	es 🗆 No
	S DETAILS - who was		Bearing St.				
	iled description of th						
Bruised	right cheek	tollo	wing be	ing hit in	The ta	ce with	9
soccer l	pall on the	Scho	ol oval	Didnit	90-	to do	ctor.
The injured Pe	rson's Details (select	one box o	only)		7		
✓ please tick)	□ Staff	E S	tudent	Other person			_
Surname s.47(3)(b) - Cont		Given Nar	ne: s.47(3)(b) - Cont	trary to Pu	17	ype of other Person
Address:							Client Contractor
duless.						10.00	Parent Visitor
Suburb:				Postco	ode:	1	Volunteer Other
	n one person was injured					ss details page for	r each person involved
ase location o	f injured staff membe	r or stude	ent or other per	rson: Varsity	Colle	ge Sen	ior Camp
ET Staff role a	t time of injury/illnes	s (i.e. Tea	cher, admin offic	cer etc): Tea	cher		
o you want to	lodge a workcover cl	aim for th	is incident?	□ Yes □	No		
VIA THE				CATION - Select one			United States
	y Injury – Fatality (Cla Injury – Non Fatality (ed Injury (Class A) cal Illness (Class P)	☐ Bodily ☐ Worker	Injury (Class B)	cess Claim (Class C
	many manually (5140571)	syonolog	our miroso (oluso i y		njury or Incident	
Bodi	ly Location (main inju					ess (main injur	
☑ Face ☑ Head	☐ Hands ☐ Wrists	☐ Knees		☐ Ache/Pain ☐ Cut/Laceration		n/Disease g Loss/Deafness	☐ Weld Flash ☐ Eye Disorder
⊒ Eyes	□ Back	□ Toes		☐ Amputation	☐ Psycho	logical Stress	☐ Foreign Body
□ Ears □ Nose	☐ Mouth ☐ Chest	☐ Ankle☐ Skin	S	☐ Bite/Sting ☐ Bruise/Crush	☐ Allergy ☐ Skin		☐ Head Injury ☐ Internal Injury
☐ Tooth/Teeth☐ Neck	☐ Fingers		ratory System al Organs	☐ Dislocation ☐ Sprain/Strain	F. C. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	Dermatitis old Stress	☐ Heart or Circulatory
☐ Arms	Abdomen/Stomach	☐ Spine		☐ Burn/Scald	☐ Poison	ing	Condition
☐ Elbows ☐ Shoulders	☐ Hips ☐ Legs	☐ Psych Conditio		☐ Fracture	☐ Respira	atory re/ Needlestick	Other
_ 0,100.1010	☐ Groin Area	The second secon					
	100	+ Cause	of Injury/lilines	8 - Select one of the	following		
Slip, Trip or Fa			☐ Repetitive i	movement	1	Animal or inse	ect
☐ Vibration	or striking against obje	Ct	☐ Electricity	ffort – single event	☐ Biological ☐ Psychological		
☐ Struck by fallir☐ Noise	ng or moving object		☐ Thermal (heat/cold) ☐ Radiation			☐ Vehicle ☐ Other	
	mplosion (pressure var	iation)	☐ Chemical/S	Substance		d Other	
STANDARD		Contributi		ency - select one of			Thereign
☐ Machinery and ☐ Mobile plant/m			☐ Chemicals	jects (eg.projectors,		☐ Needlestick ☐ Fire/explosion	
☐ Vehicle (Gove	rnment)		splinters)	7.20.21.040.000.000	1	☐ Electricity	
☐ Vehicle (Priva	te) pment, tools and applia	ances	☐ Outdoor en			☐ Radiation/Arc ☐ Stress/Traum	
☐ Non-powered	tools		☐ Animals			☐ Temperature	a
☐ Non-powered	equipment (eg.playgro	ound)	☑ Human age		1	Other	
	Mile -			ct one of the followin	in.		
☐ Admin Genera	al		irst Aid		□ Sp		
☐ Chemical use			ifting/Manual h			avel to/from the cursions/field tri	
	ac		Grounds care		□W	ork General	3.0
Curriculum Pr	eory		Hay (supervised Restraining a st			her	
☐ Computer wor ☐ Curriculum Pr ☐ Curriculum Th	ity		DESTRUCTION OF A SIL	uuciilo			
Curriculum Pr			100traming a ott				
☐ Curriculum Pr ☐ Curriculum Th ☐ Playground Di ☐ Equipment Us						Date: 1-8	15.7

RTI application 340/5/3026 - Varsity College - Document 114 of 269

Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-19770		Meatchem, Francesca Teacher Aide, Varsity (Lucinda, s 47(3)(Female College
Incident Status Submitted			
Reporting Details			7
* Reported Date		Danastad Tima (24 h	our HH-MM)
31/07/12		Reported Time (24 h 14:35	our manny
Reported by Staff		Reported by Student	
Mills, Carolyn May, s.47(3)(t Female, EST-General, OneSchool Varsity College	Role,	Reported by Studen	
Reported by Other Person		Type of Other Person	1
Other Person Address 1			
Other Person Address 2			
Other Person Suburb	Other Person State (eg. QLD)	Other Person Po
Other Person Phone Number		Other Person Emplo	yer
Reported To			
Mills, Carolyn May, s.47(3)(Female, EST-General, OneSchool	Role, Varsity College		
Incident Details			
* Incident Date		Incident Time (24 h	our HH·MM)
31/07/12		14:35	our tittleing
If the Incident occurred at a Departmental location, sel	ect this location as th	ne Departmental Incident L	ocation.
* Departmental Incident Location or Base Location	n select your Base Lo	cation and complete the No	n-Departmental Incide
If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location	n select your Base Lo	cation and complete the No	n-Departmental Incide
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1	n select your Base Lo	cation and complete the No	n-Departmental Incide
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location	n select your Base Lo	cation and complete the No	n-Departmental Incide
Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School	n select your Base Lo	cation and complete the No	n-Departmental Incide
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb	* State (eg. QLD)	cation and complete the No	Post Code
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb		cation and complete the No	
Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location F Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 F Suburb Varsity College Summary of Incident	* State (eg. QLD)	cation and complete the No	Post Code
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb Varsity College * Summary of Incident Bruised right cheek	* State (eg. QLD)	cation and complete the No	Post Code
Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Suburb Varsity College Summary of Incident	* State (eg. QLD) QLD		Post Code

telated Hazards		
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category No Records	Hazard Description No Records
Supervising Officer		r help selecting Supervising Offic
Mills, Carolyn May, s.47(3)(I Female, EST-General, OneSchool Role, /arsity College	GIER HEIE 10	Their scienting supervising only
lected Workplace Health and Safety Representative		
Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Co	llege	
vacuation Details		
old an evacuation occur?		
Yes No		
Did a lockdown occur?		
Yes No		
ocations Involved		
Location		
No Records		
ncident Types		
Select one or more Incident Types	Click here fo	or 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 fo	or definition of Dangerous Incide
Yes No		
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	E DETAILS FOR ALL INC	CIDENT TYPES SELECTED.
Injury/Illness		
injury/Illness Injury/Illness ID Description		Student Name
INJ-18376 Student hit on right side of face by a soccer ball that was kicked at	close range by another student.	s.47(3)(b) - Contrar
Submit Incident Record for Review		
o submit this Incident Record, please tick the box below and click Save		
Submit Incident Record for review?		
Yes No		
Incident Review		
Review Incident Classification		

Case Notes

Date of Note

Na Records

Who was Spoken To No Records

Review and Provide Action	ns .				
* Immediate actions	reviewed?				
Yes ○ No					
* Have any further a	tions been undertak	en?			
r Yesr No					
Details of Further Act	tions				
Further Actions Unde	rtaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
If you are the review escalate the Incident INCIDENT RECORD D	er of the Incident Re Record to Human Ro PETAILS REVIEWED? esources?				
If you are the review escalate the Incident INCIDENT RECORD DESCALATE TO HUMAN RECORD DESCALATE	er of the Incident Re Record to Human Re PETAILS REVIEWED? esources? wed and saved the In and Safety Queenslar ffice pated?	cident, details of noti	fiable Incidents will a	automatically be forw	varded to:
escalate the Incident INCIDENT RECORD D Escalate to Human Re Once you have review 1. Workplace Health 2. Electrical Safety Of Is legal action anticip	er of the Incident Re Record to Human Re PETAILS REVIEWED? esources? wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here.	esources. cident, details of noting or	fiable Incidents will a	automatically be forw	varded to:
If you are the review escalate the Incident INCIDENT RECORD DESCALATE TO HUMAN RECORD DONCE YOU have review 1. Workplace Health 2. Electrical Safety Of Is legal action anticipated Yes No An Officer in Charge of Incident select these	er of the Incident Re Record to Human Re PETAILS REVIEWED? esources? wed and saved the In and Safety Queenslar ffice pated? will be automatically employees here.	esources. cident, details of noting or	fiable Incidents will a	automatically be forw	varded to:
If you are the review escalate the Incident INCIDENT RECORD DESCALATE TO HUMAN RECORD DESCALATE	er of the Incident Re Record to Human Re PETAILS REVIEWED? esources? wed and saved the Incand Safety Queenslated? will be automatically employees here. Notify	cident, details of notified; or	fiable Incidents will a	automatically be forw	rarded to: n the Department t
If you are the review escalate the Incident INCIDENT RECORD DESCALATE TO HUMAN RECORD DESCALATE	er of the Incident Re Record to Human Re ETAILS REVIEWED? esources? wed and saved the In and Safety Queenslat ffice pated? will be automatically employees here. Notify Given Names	cident, details of notif nd; or notified about the Inc	fiable Incidents will a	automatically be forw ther employees within	rarded to: n the Department to
If you are the review escalate the Incident INCIDENT RECORD DESCALATE TO HUMAN RECORD DESCALATE TO HUMAN RECORD DESCALATE TO THE PROPERTY OF T	er of the Incident Re Record to Human Re ETAILS REVIEWED? esources? wed and saved the In and Safety Queenslat ffice pated? will be automatically employees here. Notify Given Names	cident, details of notif nd; or notified about the Inc	Fiable Incidents will a Cident. If there are o	automatically be forw ther employees within	rarded to: n the Department to

Person Making Note No Records

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM IN C-20338

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The

information collected may be disclosed to Electrical Safety Office (QLD), WorkCover information collected on this form will be in stored securely as an attachment to the el	Queensland, industri nanually entered into t	ial Organisations, or other of the MyHR Workplace Healt	entities in accordance with,	or where requested by I	law or industrial instrument. The
* Denotes Mandatory Fields that must be	pe completed				
REPORTING DETAILS	7 - 10 v	1	A CONTRACT		
Date Reported: 3/8/	2 Rep	oorted Time (24Hour	HH:mm):		
+ Reported by: - (NOTE at least of		ld must be populated)			
(✓ please tick) ☐ Sta	aff 🗆 S	student	er person		
Given Name:	Surname:		Q ID (if known):		Type of other Person ☐ Client
Virgina		3)(b) - Contrary to Publi	c Interest		☐ Contractor
17/ CIM7 -	Address:	(b) - Contrary to Public I		s.47(3)(b) - Cor	□ Parent □ Visitor
7(3)(b) - Contrary to Public Interest	Suburb: S.47(3)(b) - Contrary to Public I	Postcode:	0.17(0)(0)	□ Volunteer □ Other
	Phone:		(H)		Li Other
	Other person Em	nployer:			
Reported to:					
(who was the first person informed of	f the incident, if kno	own?)			
INCIDENT DETAILS				1	11/14
* Date of Incident: 3/8/	12 ·Ti	me incident Occurre	ed: (24 hour hh:mm)	12:30	
* Location of Incident: Where the	ne Incident occurred	d			
Departmental Location/Base Locatio	n	10	lame of Facility	College.	
Actual Incident Address; (Street Add	ress of any non-DE	Tiocation)	C.	concyc	
* Summary/Description of Inci	dent:	2119 1001	J.		EC.
The students were s.47(3)(b) tripped and		9. She was	suppling sid	around the ok bay. Ice	supplied and
' Immediate Action Taken:	/				
	rst Aid site by staff)	☐ Ambulance atter	nded	Out Patients reatment)	Mospitalisation
Who provided First Aid? (name	e)	wender	Fresh		
If First Aid - what first aid was	provided?	3ce -	phones	of Mun	1
Was a hazard identified as a re	ne into MyHR WHS		olease provide hazar hazard')	d details below)	No
STUDENT NOT PUYIN	g enough	auention	0		
'Supervising Officer:				8 5 TO W.	
(The supervising Officer is a DET en Director, Program Manager or HR M (ぶIn the MyHR WHS Solution the su	lanager)				puty Principal, HOD, HOSES,
Elected Workplace Health & Sa (WHSR if location has one)	afety Represent	ative:			
EVACUATION DETAILS	Secretary in	2	42	N	
Did an evacuation occur?	□ Yes \□ N	lo Did a l	ockdown occur?	□ Yes □ No	
Location/s involved:					
INCIDENT TYPES - Set ristract	ons below. Each is	ncident type selected w	thing up an individual	sub-form' for comple	60/L
INSTRUCTIONS: Select one or more 'Property/Plant/Equipment' or 'Fire' of defined under legislation' will appear INCIDENT TYPE	or 'Environmental' o	or 'Electrical' are selecte			
☑ Injury/Illness		☐ Motor Vehicle			//Plant/Equipment
☐ Electrical Security Thr RaTI app	lication 340/	5/3026 - Varsit	y College - Doo	ument 118 of	^{\$2} 69

Did this incident	occur during a journ	ney to of f	orm work or du	uring an ordinary re	cess bre	ak at work?	Yes No
INJURY/ILLNES	S DETAILS - who was	s injured?	The Carlo				his
	iled description of the		area o		ving fall on	school oval)	id by
ALC: THE SERVICE	rson's Details (select			0101	60 /		-
(✓ please tick)	□ Staff			Other person			
			73.1	nes.47(3)(b) - Contrar			Type of other Person
	contrary to Public Interest		Given	.47 (3)(b) - Contian			☐ Client ☐ Contractor
Addr ess.							☐ Parent ☐ Visitor
Suburb:				Postco	ode:		☐ Volunteer☐ Other
(NOTE: If more than	n one person was injured	Vill in the sa	me incident, pleas	se complete an addition	nal injury/illi	ness details page	for each person involved.)
Base location of	injured staff membe	r or stude	ent or other per	rson:			
DET Staff role at	time of injury/illnes	s (i.e. Tead	cher, admin offic	cer etc):			
Do you want to I	lodge a workcover cl	aim for th	is incident?	□ Yes □ N	Vo		
□ Corious Dadil				ed Injury (Class A)		llowing y Injury (Class E	
	/ Injury – Fatality (Cla Injury – Non Fatality (cal Illness (Class P)	☐ Work	cover Journey/f r Injury or Incide	Recess Claim (Class C)
	y Location (main inju					liness (main in)	
☐ Face ☐ Head ☐ Eyes ☐ Ears ☐ Nose ☐ Tooth/Teeth ☐ Neck ☐ Arms ☐ Elbows ☐ Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area		ratory System al Organs	☐ Ache/Pain ☐ Cut/Laceration ☐ Amputation ☐ Bite/Sting ☐ Bruise/Crush ☐ Dislocation ☐ Sprain/Strain ☐ Burn/Scald ☐ Fracture	☐ Heari ☐ Psyci ☐ Allerg ☐ Skin Irritation ☐ Heati ☐ Poiso ☐ Resp	n//Dermatitis /Cold Stress pning	☐ Foreign Body ☐ Head Injury ☐ Internal Injury ☐ Heart or Circulatory Condition ☐ Other
☐ Vibration ☐ Struck by fallin ☐ Noise	all or striking against obje ng or moving object nplosion (pressure var	ct	☐ Repetitive r	ffort – single event eat/cold)	fallowing	☐ Animal or in ☐ Biological ☐ Psychologic ☐ Vehicle ☐ Other	
☐ Non-powered t	I fixed plant lachinery rnment) le) oment, tools and applia	ances	☐ Chemicals	ronment		Needlestick Fire/explosi Electricity Radiation/A Stress/Trau Temperatur	on rc Flash ma e wallut (rod pay)
□ Admin Genera □ Chemical use □ Computer worl □ Curriculum Pra □ Curriculum The □ Playground Du □ Equipment Usa	k ac eory uty		Activity — sole First Aid Lifting/Manual had Movement arour Grounds care Play (supervised Restraining a sto	nd the worksite d/unsupervised)		Sports Travel to/from tr Excursions/field Work General Other	ne workplace
Name of person of Signature:	completing form:	irgini		Job title: Te	ache	Date:/	18/17

RTI application 340/5/3026 - Varsity College - Document 119 of 269

ocident	
Incident Record	
*Required Fields	
Incident ID (generated on save)	Entered By
INC-20338	Meatchem, Francesca Lucinda, s 47(3)(Female, Teacher Aide, Varsity College
Incident Status Submitted *	
Reporting Details	
* Reported Date	Reported Time (24 hour HH:MM)
03/08/12	12:30
Reported by Staff	Reported by Student
Lucente, Virginia Stephenson, s.47(3)(t Female, OneSchool Role, Tch- General, Varsity College	Reported by Student
Reported by Other Person	Type of Other Person
Other Person Address 1	Land .
Other Person Address 2	
Other Person Suburb Other Person State	e (eg. QLD) Other Person Pos
Olly Described to the second s	
Other Person Phone Number	Other Person Employer
Reported To	
Reported To	
Incident Details	
* Incident Date	Incident Time (24 hour HH:MM)
03/08/12	12:30
If the Incident occurred at a Departmental location, select this location as	s the Departmental Incident Location.
* Departmental Incident Location or Base Location Varsity College	Location and complete the Non-Departmental Inciden
* Departmental Incident Location or Base Location	Location and complete the Non-Departmental Incident
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1	Location and complete the Non-Departmental Inciden
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location	Location and complete the Non-Departmental Inciden
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School	
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2	
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb Varsity College Suburb State (eg. QLD) Varsity College Summary of Incident	Post Code
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb Varsity College * State (eg. QLD) QLD * Summary of Incident Tissue damage done to elbow	Post Code
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb Varsity College Suburb State (eg. QLD) Varsity College * Summary of Incident	Post Code 4213

Hazard Category Hazard Description No Records No Records
No Records No Records
Click here for help selecting Supervising Office
Click here for help selecting Incident Types
Click here for definition of Dangerous Inciden
AILS FOR ALL INCIDENT TYPES SELECTED.
ILS FOR ALL INCIDENT TYPES SELECTED.
Student Name
s.47(3)(b) - Contrary to Public Interes
and Safety Queensland (WHSQ)?

O11 - 1-	Secretary in	Carrie W.	Parameter A. Trans	the same of the same of	AL	A LANGO	notification requirement	-
L HCK	nore	TOP IF	ITARMSTIAN	On Incident	I Taccitications	and WHSO	notification requirement	_

Review and Provide Actions

- * Immediate actions reviewed?
- c Yesc No
- * Have any further actions been undertaken?
- r Yesr No

Details of Further Actions

Further Actions Undertaken By

Surname	Given Names	Employee 1Ds	Gender	Roles	Locations
Na Records	Na Récords	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 adviescalate 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?

c Yesc 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					
ACCIONS	Due Date	Action ID		Action Title	
	No Records	No Records		No Records	
				110 1000	
Case Notes					
Case Notes					
Date	of Note	Person Making Note		Who was Spoken To	
Na I	lecords:	No Records		No Records	

Lath Baddeley OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM This form should be used in accordance with DET Policy: HLS-PR-005: Health & Safety Incident Recording, Notification and Management PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office, QD, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed REPORTING DETAILS * Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) ☑ Staff √ please tick) ☐ Student ☐ Other person Given Name: EQ ID (if known): Type of other Person Surname: hevial ☐ Client ☐ Contractor □ Parent Address: ☐ Visitor Postcode: Suburb: ☐ Volunteer ☐ Other (W) (H) Phone: (M) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Time incident Occurred: (24 hour hh:mm) * Date of Incident: * Location of Incident: Where the Incident occurred OUAL, SECONDALY CAMPUS, ASSEMBLY PRIVE Departmental Location/Base Location Actual Incident Address: (Street Address of any non-DET location) Summary/Description of Incid s.47(3)(b) -Immediate Action Taken: □ Nil -First Aid ☐ Ambulance attended ☐ Doctor/Out Patients ☐ Hospitalisation (Returned to work/class) (medical treatment) (on site by staff) Kranstey Who provided First Aid? (name) Rest If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (-New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** Did an evacuation occur? Did a lockdown occur? ☐ Yes ☐ No ☐ Yes ☐ No Location/s involved: INCIDENT TYPES - See instructions below. Each incident type selected will bring up an individual autoform to comp INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. INCIDENT TYPE Injury/Illness Motor Vehicle Property/Plant/Equipment □ Near Miss Electrical Fire Security Thr RaTI application 340/5/3026/irol/arsity College - Document 123 of 269

G:\Coredata\Office\School Management\Health & Safety\HEALTH&SAFETY INCIDENT FORM 20.07.2011 doc

Did this incident occur during a journey to of form work or during an ordinary recess break at work?

Yes
No INJURY/ILLNESS DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval hall was kicked during a Societ game hus which s.47(3)(b) (MOD chomed * The injured Person's Details (select one box only) (✓ please tick) ☐ Staff ☑ Student ☐ Other person s.47(3)(b) - C S(s.47(3)(b) - Contrary to Public Interest Given Name: Type of other Person ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Suburb: Postcode □ Volunteer ☐ Other (NOTE: If more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) Base location of injured staff member or student or other person: DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): □ No Do you want to lodge a workcover claim for this incident? ☐ Yes INJURY/ILLNESS CLASSIFICATION - Select one of the following ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) ☐ Bodily Injury (Class B) DSerious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) ☐ Workcover Journey/Recess Claim (Class C) Minor Injury or Incident (Class C) Nature of Injury/titness (main injury) Bodily Location (main injury) - select one - select one ☐ Face ☐ Hands ☐ Knees ☐ Ache/Pain ☐ Infection/Disease ☐ Weld Flash ☐ Eye Disorder ☐ Head □ Wrists ☐ Foot/Feet Cut/Laceration ☐ Hearing Loss/Deafness **⊞**Eyes ☐ Back ☐ Toes ☐ Amputation □ Psychological Stress ☐ Foreign Body Ears ☐ Mouth ☐ Ankles ☐ Bite/Sting ☐ Alleray ☐ Head Injury ☐ Bruise/Crush ☐ Skin ☐ Skin ☐ Internal Injury □ Nose ☐ Chest ☐ Tooth/Teeth Irritation//Dermatitis ☐ Fingers ☐ Respiratory System ☐ Dislocation ☐ Heart or ☐ Internal Organs ☐ Sprain/Strain ☐ Heat/Cold Stress Circulatory □ Neck Abdomen/Stomach ☐ Arms ☐ Spine ☐ Burn/Scald ☐ Poisoning Condition ☐ Psychological ☐ Elbows ☐ Hips ☐ Fracture ☐ Respiratory □ Other ☐ Puncture/ Needlestick ☐ Shoulders □ Legs Condition ☐ Groin Area □ Other Cause of Injury/Illness - sulect one of the following ☐ Repetitive movement ☐ Animal or insect D,Slip, Trip or Fall ☐ Muscular effort - single event ☐ Biological Contact with, or striking against object ☐ Psychological □ Vibration ☐ Electricity ☐ Thermal (heat/cold) ☐ Vehicle ☐ Struck by falling or moving object ☐ Noise ☐ Radiation ☐ Other ☐ Explosion or implosion (pressure variation) ☐ Chemical/Substance Contributing Factor / Agency - selections of the folio ☐ Machinery and fixed plant □ Chemicals □ Needlestick ☐ Foreign Objects (eg.projectors, ☐ Mobile plant/machinery ☐ Fire/explosion ☐ Electricity splinters) ☐ Vehicle (Government) ☐ Radiation/Arc Flash ☐ Vehicle (Private) Outdoor environment □ Indoor environment ☐ Powered equipment, tools and appliances ☐ Stress/Trauma ☐ Non-powered tools ☐ Animals □ Temperature ☐ Non-powered equipment (eg.playground) ☐ Human agencies □ Other ☐ Biological agent Activity - select one of the following ☐ Admin General ☐ First Aid ☑ Sports ☐ Chemical use ☐ Lifting/Manual handling ☐ Travel to/from the workplace ☐ Movement around the worksite ☐ Excursions/field trips ☐ Computer work ☐ Curriculum Prac □ Work General ☐ Grounds care ☐ Play (supervised/unsupervised) ☐ Curriculum Theory □ Other ☐ Playground Duty ☐ Restraining a students ☐ Equipment Usage Name of person completing form: Teacher Signature:

ncident			
Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-20091		Meatchem, Francesca Lucino Teacher Aide, Varsity Colleg	da, s 47(3)(Female, (
Incident Status Submitted ♥		Teacher Alac, Varsity College	
Reporting Details			
* Reported Date		Reported Time (24 hour I	нн-мм)
03/08/12		14:40	murary.
Reported by Staff		Reported by Student	
Baddeley, Catherine Elizabeth, S.47(3), Female, OneSchool Ro General, Varsity College	le, Snr-	neported by Statem	
Reported by Other Person		Type of Other Person	
Other Person Address 1			
Other Person Address 2			
Other Person Suburb	Other Person State (eg. Q	LD)	Other Person Pos
Other Person Phone Number	-1	Other Person Employer	
Reported To			
Incident Details			
* Incident Date		Incident Time (24 hour H	H:MM)
03/08/12		14:40	
If the Incident occurred at a Departmental location, sele			
If the Incident occurred at a Non-Departmental location	select your Base Location	n and complete the Non-De	partmental Incident
* Departmental Incident Location or Base Location Varsity College			
Non-Departmental Incident Location			
* Actual Incident Address 1 Varsity College Middle School			
Actual Incident Address 2			
* Suburb *	State (eg. QLD)		Post Code
	QLD		4226
* Summary of Incident Ball got kicked in students face			
Detailed Description of Incident			
A ball was kicked in s.47(face during a soccer game and it hit	s.47 in his face which knock	ked a pre existing scab off (eye	lid) and caused a bit o
bleeding.			
Immediate Action Taken			

Related Hazards		
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category No Records	Hazard Description No Records
Supervising Officer Baddeley, Catherine Elizabeth, S.47(3)(t Female, OneSchool Role, Snr-	Click here fo	r help selecting Supervising Offic
General, Varsity College		
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Col	ege	
Evacuation Details		
Did an evacuation occur?		
Yes No		
Did a lockdown occur?		
Yes No		
163 110		
Locations Involved		
No Records		
Incident Types		
Select one or more Incident Types	Click here fo	r 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? ○ Yes ○ No	Click here fo	r definition of Dangerous Incider
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	DETAILS FOR ALL INC	IDENT TYPES SELECTED.
Injury/Illness		
Injury/Illness		
Injury/Illness ID INJ-18677 Student kicked in the face with a ball during a soccer game - knocked a pre existing scale	off (eyelid) and caused a bit of bleed	s.47(3)(b) - Contrary to Public
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 I	lealth and Safety Ouee	nsland (WHSO)?

view and Provide Action	15				
Immediate actions	reviewed?				
Yes No					
Have any further ac	tions been undertak	en?			
Yesr No					
etails of Further Act	rions				
Canb of Farther Fict					
urther Actions Unde	rtaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
eview Acknowledgement	t and Notifications				
nce you have review	ved and saved the In	cident, details of notif	iable Incidents will a	automatically be forw	arded to:
workplace Health Electrical Safety Of slegal action anticip Yes No	wed and saved the In and Safety Queenslan ffice pated? will be automatically				
Workplace Health Electrical Safety O legal action anticip Yes No n Officer in Charge	wed and saved the In and Safety Queenslan ffice pated? will be automatically employees here.	nd; or			
Workplace Health Electrical Safety Or legal action anticip Yes No n Officer in Charge acident select these	wed and saved the In and Safety Queenslad ffice pated? will be automatically employees here. Notify Given Names	notified about the Ind	ident, If there are o	ther employees within	n the Department
nce you have review Workplace Health Electrical Safety Of slegal action anticip Yes No n Officer in Charge ncident select these	wed and saved the In and Safety Queenslad ffice pated? will be automatically employees here.	nd; or notified about the Ind	ident. If there are o	ther employees within	n the Department
Workplace Health Electrical Safety Or I legal action anticip Yes No In Officer in Charge incident select these I dditional People to Sumane No Records	wed and saved the In and Safety Queenslad ffice pated? will be automatically employees here. Notify Given Names	notified about the Ind	ident, If there are o	ther employees within	n the Department
Workplace Health Electrical Safety Or legal action anticip Yes No n Officer in Charge cident select these dditional People to Sumame No Records	wed and saved the In and Safety Queenslad ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Inc Employee IDs No Records	ident, If there are o	ther employees within Roles No Records	n the Department
workplace Health Electrical Safety O s legal action anticip Yes No n Officer in Charge incident select these dditional People to Sumame No Records	wed and saved the In and Safety Queenslad ffice pated? will be automatically employees here. Notify Given Names	notified about the Ind	Gender No Records	ther employees within	n the Department
Workplace Health Electrical Safety Or I legal action anticip Yes No In Officer in Charge incident select these incident select these incident select these incidents incidents select these incidents i	wed and saved the In and Safety Queenslad ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Inc Employee IDs No Records	Gender No Records	ther employees within Roles No Records Action Title	n the Department
Workplace Health Electrical Safety Or segal action anticip Yes No n Officer in Charge incident select these dditional People to Sumarne No Records ctions Du No A	wed and saved the In and Safety Queenslad ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Inc Employee IDs No Records	Gender No Records	ther employees within Roles No Records Action Title	n the Department
L. Workplace Health 2. Electrical Safety Of Is legal action anticip Yes No An Officer in Charge of the Charge	wed and saved the In and Safety Queenslad ffice pated? will be automatically employees here. Notify Given Names No Records	notified about the Inc Employee IDs No Records	Gender No Records	ther employees within Roles No Records Action Title	Locations No Records

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

* Denotes Mandatory Fields that must be completed REPORTING DETAILS * Date Reported: Reported Time (24Hour HH:mm): 14/8 * Reported by: - (NOTE at least one 'reported by' field must be populated) Staff (✓ please tick) ☐ Student ☐ Other person Given Name Surname: EQ ID (if known). Type of other Person s.47(3)(b) - Contra ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Postcode: Suburb □ Volunteer ☐ Other (W) Phone: (M) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS 12 1/1/5 * Date of Incident: * Time incident Occurred: (24 hour hh:mm) * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility Actual Incident Address: (Street Address of any non-DET location) * Summary/Description of Incident: se the accident over & Immediate Action Taken: □ Nil First Aid ☐ Ambulance attended □ Doctor/Out Patients ☐ Hospitalisation (Returned to work/class) (on site by staff) (medical treatment) Who provided First Aid? (name) If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (⇒New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES. Director, Program Manager or HR Manager) (In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** Did an evacuation occur? ☐ Yes ☐ No Did a lockdown occur? ☐ Yes □ No Location/s involved: INCIDENT TYPES - See instructions below. Each incident type selected will bring up an inch due INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. INCIDENT TYPE Injury/Illness Motor Vehicle Property/Plant/Equipment

Electrical
Security ThreaTI application 340/5/3026/ro Marsity College - Document 128 of 269

Electrical

П

	occur during a journ		1000		cess brea	ak at work?	Yes 🗆 No
	S DETAILS - Who will			- 1		See II II	
Provide a detai	He k ny fi	nger a	of night of night of night	hand. hand. one lusive	ving fall on	school oval)	
	rson's Details (select						
(✓ please tick)	□ Staff	□ St	udent 🗆	Other person			
Surname: s.47(3	B)(b) - Contrar		Gíven Nar	ne: s.47(3)(b) - C			Type of other Person ☐ Client
Address			-				☐ Contractor ☐ Parent
Suburb:				Postco	ode:		☐ Visitor ☐ Volunteer ☐ Other
NOTE: If more that	n one person was injured	Vill in the sa	me incident, pleas	se complete an addition	nal injury/illr	ness details page	
Do you want to	t time of injury/illness lodge a workcover cl INJU y Injury – Fatality (Cla Injury – Non Fatality (aim for th	is incident? SS CLASSIFIC Work Caus		of the fol	lowing / Injury (Class E cover Journey/F	3) Recess Claim (Class
						Injury or Incide	
Face Head Eyes Ears Nose Tooth/Teeth Neck Arms Elbows Shoulders	Y Location (main in juil ☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area	☐ Knees ☐ Foot/F ☐ Toes ☐ Ankles ☐ Skin ☐ Respii	eet sratory System al Organs ological	☐ Ache/Pain ☐ Cut/Laceration ☐ Amputation ☐ Bite/Sting ☐ Bruise/Crush ☐ Dislocation ☐ Sprain/Strain ☐ Burn/Scald ☐ Fracture	☐ Infect ☐ Heari ☐ Psych ☐ Allerg ☐ Skin Irritation ☐ Heat/ ☐ Poiso ☐ Respi	ion/Disease ng Loss/Deafne nological Stress ly //Dermatitis Cold Stress ening	☐ Foreign Bod ☐ Head Injury ☐ Internal Injure ☐ Heart or Circulatory Condition ☐ Other
□ Vibration□ Struck by fallin□ Noise	all or striking against obje ng or moving object nplosion (pressure var	ct	☐ Repetitive r	ffort - single event eat/cold)	Jollowing	☐ Animal or in ☐ Biological ☐ Psychologic ☐ Vehicle ☐ Other	cal
☐ Machinery and ☐ Mobile plant/m ☐ Vehicle (Gove) ☐ Vehicle (Privat) ☐ Powered equip ☐ Non-powered	d fixed plant nachinery rnment) te) pment, tools and applia	Contribution	ng Factor / Ag	jects (eg.projectors, vironment ronment		□ Needlestick □ Fire/explosid □ Electricity □ Radiation/A □ Stress/Traud □ Temperaturd □ Other	on rc Flash ma e
☐ Admin Genera☐ Chemical use☐ Computer worl☐ Curriculum Pra☐ Curriculum Th☐ Playground Du☐ Fautisment Le	k ac eory uty		irst Aid .ifting/Manual ha Movement arour Frounds care	nd the worksite		Sports Fravel to/from th Excursions/field Work General Other	
☐ Equipment Us	completing form:	Joel	Moore			Date: 10	19/12

RTI application 340/5/3026 - Varsity College - Document 129 of 269

Incident Record			
*Required Fields			
Incident ID (generated on save) INC-20656		Entered By Meatchem, Francesca Luc Teacher Aide, Varsity Coll	inda, s 47(3)(Female,
Incident Status Signed Off and Closed		,	-5
Reporting Details			
* Reported Date		Reported Time (24 hou	r HH:MM)
10/08/12		11:15	
Reported by Staff		Reported by Student	
Moore, Joel Peter, s.47(3)(Male, OneSchool Role, Tch-Manual Varsity College	Arts,		
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 Pos
Other Person Phone Number		Other Boreau Employer	
Other Person Phone Number		Other Person Employer	
Reported To			
Incident Details			
* Incident Date		Incident Time (24 hour	HH:MM)
10/08/12	1	11:15	
If the Incident occurred at a Departmental location, sele If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College			
Non-Departmental Incident Location			
* Actual Incident Address 1 Varsity College Middle School			
Actual Incident Address 2			
	State (eg. QLD)		Post Code
Varsity Lakes	QLD		4227
* Summary of Incident Hurt little finger on right hand			
Detailed Description of Incident			
Joel moore did not see the incidentbut he saw the student on hand. Joel broughts. 47(3) the office.	the ground outside the bas	ketball court. he saidhe trippe	d over and landed on his
Immediate Action Taken			
THE PROPERTY OF THE PARTY OF TH			

Related Hazards	
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
Supervising Officer	Click here for help selecting Supervising Office
Moore, Joel Peter, s.47(3)(Male, OneSchool Role, Tch-Manual Arts, /arsity College	
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity	College
Evacuation Details	
Did an evacuation occur?	
Yes No	
Did a lockdown occur?	
Yese No	
ocations Involved	
Location No Records	
NO RELOTES	
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	
	Click have for definition of Dangers to Inciden
Was this a Dangerous Incident as defined under Legislation? Yes No	Click here for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE T	THE DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Illness	
Injury/Illness Injury/Illness Description	St
ID INJ-19204 Joel moore did not see the incidentbut he saw the student on the ground outside the	basketball court, he saidhe tripped over and landed on his hand. Joel S.47(3)(b
brought S.4 to the	office.
Submit Incident Record for Review	
To submit this Incident Record, please tick the box below and click Save	
* Submit Incident Record for review?	
e Yes∈ No	
Incident Review	
Review Incident Classification	
Incident Classification (generated on save)	
C - Investigation is Optional *	

Review and Provide Actions					
* Immediate actions n	eviewed?				
* Have any further act	ions been undertak	en?			
Details of Further Acti	ons				
Further Actions Under					
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgement	and Notifications				
If you are the reviewe	r of the Incident Pe	cord, and you are implic	ated in this Incid	lent you must consult t	your supervisor for adv
escalate the Incident			aced in this fricit	ient, you must consult	your supervisor for duv
INCIDENT RECORD DE	TAILS REVIEWED?	7			
Escalate to Human Re	sources?				
Once you have review	ed and saved the In	cident, details of notifia	ole Incidents wil	l automatically be forw	arded to:
Workplace Health a Electrical Safety Off		nd; or			
Is legal action anticipa					
 Yes No 	red:				
Incident select these		notified about the Incid	Entra City of Service Column		
Additional People to N	otify				
Additional People to N Surname No Records		Employee IDs No Records	Gender No Records	Roles Na Records	Locations No Records
Surname	otify Given Names				Locations
Surname	otify Given Names				Locations
Surname No Records	Given Names No Records				Locations
Surname No Records Assign Investigator	Given Names No Records				Locations
Surname No Records Assign Investigator * Investigation require	Given Names No Records	No Records			Locations
Surname No Records Assign Investigator * Investigation require C Yes Ro	Given Names No Records ed? trained Health and S	No Records			Locations
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OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

INJ-19785 INC-21276

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

* Denotes Mandatory Fields that mus		icident record.				
REPORTING DETAILS		SALVE - 19	Un THE STORY	Maria Maria		
* Date Reported: 16 8	one 'reported by' field)	1100 hs	82	18 In
(✓ please tick) ☑ S Given Name:	Surname:	-a./10. 5:	ther person EQ ID (if kno	own):		Type of other Person
SUSAN	SZEI	KELES	i- yi iii			☐ Client ☐ Contractor
	Address:					☐ Parent
	Suburb:			Postcode:		☐ Visitor ☐ Volunteer
	Phone: (M)	(W)		(H)		Other
	Other person Empl	loyer:				
Reported to: (who was the first person informed	of the incident, if know	n?)				
INCIDENT DETAILS	The Marian	Ger FL Const	1	A L		2 2 7 1
* Date of Incident: 168/1	2 * Time	e incident Occu	rred: (24 ho	ur hh:mm) 1100	hrs	
* Location of Incident; Where						
Departmental Location/Base Locat VARSI CY COUCE		Campus	Name of Fa	emis Go	to on	oval
Actual Incident Address: (Street Address: Vive	ddress of any non-DET	location) f	Q 46	927		
e pain going u	e went to get	the ball e i	thit 3	3 fingers in the nerself,	e middle	e jarning hand
	First Aid site by staff)	☐ Ambulance att	tended	☐ Doctor/Out Patie (medical treatment		☐ Hospitalisation
Who provided First Aid? (nar	ne)	Susan S	sæhves			
If First Aid - what first aid wa	s provided?	Ice				
Was a hazard identified as a (-New hazards can be entered or Basket ball the		olution via 'enter pe	ew hazard')	vide hazard details	below) 🗆 No	0
*Supervising Officer:						
(The supervising Officer is a DET of Director, Program Manager or HR (≈In the MyHR WHS Solution the	Manager)					y Principal, HOD, HOSES,
Elected Workplace Health & (WHSR if location has one)	Safety Representat	ive:				
EVACUATION DETAILS					1	
Did an evacuation occur?	□ Yes tho	Did	a lockdown	occur? 🗆 Yes	th No	
Location/s involved:						
INCIDENT TYPES - See instruk	tions below. Each inci	dery type selected	will bring up a	an includuar sub-form	for completio	n.
INSTRUCTIONS: Select one or mo 'Property/Plant/Equipment' or 'Fire defined under legislation' will appe INCIDENT TYPE	or 'Environmental' or '	Electrical' are selec	cted as the in			
Injury/Illness		☐ Motor Vehicle	е			lant/Equipment
Electrical						

Did this incident occur during a journey to of form work or during an ordinary recess break at work?

Yes INJURY/ILLNESS DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval basketball event to get the ball e it hit 3 finges in the middle Care num * The injured Person's Details (select one box only) **□** Student (✓ please tick) ☐ Staff ☐ Other person Given Name: s.47(3)(b) - Contrary to Surname s.47(3)(b) - Contrary to Public Inte Type of other Person ☐ Client ☐ Contractor Address Parent ☐ Visitor Suburb: Postcode: ☐ Volunteer ☐ Other (NOTE: If more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) e cardas Base location of injured staff member or student or other person: DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): No No Do you want to lodge a workcover claim for this incident? ☐ Yes INJURY/ILLNESS CLASSIFICATION - Select one of the following ☐ Bodily Injury (Class B) □ Serious Bodily Injury - Fatality (Class A) □ Work Caused Injury (Class A) ☐ Workcover Journey/Recess Claim (Class C) DSerious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) Minor Injury or Incident (Class C) Bodily Location (main injury) - select one Nature of injury/illness (main injury) select one ☐ Face ☐ Hands □ Knees ☐ Ache/Pain ☐ Infection/Disease ☐ Weld Flash ☐ Head ☐ Wrists ☐ Foot/Feet ☐ Cut/Laceration ☐ Hearing Loss/Deafness ☐ Eye Disorder ☐ Eyes ☐ Back ☐ Toes □ Amputation ☐ Psychological Stress ☐ Foreign Body ☐ Allergy □ Ears □ Mouth □ Ankles ☐ Bite/Sting ☐ Head Injury □ Nose ☐ Chest ☐ Skin □ Bruise/Crush ☐ Skin ☐ Internal Injury ☐ Tooth/Teeth Fingers ☐ Respiratory System ☐ Dislocation Irritation//Dermatitis ☐ Heart or □ Neck ☐ Internal Organs Sprain/Strain ☐ Heat/Cold Stress Circulatory ☐ Arms Abdomen/Stomach ☐ Spine ☐ Burn/Scald ☐ Poisoning Condition ☐ Hips ☐ Psychological □ Flhows ☐ Fracture ☐ Respiratory ☐ Other □ Legs ☐ Puncture/ Needlestick □ Shoulders Condition ☐ Groin Area ☐ Other f Injury/Illness - select one of the following Stip, Trip or Fall ☐ Repetitive movement □ Animal or insect Contact with, or striking against object ☐ Muscular effort – single event □ Biological ☐ Vibration □ Electricity ☐ Psychological ☐ Thermal (heat/cold) ☐ Struck by falling or moving object ☐ Vehicle ☐ Radiation ☐ Other □ Explosion or implosion (pressure variation) ☐ Chemical/Substance ontributing Factor / Agency - select one of th ☐ Machinery and fixed plant ☐ Chemicals □ Needlestick ☐ Mobile plant/machinery □ Foreign Objects (eg.projectors, ☐ Fire/explosion ☐ Vehicle (Government) splipters) ☐ Electricity ☐ Vehicle (Private) ☐ Radiation/Arc Flash Outdoor environment ☐ Powered equipment, tools and appliances □ Indoor environment ☐ Stress/Trauma □ Non-powered tools □ Animals □ Temperature □ Non-powered equipment (eg.playground) ☐ Human agencies ☐ Other ☐ Biological agent Activity - select one of the following ☐ Admin General irst Aid ☐ Sports ☐ Chemical use ☐ Lifting/Manual handling ☐ Travel to/from the workplace □ Computer work ☐ Movement around the worksite □ Excursions/field trips ☐ Curriculum Prac □ Work General ☐, Grounds care ☐ Curriculum Theory Play (supervised/unsupervised) ☐ Other ☐ Playground Duty □ Restraining a students ☐ Equipment Usage Name of person completing,form: Date: Signature.

ncident			
Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-21270		Meatchem, Francesca Lu Teacher Aide, Varsity Co	cinda, s 47(3)(Female, llege
Incident Status Submitted			
Reporting Details			
* Reported Date		Reported Time (24 ho	ne HH-MM\
16/08/12		11:00	or rin.elet)
Reported by Staff		Reported by Student	
Szekeres, Susan, s 47(3)(Female, Adm Officer, OneSchool Ro Varsity College	ole,	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 Po
Washington Committee of the Committee of		20.000	
Other Person Phone Number		Other Person Employe	er
Reported To			
Incident Details			
* Incident Date		Incident Time (24 hou	or HH-MM)
16/08/12		11:00	ii iiii.eieij
10/08/12			
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location			
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College			
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location			
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College			
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School			
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2	* State (eg. QLD)		-Departmental Incider
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2	n select your Base Loca		-Departmental Incide
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2	* State (eg. QLD)		-Departmental Incider
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Suburb Varsity Lakes Summary of Incident	* State (eg. QLD)		-Departmental Incider

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R ALL INCIDENT TYPES SELECTED.
Student Name
s.47(3)(b) - Contrary to Public

Case Notes

Date of Note No Records Who was Spoken To No Records

Review and Provide Action	ıs				
Immediate actions	reviewed?				
Yes No					
Have any further ac	tions been undertak	en?			
Yes No					
Details of Further Act	ions				
retails of Farther Act	.0113				
urther Actions Unde	rtaken Rv				
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	Na Records	No Records	No Records	No Records
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SCALATE THE INCIDENT SCALATE TO HUMAN RO DICE YOU have review TO WORK WORK WORK WORK WORK WORK WORK WOR	Record to Human Repetalls REVIEWED? esources? wed and saved the Internal Safety Queenslate	esources.			
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scalate the Incident NCIDENT RECORD D scalate to Human Re Once you have review Workplace Health Electrical Safety Of s legal action anticip Yes No An Officer in Charge on the control of the select these additional People to Surname No Records	Record to Human Report Action 19 Names RETAILS REVIEWED? Resources? Red and saved the Interpretation of the	cident, details of notifind; or notified about the Inc	Table Incidents will a	utomatically be forw ther employees withing	rarded to: n the Department to
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Escalate the Incident ENCIDENT RECORD D Escalate to Human Re Once you have review 1. Workplace Health 2. Electrical Safety Of Es legal action anticip Yes No An Officer in Charge of Encident select these Additional People to Surname No Records Actions	Record to Human Report Action 19 Names RETAILS REVIEWED? Resources? Red and saved the Interpretation of the	cident, details of notifind; or notified about the Inc	cident. If there are of	utomatically be forw ther employees withing	rarded to: n the Department to

Person Making Note No Records

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (OLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The

information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record. Denotes Mandatory Fields that must be completed REPORTING DETAILS Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) Staff √ please tick) ☐ Student ☐ Other person Given Name EQ ID (if known): Type of other Person ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Suburb: Postcode: □ Volunteer ☐ Other Phone: (M) (W) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS Date of Incident: 22/ * Time incident Occurred: (24 hour hh:mm) College Sporting Hall * Location of Incident: Where the Incident occurred Varsity Departmental Location/Base Location arsity College Mido Actual Incident Address: (Street Address of any non-DET location) Drive Varsity Summary/Description of Incident: basket ball in the Hall with the other reported to me that she had hust for hand, in a sent her to meddle Immediate Action Taken: □ Doctor/Out Patients □ Nil -First Aid ☐ Ambulance attended ☐ Hospitalisation (Returned to work/class) (medical treatment) (on site by staff) Vanessa. Who provided First Aid? (name) If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (-New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') 'Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details: Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** ☐ Yes Did an evacuation occur? TI Yes 12 No Did a lockdown occur? Location/s involved: INCIDENT TYPES - See instructions below. INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No INCIDENT TYPE Injury/Illness Motor Vehicle Property/Plant/Equipment

Fire

ant/Health & Safety/HEALTH&

340/5/3026 virol/arsity College - Document 138 of 269

Near Miss

ORM 20 07 2011 doc

Electrical

Security ThrRaTI application

Did this incident occur during a journey to of form work or during an ordinary recess break at work?

Yes INJURY/ILLNESS DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) Fractured right may linger whilst playing basketball in the sports * The injured Person's Details (select one box only) Student ☐ Staff ☐ Other person (please tick) Given Name: Type of other Person s.47(3)(b) - Contrary s.47(3)(b) - Contrary to Public Interest ☐ Client ☐ Contractor Addre s.47(3)(b) - Contrary to Public Interest ☐ Parent ☐ Visitor Postcade s.47(3)(b) - Con Suburb: s.47(3)(b) - Contrary to Public Inte ☐ Volunteer □ Other (NOTE: Ir more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) Base location of injured staff member or student or other person: Varsity College DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Do you want to lodge a workcover claim for this incident? INJURY/ILLNESS CLASSIFICATION - Select one of the following Bodily Injury (Class B) ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) DSerious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) ☐ Workcover Journey/Recess Claim (Class C) ☐ Minor Injury or Incident (Class C) Bodily Location (main injury) - select one Nature of injury/timess (main injury) - select one ☑ Hands ☐ Knees ☐ Ache/Pain □ Infection/Disease □ Weld Flash ☐ Face ☐ Wrists ☐ Foot/Feet ☐ Cut/Laceration ☐ Hearing Loss/Deafness ☐ Eye Disorder □ Head ☐ Back ☐ Toes ☐ Amputation ☐ Psychological Stress ☐ Foreign Body ☐ Eyes □ Ears ☐ Mouth ☐ Ankles ☐ Bite/Sting ☐ Allergy ☐ Head Injury ☐ Bruise/Crush ☐ Skin ☐ Skin ☐ Internal Injury ☐ Nose ☐ Chest Irritation//Dermatitis ☐ Tooth/Teeth ☐ Respiratory System ☐ Dislocation ☐ Heart or ☐ Fingers ☐ Internal Organs ☐ Sprain/Strain ☐ Heat/Cold Stress Circulatory ☐ Neck ☐ Arms Abdomen/Stomach ☐ Spine ☐ Burn/Scald ☐ Poisoning Condition ☐ Hips ☐ Psychological ☐ Fracture ☐ Respiratory ☐ Other ☐ Elbows ☐ Shoulders □ Legs Condition ☐ Puncture/ Needlestick ☐ Groin Area ☐ Other Cause of injury/Illness - select one of the following ☐ Slip, Trip or Fall ☐ Repetitive movement □ Animal or insect ☐ Biological ☐ Contact with, or striking against object ☐ Muscular effort - single event ☐ Psychological □ Vibration □ Electricity ☐ Thermal (heat/cold) □ Vehicle Struck by falling or moving object ☐ Radiation □ Other ☐ Explosion or implosion (pressure variation) ☐ Chemical/Substance Contributing Factor / Agency - select one of the following ☐ Machinery and fixed plant ☐ Chemicals □ Needlestick ☐ Mobile plant/machinery □ Foreign Objects (eg.projectors, ☐ Fire/explosion ☐ Vehicle (Government) ☐ Electricity splinters) ☐ Vehicle (Private) Outdoor environment ☐ Radiation/Arc Flash ☐ Stress/Trauma ☐ Powered equipment, tools and appliances ☐ Indoor environment ☐ Temperature □ Non-powered tools ☐ Animals ☐ Other ☐ Non-powered equipment (eg.playground) ☐ Human agencies □ Biological agent Activity - select one of the following ☐ Admin General ☐ First Aid ☐ Sports ☐ Chemical use ☐ Lifting/Manual handling ☐ Travel to/from the workplace ☐ Movement around the worksite ☐ Computer work □ Excursions/field trips Curriculum Prac (HPE Leason ☐ Grounds care ☐ Work General (Play (supervised/unsupervised) ☐ Curriculum Theory ☐ Other ☐ Playground Duty ☐ Restraining a students ☐ Equipment Usage Name of person completing form: Terry Marres Signature: Job title:

RTI application 340/5/3026 - Varsity College - Document 139 of 269

Incident Record		
*Required Fields		
Incident ID (generated on save)		Entered By
INC-21336		Meatchem, Francesca Lucinda, s 47(3)(Female Teacher Aide, Varsity College
Incident Status		reacher Aide, Varsity College
Incident Status Submitted		
Reporting Details		
Reported Date		Reported Time (24 hour HH:MM)
22/08/12		09:45
Reported by Staff		Reported by Student
Mazzer, Terrence James, , Male, ,		
Reported by Other Person		Type of Other Person
Other Person Address 1		
Other Person Address 2		
Julei Person Address 2		
Other Person Suburb	Other Person State (eg	QLD) Other Person Po
Other Person Phone Number		Other Person Employer
200 a 20		
Reported To		
Incident Details		
Incident Date		Incident Time (24 hour HH:MM)
		Incident Time (24 hour HH:MM) 09:45
* Incident Date 22/08/12		09:45
22/08/12 If the Incident occurred at a Departmental loca		09:45 Departmental Incident Location.
22/08/12 If the Incident occurred at a Departmental loca		09:45
22/08/12 If the Incident occurred at a Departmental loca If the Incident occurred at a Non-Departmenta	l location select your Base Loca	09:45 Departmental Incident Location.
22/08/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental Departmental Incident Location or Base Local	l location select your Base Loca	09:45 Departmental Incident Location.
22/08/12 If the Incident occurred at a Departmental loca If the Incident occurred at a Non-Departmental Propertmental Incident Location or Base Local Varsity College	l location select your Base Loca	09:45 Departmental Incident Location.
22/08/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental Departmental Incident Location or Base Local Varsity College Non-Departmental Incident Location Actual Incident Address 1	l location select your Base Loca	09:45 Departmental Incident Location.
f the Incident occurred at a Departmental local f the Incident occurred at a Non-Departmental Departmental Incident Location or Base Local Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School	l location select your Base Loca	09:45 Departmental Incident Location.
22/08/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental Departmental Incident Location or Base Local Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School	l location select your Base Loca	09:45 Departmental Incident Location.
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f the Incident occurred at a Departmental local if the Incident occurred at a Non-Departmental if the Incident occurred at a Non-Departmental if Departmental Incident Location or Base Local if Varsity College in Non-Departmental Incident Location if Actual Incident Address 1 if Varsity College Middle School in Actual Incident Address 2 if Suburb	l location select your Base Loca	09:45 Departmental Incident Location. Intion and complete the Non-Departmental Incide
f the Incident occurred at a Departmental loca f the Incident occurred at a Non-Departmenta Departmental Incident Location or Base Loca /arsity College Ion-Departmental Incident Location Actual Incident Address 1 /arsity College Middle School Actual Incident Address 2 Suburb /arsity Lakes Summary of Incident	l location select your Base Location * State (eg. QLD)	09:45 Departmental Incident Location. Intion and complete the Non-Departmental Incide
f the Incident occurred at a Departmental local f the Incident occurred at a Non-Departmental f the Incident occurred at a Non-Departmental f Departmental Incident Location or Base Local f Varsity College f Non-Departmental Incident Location f Actual Incident Address 1 f Varsity College Middle School f Actual Incident Address 2 f Suburb f Varsity Lakes f Summary of Incident fractured finger	l location select your Base Location * State (eg. QLD)	09:45 Departmental Incident Location. Intion and complete the Non-Departmental Incide
f the Incident occurred at a Departmental local f the Incident occurred at a Non-Departmental f Departmental Incident Location or Base Local Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 Suburb Varsity Lakes Summary of Incident Fractured finger Detailed Description of Incident	* State (eg. QLD)	09:45 Departmental Incident Location. Intion and complete the Non-Departmental Incide

Related Hazards		
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category	Hazard Description
	No Records	No Records
Supervising Officer	Click here for	help selecting Supervising Off
Mazzer, Terrence James, , Male, ,		
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, S.47(3)() Male, OneSchool Role, Youth Worker, Varsity Co	llege	
vacuation Details		
Did an evacuation occur?		
Yes No		
oid a lockdown occur?		
Yes No		
ocations Involved		
Location No Records		
ncident 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 Incide
Yes No	SHOW HELD TO:	administration bungarous america
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	E DETAILS FOR ALL INCI	DENT TYPES SELECTED
SAVE THE PAGE AND PROGRESS TO THE HEAT TABYS TO COMPLETE TH	E DETAILS FOR ALL INC.	DENT TIPES SEEETED.
Injury/Illness		
Injury/Illness Injury/Illness ID Description		Student Name
INJ-19846 Student playing basketball in the half, hurt her hand	s.47(3)(b) - 0	Contrary to Public Interest
Submit Incident Record for Review		
o submit this Incident Record, please tick the box below and click Save		
Submit Incident Record for review?		
Yes No		
Incident Review		
teview Incident Classification		
ncident Classification (generated on early)		
C - Investigation is Optional		
f this is a Psychological Illness, is the Incident notifiable to Workplace	Health and Safety Queen	sland (WHSQ)?
Yes No		

Review and Provide Actio	ns				
* Immediate actions	reviewed?				
103 110					
* Have any further a	ctions been undertak	en?			
c Yesc No					
Details of Further Ac	tions				
Further Actions Unde	ertaken By				
Sumame	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records
Review Acknowledgemen	t and Notifications				
1. Workplace Health 2. Electrical Safety O Is legal action antici Yes No An Officer in Charge Incident select these	and Safety Queensla office pated? will be automatically e employees here.	cident, details of notif nd; or notified about the Ind			
Additional People to					
Surname No Records	Given Names No Records	Employee 1Ds No Records	Gender No Records	Roles No Records	Locations No Records
Actions					
Actions					
	re Date	Action ID		Action Title	
No	Records	No Record		No Records	
Case Notes					
Case Notes					
		Person Making Not No Records		Who was Spoke	ято

LINC-22545

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

INCIDENT TYPE

П

Injury/Illness

Electrical

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace

Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to the description of the safety Regulation 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to the description of the safety Regulation 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to the description of the safety Regulation 2002 (QLD) and/or Electrical Safety Regulation 2002. The information of the safety Regulation 2002 (QLD) and/or Electrical Safety Regulation 2002 (QLD) and/or Electrical Safety Regulation 2002. The information of the safety Regulation 2002 (QLD) and/or Electrical Safety Regulation 2002 (QLD) and/or Ele Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed REPORTING DETAILS * Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) ✓ please tick) ☐ Staff ☐ Student ☐ Other person Given Name: Surname: EQ ID (if known): s.47(3)(b) - Contrary to P Type of other Person ☐ Client ☐ Contractor 2551-Address: ☐ Parent ☐ Visitor Suburb Postcode: ☐ Volunteer ☐ Other (W) (H) Phone: (M) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS 14.10 * Time incident Occurred: (24 hour hh:mm) Date of Incident: * Location of Incident: Where the Incident occurred Name of Facility Departmental Location/Base Location Actual Incident Address: (Street Address of any non-DET location) Summary/Description of Incident: began to move a set without re unstable and tilted to 3 students 1 Immediate Action Taken: ☐ Doctor/Out Patients □ Nil -First Aid ☐ Ambulance attended ☐ Hospitalisation (Returned to work/class) (medical treatment) (on site by staff) 20 HOD Who provided First Aid? (name) If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: Yes (please provide hazard details below) I No (-New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') 'Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** 19-1VO Did a lockdown occur? ☐ Yes Did an evacuation occur? ☐ Yes Location/s involved: INCIDENT TYPES -- See instructions below. Each incident type selected will bring up an individue "sub-form" for con-INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No.

Security Threat application 340/5/3026 vir Varsity College - Document 143 of 269 G:\Coredata\Office\School Management\Health & Safety\HEALTH&SAFETY INCIDENT FORM 20.07.2011 doc

Motor Vehicle

Fire

Near Miss

Property/Plant/Equipment

NJURY/ILLNES	S DETAILS - WHO WE	s injured?		MERT	1500	Veg	TO THE REAL PROPERTY.
17(3)(b) W85	Lord 110	A arm Szid	his hear	of the duas not by upon inst	post s	ne He we	nd it tapped his bices able to mon
✓ please tick)	☐ Staff	/		Other person		1.5	ght ocratches
urname: s.47(3)(b) - Contrary to Pub		Given Nar	ne: s.47(3)(b) - 0			Type of other Person ☐ Client
ddress:	Varsity	Collec	re				☐ Contractor ☐ Parent
uburb:	7-13/19		0	Posto	ode:		☐ Visitor ☐ Volunteer ☐ Other
	n one person was injured f injured staff membe			0 1		ness details page	
	t time of injury/illnes						
	lodge a workcover cl			□ Yes □	/		
Serious Bodily	y Injury – Fatality (Cla	The second secon		ed Injury (Class A)		llowing y Injury (Class E	3)
	Injury – Non Fatality (cal Illness (Class P)	□Work		Recess Claim (Class
	ly Location (main inju		The second second				ury) - select one
I Face I Head I Eyes I Ears I Nose I Tooth/Teeth I Neck I Arms I Elbows I Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area		ratory System al Organs ological	☐ Ache/Pain ☐ Cut/Laceration ☐ Amputation ☐ Bite/Sting ☐ Bruise/Crush ☐ Dislocation ☐ Sprain/Strain ☐ Burn/Scald ☐ Fracture	☐ Hear	n//Dermatitis /Cold Stress pning	☐ Foreign Body ☐ Head Injury ☐ Internal Injur ☐ Heart or Circulatory Condition ☐ Other
No. of London	***	Cause	of Injury/Illnes	s - select one of the	dollowing		
l Vibration I Struck by fallir I Noise	all or striking against obje ng or moving object mplosion (pressure val	ct	☐ Repetitive	movement ffort – single event eat/cold)		☐ Animal or in ☐ Biological ☐ Psychologic ☐ Vehicle ☐ Other	
abea e	*			ency - select one of	the losow	ring .	
Non-powered	nachinery rnment) te) pment, tools and appli		☐ Chemicals ☐ Foreign Obsplinters) ☐ Outdoor en ☐ Indoor envi ☐ Animals ☐ Human age ☐ Biological a	ojects (eg.projectors, ovironment ironment encies		□ Needlestick □ Fire/explosi □ Electricity □ Radiation/A □ Stress/Trau □ Temperatur □ Other	on rc Flash ma e
Admin Genera Chemical use Computer wor Curriculum Pra	k		First Aid Lifting/Manual h Movement arour Brounds care	nd the worksite d/unsupervised)	9000	Sports Travel to/from th Excursions/field Work General Other	

Incident Record		
*Required Fields		
Varidant VD (compared on sour)		Entered By
Incident ID (generated on save) INC-22343		Meatchem, Francesca Lucinda, s 47(3)(Female Teacher Aide, Varsity College
Incident Status Submitted ✓		
Reporting Details		
* Reported Date		Reported Time (24 hour HH:MM)
03/09/12		14:10
Reported by Staff		Reported by Student
Lang, Natalie s.47(3)(b) Female, OneSchool Role, Snr-General, Var. College	sity	Reported by Student
Reported by Other Person		Type of Other Person
Other Person Address 1		
Other Person Address 2		
Other Person Suburb Oth	er Person State (eg. (QLD) Other Person P
Other Person Phone Number		Other Person Employer
Reported To		
Incident Details		
* Incident Date		Incident Time (24 hour HH:MM)
03/09/12		14:10
If the Incident occurred at a Departmental location, select of the Incident occurred at a Non-Departmental location select of the Incident occurred at a Non-Departmental location select of the Incident Location or Base Location Varsity College		
If the Incident occurred at a Non-Departmental location se * Departmental Incident Location or Base Location		
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location		
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Sports hall (entrance end) * Actual Incident Address 1		
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Sports hall (entrance end) * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb	lect your Base Location	on and complete the Non-Departmental Incide
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Sports hall (entrance end) * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2	lect your Base Location	on and complete the Non-Departmental Incide
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Sports hall (entrance end) * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb	lect your Base Location	on and complete the Non-Departmental Incide
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Sports hall (entrance end) * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident Goal post fell onto students left arm and shoulder	lect your Base Location	on and complete the Non-Departmental Incide
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Sports hall (entrance end) * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb * St Varsity Lakes * Summary of Incident * Non-Departmental Incident Location Sports hall (entrance end) * Actual Incident Address 1 QLC * Suburb * St Varsity Lakes	tate (eg. QLD)	Post Code 4226

Related Hazards	
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
* Supervising Officer Lang, Natalie, s.47(3)(Female, OneSchool Role, Snr-General, Varsity	Click here for help selecting Supervising Offi
College	
Elected Workplace Health and Safety Representative	
Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Col	lege
Evacuation Details	
Did an evacuation occur?	
↑ Yes • No	
Did a lockdown occur?	
○ Yes ® No	
and an end of the same of the	
Locations Involved	
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? C Yes RO	Click here for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	E DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/tiliness	
Injury/Illness	
Injury/Illness ID Description INJ-20774 Goal post fell onto students left arm and shoulder	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 ONO	
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 I	Health and Safety Queensland (WHSQ)?

Click here for Inform	ation on Incident Cla	ssifications and WHSQ no	tification require	ments	
Review and Provide Action	ns				
* Immediate actions	reviewed?				
c Yesc No					
	Towns of Tark	172.5			
	ctions been undertak	en?			
r Yesr No					
Details of Further Ac	tions				
Further Actions Unde	ertaken By				
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	Na Records	Na Récards	No Records
Review Acknowledgemen	t and Notifications				
		cord, and you are implica	ted in this Incide	nt, you must consult yo	ur supervisor for ad
escalate the Incident	Record to Human Re	esources.			
INCIDENT RECORD I	DETAILS REVIEWED?	r.			
Escalate to Human R	esources?				
Once you have review	wed and saved the In	cident, details of notifiab	le Incidents will a	automatically be forwar	ded to:
					222.22
2. Electrical Safety O	and Safety Queensla ffice	na; or			
Is legal action anticip	pated?				
r Yesr No					
An Officer in Charge	will be automatically	notified about the Incide	nt If there are o	ther employees within t	the Denartment that
Incident select these		nounca about the incide	ma ar ancre are o	and employees within	ine Department that
Additional People to	Notify				
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Recards	No Records	No Records
Actions					
Actions					
	e Date	Action ID		Action Title	
No	Records	Na Records		Na Records	
Case Notes					
Case Notes					
Date of		Person Making Note		Who was Spoken T	o
No Reco	ords	No Records		No Records	

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

NC-22370

□ Property/Plant/Equipment

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Salety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be

stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed REPORTING DETAILS Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) ☐ Student ☐ Other person s.47(3)(b) - Cont Given Name: Surname: s.47(3)(b) - Contrar EQ ID (if known): Type of other Person ☐ Client ☐ Contractor mann s.47(3)(b) - Contrary to Publi Address: ☐ Parent □ Visitor s.47(3)(b) - Contrar Postcode: Suburb: □ Volunteer ☐ Other Phone: (M) (W) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS ' Date of Incident: * Time incident Occurred: (24 hour hh:mm) 2:10am * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility Vorsily College. Actual Incident Address: (Street Address of any non-DET location) Summary/Description of Incident: Immediate Action Taken: First Aid ☐ Ambulance attended □ Doctor/Out Patients ☐ Hospitalisation (Returned to work/class) (medical treatment) (on site by staff) Who provided First Aid? (name) If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: Yes (please provide hazard details below) \(\square\) No (-* New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') Word ball *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** ☐ Yes ☐ No Did a lockdown occur? ☐ Yes ☐ No Did an evacuation occur? Location/s involved: INCIDENT TYPES - See instructions below. Each incluent type selected will bring up an individual nutr-form for completion INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. INCIDENT TYPE

Motor Vehicle Electrical RTI application 340/5/3026e- Varsity College - Document 148 of Security Threat

Injury/Illness

Did this incident occur during a journey to of form work or during an ordinary recess break at work? ☐ Yes ⑤-No INJURY/ILLNESS DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) Suspected brised thumb * The injured Person's Details (select one box only) Student (v please tick) ☐ Staff ☐ Other person s.47(3)(b) - Co Surname: Given Name: Type of other Person s.47(3)(b) - Contrary to P ☐ Client ☐ Contractor Address: ☐ Parent ☐ Visitor Postcode: Suburb: □ Volunteer □ Other (NOTE: If more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) No No Do you want to lodge a workcover claim for this incident? ☐ Yes INJURY/ILLNESS CLASSIFICATION - Select one of the following ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) ☐ Bodily Injury (Class B) DSerious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) ☐ Workcover Journey/Recess Claim (Class C) Minor Injury or Incident (Class C) Bodily Location Imain injury) - select one Nature of injury/filness (main injury) - select one Hands Ache/Pain ☐ Weld Flash ☐ Face ☐ Knees □ Infection/Disease ☐ Head ☐ Wrists ☐ Foot/Feet ☐ Cut/Laceration ☐ Hearing Loss/Deafness ☐ Eve Disorder ☐ Back □ Toes □ Amputation ☐ Foreign Body □ Eyes ☐ Psychological Stress ☐ Bite/Sting ☐ Allergy ☐ Ears ☐ Mouth ☐ Ankles ☐ Head Injury ☐ Bruise/Crush □ Nose ☐ Chest ☐ Skin ☐ Skin ☐ Internal Injury ☐ Tooth/Teeth ☐ Fingers ☐ Respiratory System ☐ Dislocation Irritation//Dermatitis ☐ Heart or □ Neck ☐ Internal Organs ☐ Sprain/Strain ☐ Heat/Cold Stress Circulatory Abdomen/Stomach ☐ Arms ☐ Spine ☐ Burn/Scald ☐ Poisoning Condition ☐ Hips ☐ Psychological ☐ Other _ □ Elbows ☐ Fracture ☐ Respiratory ☐ Shoulders □ Legs Condition □ Puncture/ Needlestick ☐ Groin Area ☐ Other ☐ Repetitive movement ☐ Slip, Trip or Fall □ Animal or insect ☐ Biological ☐ Contact with, or striking against object ☐ Muscular effort - single event ☐ Psychological □ Vibration □ Electricity Struck by falling or moving object ☐ Thermal (heat/cold) ☐ Vehicle □ Noise ☐ Radiation ☐ Other ☐ Explosion or implosion (pressure variation) ☐ Chemical/Substance Contributing Factor / Agency - select one of the following ☐ Machinery and fixed plant ☐ Chemicals □ Needlestick ☐ Mobile plant/machinery ☐ Foreign Objects (eg.projectors, ☐ Fire/explosion ☐ Vehicle (Government) splinters) □ Electricity ☐ Vehicle (Private) Outdoor environment ☐ Radiation/Arc Flash ☐ Powered equipment, tools and appliances □ Indoor environment ☐ Stress/Trauma ☐ Non-powered tools ☐ Temperature □ Animals □ Non-powered equipment (eg.playground) ☐ Human agencies □ Other ☐ Biological agent Activity - select one of the following Sports ☐ Admin General ☐ First Aid ☐ Lifting/Manual handling Travel to/from the workplace ☐ Chemical use ☐ Excursions/field trips ☐ Computer work ☐ Movement around the worksite ☐ Curriculum Prac ☐ Grounds care ☐ Work General ☐ Play (supervised/unsupervised) ☐ Curriculum Theory ☐ Other ☐ Playground Duty ☐ Restraining a students ☐ Equipment Usage Martin Sultmann Date: 5-8-2012 Name of person completing form: Job title: Hon - Middle School

RTI application 340/5/3026 - Varsity College - Document 149 of 269

Signature: _

Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-22370			Lucinda, s 47(3)(Female,
Incident Status		reactor files turbles	oninge
Signed Off and Closed 🐇			
Reporting Details			71.
* Reported Date		Reported Time (24 I	nour HH:MM)
05/09/12		12:10	
Reported by Staff		Reported by Studen	t
Sultmann, Martin Patrick, s.47(3) Male, EST-Social Sci, OneS Role, Varsity College	chool		
Reported by Other Person		Type of Other Perso	n
Other Person Address 1			
Other Person Address 2			
Other Person Suburb	Other Person State	(eg. QLD)	Other Person Po
Other Person Phone Number		Other Person Emplo	yer
Reported To			
Incident Details			
* Incident Date		Incident Time (24 h	our HH:MM)
05/09/12		12:10	
If the Incident occurred at a Departmental location, sel			ocation.
If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College	i select your base i	ocation and complete the NC	n-Departmental Incide
* Departmental Incident Location or Base Location	i select your base i	ocation and complete the NC	n-Departmental Incider
* Departmental Incident Location or Base Location Varsity College	i select your base	ocation and complete the NC	n-Departmental Incide
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1	i select your base	ocation and complete the NC	n-Departmental Incide
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity College Actual Incident Address 2 * Suburb	* State (eg. QLD)	Location and complete the No	Post Code
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity College Actual Incident Address 2		ocation and complete the NC	
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity College Actual Incident Address 2 * Suburb	* State (eg. QLD)	ocation and complete the NC	Post Code
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity College Actual Incident Address 2 * Suburb varsity Lakes * Summary of Incident	* State (eg. QLD)	Location and complete the No.	Post Code
Popertmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity College Actual Incident Address 2 Suburb Varsity Lakes Summary of Incident Bruised thumb	* State (eg. QLD)	ocation and complete the NC	Post Code

Related Hazards		
Date Hazard Reported Hazard ID Hazard Location	Hazard Category	Hazard Description
No Records No Records No Records	No Records	No Records
Sultmann, Martin Patrick, s.47(3)(Male, EST-Social Sci, OneSchool	Click here for	help selecting Supervising Offi
Role, Varsity College		
Elected Workplace Health and Safety Representative Hodges, Craig Wayne s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity C	ollege	
vacuation Details		
oid an evacuation occur?		
Did a lockdown occur?		
Yes No		
.ocations Involved		
Na Records		
ncident 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		
Nas this a Dangerous Incident as defined under Legislation? ↑ Yes ← No	Click here for	definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE T	HE DETAILS FOR ALL INC	IDENT TYPES SELECTED.
injury/tilness		
Injury/Illness Injury/Illness ID Description	Stude	ent Name
IN3-20799 Student sustained bruised thumb		ry to Public Interest
Submit Incident Record for Review		
o submit this Incident Record, please tick the box below and click Save		
Submit Incident Record for review? Yes No		
Incident Review		
teview Incident Classification		
Incident Classification (generated on save) C - Investigation is Optional		

Click here for Inform	mation on Incident Cla	ssifications and WHSQ n	otification require	ements	
Review and Provide Acti	ions				
* Immediate action	s reviewed?				
Yes ∩ No					
E Have any further	actions been undertak	ron2			
· Yes · No	actions been undertak	tenr			
163 110					
Details of Further A	ctions				
No action required					
Further Actions Unc	the state of the s			8.1	
Surname No Records	Given Names No Records	Employee IDs Na Records	Gender Na Records	Roles No Records	No Records
Review Acknowledgeme	ent and Notifications				
	wer of the Incident Re nt Record to Human R	ecord, and you are implicates	ated in this Incide	nt, you must consult	your supervisor for adv
INCIDENT RECORD	DETAILS REVIEWED?	V			
Escalate to Human	Resources?				
Once you have revi	ewed and saved the In	icident, details of notifial	ole Incidents will	automatically be forw	arded to:
1. Workplace Healtl 2. Electrical Safety	h and Safety Queensla Office	nd; or			
Is legal action antic	cipated?				
Yes No					
Additional People to	Notify Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records
Assign Investigator					
* Investigation req	uired?				
← Yes No					
Click here for a list	of trained Health and	Safety Investigators			
Person Responsible					
Reasons for Not Inv	vestigating				
Not required	ostiguting				
File Attachments					
File Attachment					
	ned File	File Type No Records		Date Loaded No Records	File U
no no	CLUMS	No Records		no necoras	
Actions					
Actions					
	Due Date	Action ID		Action Title	
N.	o Records	No Records		No Records	
Case Notes					
Case Notes					
	of Note	Person Making Note No Records		Who was Spoke	

Incident Record	
*Required Fields	
Incident ID (generated on save) INC-22945	Entered By Firth, Wendy Christine, s 47(3)(Female, OneSch
Incident Status Submitted [™]	
Reporting Details	
* Reported Date 11/09/12	Reported Time (24 hour HH:MM) 13:15
Reported by Staff Firth, Wendy Christine, s 47(3)(Female, OneSchool Role, TA Teacher Aide, Varsity College	Reported by Student
Reported by Other Person	Type of Other Person ▼
Other Person Address 1	
Other Person Address 2	
Other Person Suburb Other Person Sta	te (eg. QLD) Other Person Po
Other Person Phone Number	Other Person Employer
Reported To	
Incident Details	
* Incident Date 11/09/12	Incident Time (24 hour HH:MM) 13:15
If the Incident occurred at a Departmental location, select this location a If the Incident occurred at a Non-Departmental location select your Base * Departmental Incident Location or Base Location Varsity College	
Non-Departmental Incident Location	
* Actual Incident Address 1 198 Varsity Parade	
Actual Incident Address 2	
* Suburb	Post Code 4227
Summary of Incident Injured leg on council swing Detailed Description of Incident S.47 was on the council swing near the oval when another student would not stop	

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 Offic
Goodwin, Murray Patrick, s.47(3)(Male, OneSchool Role, Tch-General, Varsity College		
Elected Workplace Health and Safety Representative		
Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Colle	ege	
Evacuation Details		
Did an evacuation occur?		
Yes No		
Did a lockdown occur?		
Yes No		
ocations Involved		
Location No Records		
ncident Types		
Select one or more Incident Types	Click here for I	help selecting Incident Types
▼ Injury Illness		
Security Threat		
Motor Vehicle		
Electrical		
Fire		
Environmental		
Property/Plant/Equipment		
Near Miss		
Nas this a Dangerous Incident as defined under Legislation? ^ Yes ♠ No	Click here for o	definition of Dangerous Incider
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE	DETAILS FOR ALL INCID	DENT TYPES SELECTED.
Injury/Illness		
njury/Illness Injury/Illness 10 Description		Student Name
INJ-21343 Student on council swing near the oval, another student would not stop pushing him, re-	sulting in him tearing the muscle in h	
Submit Incident Record for Review		
o submit this Incident Record, please tick the box below and click Save		
Submit Incident Record for review?		
Yes No		
incident Review		
leview Incident Classification		
ncident Classification (generated on save)		

Click here for Information on Incident Classifications and WHSQ notification requirem	ents
---	------

Review and Provide Actions

* Immediate actions reviewed?

c Yesc No

* Have any further actions been undertaken?

r Yesr 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
NO RECORD	NO RECORDS	WO RECORDS	NO RECORDS	No Records	W

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 adviescalate 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?

r Yesr 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 Pate la Records	Action ID No Records		No Records	
Case Notes					
Case Notes					
	of Note ecords	Person Making Note No Records		Who was Spoken ' No Records	To

Incident Record			
109-51-4-117-2			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-22948		Firth, Wendy Christine, S Aide, Varsity College	47(3)(Female, OneSch
Incident Status			
Signed Off and Closed		1=	
Reporting Details			
* Reported Date		Reported Time (24 hor	ir HH:MM)
11/09/12		13:15	
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 (e	ı. QLD)	Other Person Po
Other Person Phone Number	-	Other Person Employe	
odier Person Prione Humber		Other Person Employe	
Reported To			
Incident Details			
And the second		Incident Time (24 hou	· HH:MM)
* Incident Date 11/09/12		Incident Time (24 hou 13:15	нн:мм)
* Incident Date	l location select your Base Loca	13:15 Departmental Incident Local	ation.
* Incident Date 11/09/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Locat	l location select your Base Loca	13:15 Departmental Incident Local	ation.
* Incident Date 11/09/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Locat Varsity College	l location select your Base Loca	13:15 Departmental Incident Local	ation.
* Incident Date 11/09/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Locat Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade	l location select your Base Loca	13:15 Departmental Incident Local	ation.
* Incident Date 11/09/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Locat Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2	l location select your Base Loca	13:15 Departmental Incident Local	ation. Departmental Incider
* Incident Date 11/09/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Locat Varsity College Non-Departmental Incident Location * Actual Incident Address 1	l location select your Base Loca	13:15 Departmental Incident Local	ation.
* Incident Date 11/09/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Locat Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident	tion * State (eg. QLD)	13:15 Departmental Incident Local	Post Code
* Incident Date 11/09/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Locat Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident Injured hip on council swing	tion * State (eg. QLD)	13:15 Departmental Incident Local	Post Code
* Incident Date 11/09/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Locat Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident	* State (eg. QLD)	13:15 Departmental Incident Local	Post Code
* Incident Date 11/09/12 If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental * Departmental Incident Location or Base Locat Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident Injured hip on council swing Detailed Description of Incident	* State (eg. QLD)	13:15 Departmental Incident Local	Post Code

Related Hazards				
Date Hazard Reported No Records	Hazard ID No Records	Hazard Location No Records	Hazard Category No Records	Hazard Description No Records
* Supervising Officer Goodwin, Murray Patrick, s.47(3)(1)Male	e, OneSchool Role,	Tch-General,	Click here fo	r help selecting Supervising Off
Varsity College	-			
Elected Workplace Health and Safet Hodges, Craig Wayne, s 47(3)(llege	
Evacuation Details				
Did an evacuation occur?				
○ Yes ® No				
Did a lockdown occur?				
Yes No No No No No No No N				
Locations Involved		Location		
		No Records		
Incident Types				
* Select one or more Incident Types			Click here fo	help selecting Incident Types
F Injury Illness				
Security Threat				
Motor Vehicle				
- Electrical				
Fire				
□ Environmental	2			
 Property/Plant/Equipmer 	it			
□ Near Miss				
Was this a Dangerous Incident as do Yes & No	efined under Leg	islation?	Click here for	definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO	THE NEXT TAB	S TO COMPLETE TH	E DETAILS FOR ALL INC	IDENT TYPES SELECTED,
Injury/Iliness				
Injury/Illness				
Injury/Illness ID Description INJ-21348 Bruised hip		c 47/2\/b) - Contrary to Public Inte	roet
THE EXPLOYER PROPERTY OF THE P		S.47(3)(D) - Contrary to Public linte	lest
Submit Incident Record for Review				
To submit this Incident Record, please ti	ck the box below a	and click Save		
Submit Incident Record for review	17			
∘ Yes ∩ No	7			
Incident Review				
Includit Review				
Review Incident Classification				
Incident Classification (generated o	n save)			
Review Incident Classification Incident Classification (generated o B - Investigation is Required ≅ If this is a Psychological Illness, is to Yes ○ No		fiable to Workplace	Health and Safety Queer	island (WHSQ)?
Incident Classification (generated on B - Investigation is Required Electrical Incident Incid	he Incident noti			island (WHSQ)?

Review and Provi	de Actions				
* Immediate a	actions reviewed?				
F Yesr No)				
* Have any fu	rther actions been unde	rtakan?			
r Yes No		i caken:			
103 110					
Details of Furt	ther Actions				
Further Action	s Undertaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowle	edgement and Notifications				
	reviewer of the Inciden	t Record, and you are implic	ated in this Incide	ent, you must consult yo	ur supervisor for adv
	CORD DETAILS REVIEW				
	man Resources?	77.00			
		e Incident, details of notifial	ble Incidents will	automatically be forwar	ded to:
	Health and Safety Quee				
Is legal action					
Yes No	The state of the s				
An Officer in C Incident selec	harge will be automation the community that these employees here.	ally notified about the Incid	ent. If there are o	ther employees within t	he Department that r
Additional Peo	pple to Notify				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Récords	Locations No Records
Assign Investigator					
* Investigation	n required?				
· Yes · No	and the first of the same of t				
Click here for a	a list of trained Health a	nd Safety Investigators			
Person Respon	nsible for Investigation				
200 AC - W	LOCAL OUT				
Not required	ot Investigating				
Not requied					
File Attachments					
File Attachmer	nt				
	Attached File No Records	File Type		No Records	File Up
	No Records	No Records		No Records	
Actions					
Actions					
Adding	Due Date No Records	Action ID No Records		Action Title No Records	
Case Notes					
Case Notes					
-110163	Date of Note	Person Making Note		Who was Spoken To	
	No Records	No Records		No Records	

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

Property/Plant/Equipment

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be

stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed REPORTING DETAILS * Date Reported: 23/10/12 Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) 30/10 7.n ☐ Student (✓ please tick) ☐ Staff ☐ Other person Giv s.47(3)(b) - Contrary to Publi EQ ID (if known): Type of other Person s.47(3)(b) - Contrary to Public ☐ Client ☐ Contractor Address ☐ Parent ☐ Visitor Postcode: Suburb □ Volunteer ☐ Other Phone: (M) (W) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS * Date of Incident: 23/ * Time incident Occurred: (24 hour hh:mm) * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility -0/1000 Actual Incident Address: (Street Address of any non-DET location) Summary/Description of Incident: * Immediate Action Taken: First Aid □ Ambulance attended □ Doctor/Out Patients ☐ Hospitalisation (Returned to work/class) (medical treatment) (on site by staff) Who provided First Aid? (name) If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (~New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) ে In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** ☐ Yes ☑ No Did a lockdown occur? ☐ Yes Did an evacuation occur? Location/s involved: INCIDENT TYPES - See Instructions below. Each incident type selected will bring up an inchoousi sub-form for col INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. INCIDENT TYPE

Motor Vehicle Electrical RTI application 340/5/3026e- Varsity College - Document 159 0 269

Injury/Illness

Did this incident	occur during a jour	ney to of f	orm work or di	uring an ordinary re	cess bre	ak at work?	I Yes □ No
INJURY/ILLNESS	S DETAILS - who was	s injured?	8-01510	180 - 0 - 0			
S.47(3)(b) - Contrar	led description of the	2005	action	actured right ankle follow	wing fall on	school oval) al and the	his shoe
(✓ please tick)	□ Staff	/		Other person			
Surnan s.47(3)(b) - Contrary to Public Interest Address Suburb: Postcode:							Type of other Person Client Contractor Parent Visitor Volunteer
(NOTE: If more than	n one person was injured	Vill in the sa	me incident pleas	se complete an addition	nal iniurv/ill	ness details nage	Other for each person involved.)
Base location of DET Staff role at Do you want to I	injured staff member time of injury/illness odge a workcover classification of the Injury – Fatality (Classification) of the Injury – Non Fatality (Classification)	er or stude s (i.e. Teac aim for th JRY/ILLN ss A)	ent or other per cher, admin offic is incident? SS CLASSIFIC Work Causi	rson: Varsid	No Bodil	llowing y Injury (Class B	B) Recess Claim (Class C)
Bodily	y Location (main injur	v) - selec	Lone (all the same	Netture o	f injury/i	iness (main ini	ury) - selections
☐ Face ☐ Head ☐ Eyes ☐ Ears ☐ Nose ☐ Tooth/Teeth ☐ Neck ☐ Arms ☐ Elbows ☐ Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area	☐ Knees ☐ Foot/F ☐ Toes ☐ Ankle ☐ Skin ☐ Respi	s Feet s ratory System al Organs ological n	□ Ache/Pain □ Cut/Laceration □ Amputation □ Bite/Sting □ Bruise/Crush □ Dislocation □ Sprain/Strain □ Burn/Scald □ Fracture	☐ Infect☐ Hear ☐ Psyc☐ Allerg☐ Skin ☐ Irritation☐ Heat ☐ Poisc☐ Resp☐ Punc	□ Weld Flash □ Eye Disorder □ Foreign Body □ Head Injury □ Internal Injury □ Heart or Circulatory Condition □ Other	
ALC: NO SECTION AND ADDRESS OF THE PERSON AN	Section 2 / a	Course	of Injury/Illnes	s - solvet one of the	Inllowing	POPULATION AND ADDRESS.	
□/Vibration ☐ Struck by falling ☐ Noise	II or striking against object g or moving object oplosion (pressure var	ct	☐ Muscular effort – single event ☐ Electricity ☐ Thermal (heat/cold)			☐ Animal or in ☐ Biological ☐ Psychologic ☐ Vehicle ☐ Other	cal
CO SELV		Contributi	ng Factor / Abs	ency - select one of	the foliow	MGAD.	N. Co.
☐ Non-powered to	fixed plant achinery nment) e) ment, tools and applia	□ Foreign Objects (eg.projectors, splinters) □ Ele □ Outdoor environment □ Ra: □ Indoor environment □ Str: □ Animals □ Tel			□ Needlestick □ Fire/explosi □ Electricity □ Radiation/A □ Stress/Trau □ Temperatur	/explosion ctricity liation/Arc Flash ss/Trauma	
Profession and	la Contraction	20120	Activity - sale	of one of the following	g		
☐ Admin General ☐ Chemical use ☐ Computer work ☐ Curriculum Pra ☐ Curriculum The ☐ Playground Du ☐ Equipment Usa	c ac eory ty		First Aid ifting/Manual ha Movement arour Brounds care Play (supervised Restraining a stu	andling nd the worksite I/unsupervised)	0000	Sports Travel to/from the Excursions/field Work General Other	ne workplace trips
Name of person of Signature:	completing form: F	tch	cesca	Meale Job title: Te	cherach	Date: 25	5/10/12 lide

RTI application 340/5/3026 - Varsity College - Document 160 of 269

ncident				
Incident Record				
*Required Fields				
Incident ID (generated on save)		Entered By		
INC-25468			Lucinda, s 47(3)(Female, O College	
Incident Status Submitted Status				
Reporting Details		The Control of the Co		
* Reported Date		Reported Time (24 ho	ur HH·MM)	
30/10/12		01:30	ur miner)	
Reported by Staff		Reported by Student		
Meatchem, Francesca Lucinda, s 47(3)(Female, OneSchool F Teacher Aide, Varsity College	Role, TA	Reported by Student		
Reported by Other Person		Type of Other Person		
Other Person Address 1		James J		
Other Person Address 2				
Other Person Suburb	Other Person State (eg	J. QLD)	Other Person Post	
Other Person Phone Number		Other Person Employe	er .	
Reported To				
Incident Details				
* Incident Date		Incident Time (24 hou	ur HH-MM)	
23/10/12		01:30	ii (iiiii-ii-i)	
If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental locatio * Departmental Incident Location or Base Location				
Varsity College				
Non-Departmental Incident Location				
* Actual Incident Address 1 Varsity College Middle School				
Actual Incident Address 2				
* Suburb	* State (eg. QLD)		Post Code	
Varsity Lakes	QLD QLD		4227	
* Summary of Incident Fractured foot - He was accidentally hit in the foot with a crick				
Detailed Description of Incident				
s.47(3) was playing cricket on the oval and his shoe came off	f. He was accidentally hit is	n the foot with a cricket bat.		
Immediate Action Taken				

Related Hazards		
Oate Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records	
		0.00
* Supervising Officer Szekeres, Susan, s 47(3)(Female, Adm Officer, OneSchool Role, Varsity College	Click here for help selecting Supervisin	ig Offi
Elected Workplace Health and Safety Representative		
Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Coll	lege	
Evacuation Details		
Did an evacuation occur?		
r Yes∘ No		
Did a lockdown occur?		
r Yes∘ No		
Locations Involved		
Location		
No Records		
Incident Types		
* Select one or more Incident Types	Click here for help selecting Incident T	ypes
▼ 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	Tasido
Yes No	Click here for definition of Dangerous	incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE	E DETAILS FOR ALL INCIDENT TYPES SELECTED.	
Injury/Illness		
Injury/Illness		
Injury/Illness ID Description INJ-23677 Fractured foot - He was accidentally hit in the foot with a cricket bat.	s.47(3)(b) - Contrary to Public In	terest
Submilt 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 F Yes No	Health and Safety Queensland (WHSQ)?	

	ons				
Immediate action	s reviewed?				
Yes No					
Have any further	actions been undertak	en?			
Yesr No					
Details of Further A	ctions				
realis of Future A	CCIONS				
urther Actions Und	ertaken By				
Surname No Retords	Given Names No Records	Employee IDs Na Records	Gender No Records	Roles No Records	Locations No Records
NO RELOTOS	No Records	Na Records	No Records	NO Necoras	No Records
eview Acknowledgeme	nt and Notifications				
. Electrical Safety					
		notified about the Inc	cident. If there are o	ther employees within	n the Departme
Yes No An Officer in Charge Incident select thes	e employees here.	notified about the Inc	cident. If there are of	ther employees within	n the Departme
An Officer in Charge Incident select thes Additional People to	o Notify Given Names	Employee IDs	Gender	Roles	Locations
Yes No An Officer in Charge Incident select thes Additional People to	e employees here. Notify				
An Officer in Charge incident select thes additional People to Sumame No Records	o Notify Given Names	Employee IDs	Gender	Roles	Locations
An Officer in Charge incident select thes additional People to Surname No Records	o Notify Given Names	Employee IDs	Gender	Roles	Locations
An Officer in Charge Incident select thes Additional People to Sumane No Records	o Notify Given Names	Employee IDs	Gender No Records	Roles	Locations
Actions	O Notify Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations
Yes No In Officer in Charge Incident select thes Incident select these Incident select these Incident select these Incident select these	O Notify Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations

No Recards

No Records

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The

information collected may be disclosed to Electrical Safety Office (QLD), WorkCove information collected on this form will be stored securely as an attachment to the	er Queensland, Industri manually entered into t	ial Organisations, or ot the MyHR Workplace H	her entities in accord	lance with, or where r	requested by law o	r industrial instrument. The
* Denotes Mandatory Fields that must	be completed					
REPORTING DETAILS	STEEL STORY				33121	
* Date Reported: 26 10	/ 2 Rep	oorted Time (24H	lour HH:mm):	2 on		-,
* Reported by: - (NOTE at least					-	1 200
(✓ please tick) □✓S	taff 🗆 S	student 🗆 C	Other person			
Given Name: CORRINA	Surname:		EQ ID (if knows	n):		Type of other Person Client
	Address:					☐ Contractor ☐ Parent
	Suburb:		P	ostcode:		☐ Visitor ☐ Volunteer
	Phone: (M)	(W)	(H	1)		□ Other
	Other person En	nployer:				
Reported to: (who was the first person informed INCIDENT DETAILS	of the incident, if kno	own?)				
* Date of Incident: 26 10	117	and the latest Only	sensels (OA besse	hh	~ .	
		me incident Occi	urrea: (24 nour	nn:mm) ~ p		
* Location of Incident: Where Departmental Location/Base Location		a .	Name of Facili	hu.		
Departmental Location/base Locati	On		Name of Facili	Near s	sport L	all.
Actual Incident Address: (Street Ad	dress of any non-DE	ET location)			,	
Summary/Description of Inc s.47(3)(b) - Contrary to F Core I games Immediate Action Taken:	ed frie	broke !	elly an	d injure	d Fig	yer.
	irst Aid site by staff)	☐ Ambulance a		Doctor/Out Pati nedical treatmen] Hospitalisation
Who provided First Aid? (nan	ne)	MIBP	bood			
If First Aid - what first aid wa	s provided?	Ice.	1.7.7.			
Was a hazard identified as a (de hazard details	below) □ No	
*Supervising Officer:						
(The supervising Officer is a DET e Director, Program Manager or HR (❖In the MyHR WHS Solution the	Manager)					Principal, HOD, HOSES,
Elected Workplace Health & S (WHSR if location has one)	Safety Represent	ative:				
EVACUATION DETAILS			No. UT			3/3/30
Did an evacuation occur?	☐ Yes ☐	No Die	d a lockdown o	ccur? 🗆 Yes	D-No	
Location/s involved:						
INCIDENT TYPES - See Ingrue	tions below. Each i	ncident type selecte	d will bring up an	not vidual sub-love	la compensa	
INSTRUCTIONS: Select one or mo 'Property/Plant/Equipment' or 'Fire' defined under legislation' will appea INCIDENT TYPE	or 'Environmental' of	or 'Electrical' are sel vered either Yes or I	ected as the incid No.		ion 'Was this a D	angerous Event as
☐ Injury/Illness☐ Electrical		☐ Motor Vehic				ant/Equipment
☐ Electrical ☐ Security Threat app	olication 340/	5/3026 TO WAR	sity College	e - Documen	t 164 of 26	9

INJURY/ILLNES	S DETAILS - who we	s injured	7				
Provide a deta	iled description of th	e injury	or illness (i.e. Fra	actured right ankle follow	ving fall on school o	oval)	
Tore li	iled description of the	1.5	at ring fi	ger which	5 roke	a 5	ore.
The injured Pe	rson's Details (selec	one box	oply)				
√ please tick)	□ Staff	U	Student	Other person			_
Surname: s.47(3)(k	o) - Contrary to Public		Given Nar	s.47(3)(b) - Contrary	to Public Inte		Type of other Person ☐ Client ☐ Contractor
Suburb:				Postc	ode:		☐ Parent ☐ Visitor ☐ Volunteer ☐ Other
NOTE: If more tha	n one person was injure	d/ill in the	same incident, plea	se complete an addition	nal injury/illness det	ails page	for each person involved.
Base location o	f injured staff membe	er or stu	dent or other per	rson:			
DET Staff role a	t time of injury/illnes	s (i.e. Te	eacher, admin offic	cer etc):			
Do you want to	lodge a workcover c	laim for	this incident?	□ Yes □ I	No		
	SOLETING AND ADDRESS OF			CATION - Select on			
☐ Serious Bodil	y Injury - Fatality (Cla			sed Injury (Class A)	□ Bodily Injury	(Class I	B)
	Injury - Non Fatality (cal Illness (Class P)		ourney/	Recess Claim (Class C)
	ly Location (main inju	ry) - sel	ectione .	Nature o	t injury/illness (main in	u(v) = unlect one
☐ Face ☐ Head ☐ Eyes ☐ Ears ☐ Nose ☐ Tooth/Teeth ☐ Neck ☐ Arms ☐ Elbows ☐ Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area	☐ Inte ☐ Spir ☐ Psy Condit	t/Feet s les piratory System rnal Organs ne chological	□ Ache/Pain □ Cut/Laceration □ Amputation □ Bite/Sting □ Bruise/Crush □ Dislocation □ Sprain/Strain □ Burn/Scald □ Fracture	☐ Infection/Dis☐ Hearing Loss☐ Psychologica☐ Allergy☐ Skin☐ Irritation//Derma☐ Heat/Cold St☐ Poisoning☐ Respiratory☐ Puncture/ Ne	s/Deafno al Stress atitis tress	☐ Foreign Body ☐ Head Injury ☐ Internal Injury ☐ Heart or Circulatory Condition ☐ Other
⊒ Şlip, Trip or Fa		Caus	e of Injury/Illnes	s - select one of the		mal or ir	nsect
☐ Contact with, on the contact with, on the contact with the contact of the contact with t	or striking against obje ng or moving object mplosion (pressure va			ffort – single event eat/cold)	☐ Biol ☐ Psy ☐ Veh	logical chologic nicle	
			dino Factor / An	ency - select one of	the following	SECTION 1	0.
☐ Non-powered	d-fixed plant nachinery rnment) te) pment, tools and appli	ances	☐ Chemicals	ojects (eg.projectors, avironment ironment encies	☐ Nec ☐ Fire ☐ Ele ☐ Rac ☐ Stre ☐ Ten	ess/Trau	orc Flash Ima
			Activity - sale	ct one of the followin	g		Single Control
☐ Admin Genera ☐ Chemical use ☐ Computer wor ☐ Curriculum Pra ☐ Curriculum Th ☐ Playground Du	k ac eory	0	First Aid Lifting/Manual hard Movement aroun Grounds care Play (supervised Restraining a sto	andling nd the worksit e d/unsupervised)	☐ Sports	ons/field eneral	

and the second s		
Incident Record		
*Required Fields		
Incident ID (generated on save)		Entered By
INC-25475		Meatchem, Francesca Lucinda, s.47(3)(t Female, Teacher Aide, Varsity College
Incident Status Submitted		
Reporting Details		
* Reported Date		Deported Time (24 hour HH-MM)
26/10/12		Reported Time (24 hour HH:MM) 02:00
and the Caree		Barradad by Chadash
Reported by Staff Abood, Corrina Gaye, S.47(3)(, Female, OneSchool Role, Tch-1 Impr, Banana State School, Moura SS - Special Education Prog Theodore 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 Po
Other Person Phone Number		Other Person Employer
About Corring Gave Is 47(3)(#Female OneSchool Role Tch-)	intell Impr. Banana State Sc	nool. Moura SS - Special Education Program.
Theodore State School	Intell Impr, Banana State Sc	nool, Moura SS - Special Education Program,
Theodore State School	Intell Impr, Banana State Sc	nool, Moura SS - Special Education Program,
Theodore State School Incident Details * Incident Date	Intell Impr, Banana State Sc	Incident Time (24 hour HH:MM)
Abood, Corrina Gaye, s.47(3)(t) Female, OneSchool Role, Tch-ITheodore State School Incident Details * Incident Date 26/10/12	Intell Impr, Banana State Sc	
Theodore State School Incident Details * Incident Date	ect this location as the D	Incident Time (24 hour HH:MM) 02:00 Departmental Incident Location.
Theodore State School Incident Details * Incident Date 26/10/12 If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location	ect this location as the D	Incident Time (24 hour HH:MM) 02:00 Departmental Incident Location.
Incident Details * Incident Date 26/10/12 If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College	ect this location as the D	Incident Time (24 hour HH:MM) 02:00 Departmental Incident Location.
Incident Details * Incident Date 26/10/12 If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School	ect this location as the D	Incident Time (24 hour HH:MM) 02:00 Departmental Incident Location.
Incident Details * Incident Date 26/10/12 If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2	ect this location as the D	Incident Time (24 hour HH:MM) 02:00 Departmental Incident Location.
Incident Details Incident Date 26/10/12 If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2	ect this location as the D	Incident Time (24 hour HH:MM) 02:00 Departmental Incident Location. On and complete the Non-Departmental Incident
Incident Details * Incident Date 26/10/12 If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb Varsity Lakes	ect this location as the D n select your Base Locati	Incident Time (24 hour HH:MM) 02:00 Departmental Incident Location. On and complete the Non-Departmental Incident Inc
Incident Details * Incident Date 26/10/12 If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 Varsity College Middle School Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident	ect this location as the D n select your Base Locati	Incident Time (24 hour HH:MM) 02:00 Departmental Incident Location. On and complete the Non-Departmental Incident Inc
Incident Details * Incident Date 26/10/12 If the Incident occurred at a Departmental location, sel If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1	ect this location as the D n select your Base Locati	Incident Time (24 hour HH:MM) 02:00 Departmental Incident Location. On and complete the Non-Departmental Incident Inc

Immediate Action Taken		
Ice given		
Related Hazards		
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category No Records	Hazard Description No Records
* Supervising Officer Szekeres, Susan, s 47(3)(Female, Adm Officer, OneSchool Role, Varsity College	Click here for	or help selecting Supervising Off
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Co	llege	1
vacuation Details		
Did an evacuation occur?		
Did a lockdown occur?		
Locations Involved		
Location No Records		
Incident Types		
	3.2.500	John State Committee of the
Select one or more Incident Types	Click here for	or 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? Yes Ro	Click here for	or definition of Dangerous Incid
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	E DETAILS FOR ALL IN	CIDENT TYPES SELECTED.
Injury/tilness		
Injury/Illness		2.4.5
Injury/Illness ID Description INJ-23684 Tore ligaments in right finger which broke a bone	s.47	7(3)(b) - Contrary to Public In
Submit Incident Record for Review		
To submit this Incident Record, please tick the box below and click Save		
Submit Incident Record for review?		
r 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 $^{\circ}$ Yes $^{\circ}$ No	Health and Safety Quee	ensland (WHSQ)?

teview and Provide	e Actions				
* Immediate ac	tions reviewed?				
Yes No	Contraction of the contraction o				
105 110					
Have any furt	her actions been undertak	en?			
Yes No					
	State of the state				
Details of Furth	er Actions				
7.504.004	047.0-5.4-3				
and the state of t	Undertaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
200000000000000000000000000000000000000	1.00 1.0001.00	1,5	77-2-2-4	,	116 Linesel he
eview Acknowled	gement and Notifications				
Once you have Workplace Ho Electrical Saf s legal action a Yes No	anticipated?	nd; or			
Once you have L. Workplace Ho Electrical Saf Is legal action a Yes No An Officer in Ch Incident select	reviewed and saved the In ealth and Safety Queenslad fety Office anticipated? large will be automatically these employees here.	nd; or			
Once you have I. Workplace Ho I. Electrical Safe Is legal action a I. Yes No An Officer in Ch Incident select Additional Peop	reviewed and saved the In ealth and Safety Queenslad fety Office anticipated? harge will be automatically these employees here.	nd; or notified about the Ind	cident. If there are o	ther employees within	n the Departmen
Once you have I. Workplace Ho I. Electrical Safe Is legal action a I. Yes No An Officer in Ch Incident select	reviewed and saved the In ealth and Safety Queenslad fety Office anticipated? large will be automatically these employees here.	nd; or			
Once you have 1. Workplace Ho 2. Electrical Saf Is legal action a Yes No An Officer in Ch Incident select Additional Peop	reviewed and saved the In ealth and Safety Queenslar ety Office anticipated? harge will be automatically these employees here. ole to Notify	nd; or notified about the Ind	cident. If there are o	ther employees within	n the Department
Dince you have I. Workplace He E. Electrical Safe is legal action at Yes No An Officer in Christian Select Additional Peop Sumame No Records	reviewed and saved the In ealth and Safety Queenslar ety Office anticipated? harge will be automatically these employees here. ole to Notify	nd; or notified about the Ind	cident. If there are o	ther employees within	n the Department
Once you have Workplace He Electrical Safe s legal action a Yes No An Officer in Ch incident select Additional Peop	reviewed and saved the In ealth and Safety Queenslar ety Office anticipated? harge will be automatically these employees here. ole to Notify	nd; or notified about the Ind	cident. If there are o	ther employees within	n the Department
Once you have L. Workplace Ho Electrical Safe Is legal action at Yes No An Officer in Ch Incident select Additional Peop Sumame No Records	reviewed and saved the In ealth and Safety Queenslad fety Office anticipated? harge will be automatically these employees here. ble to Notify Given Names No Records	notified about the Inc Employee IDs No Records	Cident. If there are of Gender No Records	ther employees within Roles No Records	n the Department
Once you have Workplace He Electrical Safe It is legal action at Yes No No Officer in Chancident select Additional Peop Sumame No Records	reviewed and saved the In ealth and Safety Queenslar rety Office anticipated? harge will be automatically these employees here. ble to Notify Given Names No Records	notified about the Inc Employee IDs No Records	Cident. If there are of Gender No Records	ther employees within Roles No Records Action Title	n the Department
Once you have 1. Workplace Ho 2. Electrical Safe Is legal action at Yes No An Officer in Characteristic Select Additional Peop	reviewed and saved the In ealth and Safety Queenslad fety Office anticipated? harge will be automatically these employees here. ble to Notify Given Names No Records	notified about the Inc Employee IDs No Records	Cident. If there are of Gender No Records	ther employees within Roles No Records	n the Department
Once you have Workplace He Electrical Safe s legal action a Yes No No Officer in Chencident select additional Peop Sumame No Records Actions	reviewed and saved the In ealth and Safety Queenslar rety Office anticipated? harge will be automatically these employees here. ble to Notify Given Names No Records	notified about the Inc Employee IDs No Records	Cident. If there are of Gender No Records	ther employees within Roles No Records Action Title	n the Department
Once you have Workplace He Electrical Safe s legal action a Yes No No Officer in Chencident select additional Peop Sumame No Records Actions	reviewed and saved the In ealth and Safety Queenslar rety Office anticipated? harge will be automatically these employees here. ble to Notify Given Names No Records	notified about the Inc Employee IDs No Records	Cident. If there are of Gender No Records	ther employees within Roles No Records Action Title	n the Department
Once you have Workplace He Electrical Safe s legal action at Yes No an Officer in Ch ncident select additional Peop Sumame No Records Actions	reviewed and saved the In ealth and Safety Queenslar rety Office anticipated? harge will be automatically these employees here. ble to Notify Given Names No Records	notified about the Inc Employee IDs No Records	Cident. If there are of Gender No Records	ther employees within Roles No Records Action Title	n the Department

INC-28436 INJ -27649

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be

stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed REPORTING DETAILS Date Reported: 21/11/2012 Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) ☐ Student (✓ please tick) ☐ Staff ☐ Other person Given Name: EQ ID (if known): Type of other Person Surname: s.47(3)(b) - Cd s.47(3)(b) - Contra ☐ Client ☐ Contractor Address: s.47(3)(b) - Contrary to Public Interes s.47(3)(b) - Contrary to ☐ Parent ☐ Visitor s.47(3)(b) - Con Postcode: s.47(3)(b) Suburb ☐ Volunteer ☑ Other s.47(3)(b) - Contra (W) 21/11/12 Phone: (M) Student Other person Employer: Reported to: (who was the first person informed of the incident, if known?) Ms ISartleH INCIDENT DETAILS * Date of Incident: 2 /11/12 * Time incident Occurred: (24 hour hh:mm) | 1 | 0 * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility cs 05 Sports hall Semale to let
Actual Incident Address: (Street Address of any non-DET location) Summary/Description of Incident: Me and my friends saw floor in the toilet 00 contract her * Immediate Action Taken: First Aid ☐ Ambulance attended ☐ Doctor/Out Patients ☐ Hospitalisation (Returned to work/class) (on site by staff) (medical treatment) Who provided First Aid? (name) If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (~New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: HARRIOTT (HOD/ Prachal AM) Stephen (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** ☐ Yes Did a lockdown occur? ☐ Yes 1 No Did an evacuation occur? Location/s involved: INCIDENT TYPES - See instructions below. Each incident type selected will bring up an inciviously allivious for our INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. INCIDENT TYPE Motor Vehicle Injury/Illness □ Property/Plant/Equipment

Electrical Security Threat application 340/5/3026 Varsity College - Document 169 of 269

☐ Electrical

Did this incident	occur during a journ	ney to of	form work or du	uring an ordinary re	cess bre	ak at work?	l Yes □ No	
INJURY/ILLNESS	S DETAILS - Who was	injured?	1. 1. 1			SOAC S	- The Tun	-719
The studen	led description of the the Land hat number sta and asout	Lar	Lead and		w	evident.	It is	drap
' The injured Per	rson's Details (select						7,,,,	•
(✓ please tick)	□ Staff	D/S	tudent 🗆	Other person			_	
Surname:	s.47(3)(b) - Contr			3)(b) - Contrary to P			Type of other Pe	rson
Address:	s.47(3)(b) - Contrary	to Public Ir	nterest				☐ Parent ☐ Visitor	
Suburb:	s.47(3)(b) -	Contrary		Posto	ode: s.	47(3)(b) - Cor	□ Volunteer □ Other 54	dent
Base location of	n one person was injured injured staff membe t time of injury/illnes	r or stud	ent or other per	cer etc):	25174	COLLEGE		volved.)
Do you want to I	odge a workcover cl							
	/ Injury – Fatality (Cla Injury – Non Fatality (I	ss A)	☐ Work Cause	ed Injury (Class A) cal Illness (Class P)	☐ Bodil☐ Work	y Injury (Class	Recess Claim (C	lass C)
Bodil	y Location (main inju	ry) – selec	one	Nature o	f Injury/li	liness (main in	uny) - selectione	-011
☐ Face ☐ Head ☐ Eyes ☐ Ears ☐ Nose ☐ Tooth/Teeth ☐ Neck ☐ Arms ☐ Elbows ☐ Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area	☐ Kneed ☐ Foot/ ☐ Toes ☐ Ankle ☐ Skin ☐ Resp ☐ Intern ☐ Spine	Feet siratory System hal Organs hological	☐ Ache/Pain ☐ Cut/Laceration ☐ Amputation ☐ Bite/Sting ☐ Bruise/Crush ☐ Dislocation ☐ Sprain/Strain ☐ Burn/Scald ☐ Fracture	☐ Infec ☐ Hear ☐ Psyc ☐ Allerg ☐ Skin Irritatior ☐ Heat ☐ Poisc ☐ Resp	tion/Disease ing Loss/Deafn hological Stress gy n//Dermatitis /Cold Stress pning	□ Weld Flates □ Eye Discons □ Foreign □ Head In □ Internal □ Heart or Circulatory Condition □ Other _	ash order Body jury Injury
	And the latest and th	Freing	of Interestings	e - sulfert one of the	felle, uine			
☐ Vibration ☐ Struck by fallin☐ Noise	all or striking against obje og or moving object nplosion (pressure val	ct	☐ Repetitive r	ffort - single event eat/cold)	12002/00/19	☐ Animal or in☐ Biological☐ Psychologi☐ Vehicle☐ Other		
the page	DE TOTAL PER	Contribut	ing Factor / Age	ency - select one of	the follow	ing	12.00	
☐ Non-powered t	I fixed plant lachinery rnment) le) pment, tools and applia	ances	☐ Chemicals	jects (eg.projectors, vironment ronment encies		□ Needlesticl □ Fire/explos □ Electricity □ Radiation/A □ Stress/Trat □ Temperatu □ Other	on Arc Flash Juma re	
	WE THE	USI C		ct one of the followin		12128		
☐ Admin Genera ☐ Chemical use ☐ Computer work ☐ Curriculum Pra ☐ Curriculum The ☐ Playground Du ☐ Equipment Usa	k ac eory uty		First Aid Lifting/Manual ha Movement arour Grounds care Play (supervised Restraining a sto	nd the worksite d/unsupervised)	000	Sports Travel to/from t Excursions/field Work General Other		, Ld
Name of person of Signature:	completing form:	Sky	hen Ha	Job title:	ו פני	Praches	1 11/2012 1 AAS.	

RTI application 340/5/3026 - Varsity College - Document 170 of 269

Incident Incident Record			
*Required Fields			
Incident ID (generated on save) INC-28436		Entered By Meatchem, Francesca Luc Teacher Aide, Varsity Coll	inda, s 47(3)(Female, (
Incident Status Signed Off and Closed *			-
Reporting Details			
* Reported Date 21/11/12		Reported Time (24 hou 01:10	r HH:MM)
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 (e	j. QLD)	Other Person Pos
Other Person Phone Number		Other Person Employer	
Reported To			
Incident Details			
* Incident Date		Incident Time (24 hour	HH:MM)
21/11/12			
If the Incident occurred at a Departmental locat	ion, select this location as the	Departmental Incident Loca	tion.
If the Incident occurred at a Non-Departmental	location select your Base Loca	ation and complete the Non-	Departmental Incident
* Departmental Incident Location or Base Location	ion		
Varsity College Non-Departmental Incident Location			
* Actual Incident Address 1			
Varsity College			
Actual Incident Address 2 Assembly Drive			
* Suburb Varsity Lakes	* State (eg. QLD) QLD		Post Code 4217
* Summary of Incident s.47(3)(t hit head and collapsed on the floor			
Detailed Description of Incident			
Student was found on the toilet floor and picked up a unsure whether she hit it on the sink or door.	nd carried to Ms bartlett by S.470	3and friends. s.47(3)(bhad a g	ash on her head and was
Immediate Action Taken			

telated Hazards		
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category No Records	Hazard Description No Records
Supervising Officer Harriott, Stephen Ronald, s.47(3)(Male, HOD-Prac Arts, OneSchool	Click here fo	r help selecting Supervising Office
Role, Varsity College		
lected Workplace Health and Safety Representative		
Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Collec	je	
vacuation Details		
oid an evacuation occur?		
Yes@ No		
oid a lockdown occur?		
Yes No		
ocations Involved		
Location No Records		
ncident Types		
Select one or more Incident Types	Click here to	r help selecting Incident Types
Injury Illness	CHER HEIE IO	Theip selecting incident Types
Security Threat		
Motor Vehicle		
Electrical		
Fire		
Environmental		
Property/Plant/Equipment		
Near Miss		
Vas this a Dangerous Incident as defined under Legislation? Yes • No	Click here fo	r definition of Dangerous Incide
AVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE D	DETAILS FOR ALL INC	IDENT TYPES SELECTED.
injury/Illness		
njury/Illness		
Injury/Illness ID Description INJ-26492 Student collapsed and hit head on either the toilet door or sink.	s.47(3)(b)	- Contrary to Public Interest
Submit Incident Record for Review		
o submit this Incident Record, please tick the box below and click Save		
Submit Incident Record for review?		
Yes No		
ncident Review		
eview Incident Classification		
ncident Classification (generated on save)		

Click here for Informati	on on Incident Cla	ssifications and WHSQ	notification require	ements	
Review and Provide Actions					
* Immediate actions re	viewed?				
* Have any further action	ons been undertak	en?			
Details of Further Action	ns				
Further Actions Underta	aken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgement an	nd Notifications				
If you are the reviewer escalate the Incident Re INCIDENT RECORD DET Escalate to Human Resconce you have reviewed. Workplace Health and Electrical Safety Official Is legal action anticipatory Yes NO An Officer in Charge will Incident select these er Additional People to No Surname	ecord to Human Re FAILS REVIEWED? ources? d and saved the In d Safety Queenslar ce ted? Il be automatically mployees here.	esources. cident, details of notifiend; or	able Incidents will a	automatically be forwa	arded to:
* Investigation required * Yes No Click here for a list of tr Person Responsible for	rained Health and S	Safety Investigators			
Reasons for Not Investi	igating				
File Attachments					
File Attachment Attached File No Records		File Type No Records		Date Loaded No Records	File Upi
Actions					
Actions Due Da No Reco		Action ID No Records		Action Title No Records	
Case Notes					
Date of Note No Records		Person Making Note No Records		Who was Spoken No Records	То

Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-27617		Firth, Wendy Christine, s 47(3)(Female, Aide, Varsity College	, OneSch
Incident Status Submitted		racy tarsity conege	
Reporting Details			
* Reported Date		Reported Time (24 hour HH:MM)	
29/11/12		08:41	
Reported by Staff		Reported by Student	
Bartlett, Sharma Jade, S.47(3)(1) Female, OneSchool Role, To Hith&PhysEdn, Varsity College	th-		
Reported by Other Person		Type of Other Person ⊗	
Other Person Address 1			
Other Person Address 2			
Other Person Suburb	Other Person State	e (eg. QLD) Other Per	rson Po
Other Person Phone Number		Other Person Employer	
Reported To			
Incident Details			
* Incident Date		Incident Time (24 hour HH:MM)	
28/11/12		13:00	
If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location			Inciden
If the Incident occurred at a Departmental location, set If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location			Inciden
If the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College			Inciden
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade			Inciden
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb	* State (eg. QLD)	Location and complete the Non-Departmental	
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb	on select your Base L	Location and complete the Non-Departmental	
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2	* State (eg. QLD)	Location and complete the Non-Departmental	
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident Student fell from swing and landed on wrist	* State (eg. QLD)	Location and complete the Non-Departmental	
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident	* State (eg. QLD)	Location and complete the Non-Departmental	

Related Hazards	
Dete Hazerd Reported Hazerd ID Hazerd Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
* Supervising Officer Bartlett, Sharma Jade, S.47(3)(t Female, OneSchool Role, Tch- Hlth&PhysEdn, Varsity College	Click here for help selecting Supervising Off
Elected Workplace Health and Safety Representative	Mana
Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Co	mege
Evacuation Details	
Did an evacuation occur?	
Did a lockdown occur?	
r Yes No	
Locations Involved	
Location No Records	
Incident Types	
	in a color of a color of a color
* Select one or more Incident Types F Injury Illness	Click here for help selecting Incident Types
□ Security Threat	
Motor Vehicle	
□ Electrical	
Fire	
Environmental	
Property/Plant/Equipment	
Near Miss	
Was this a Dangerous Incident as defined under Legislation? Yese No	Click here for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	E DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Iliness	
Injury/Illness	No. Wild To
Injury/Illness ID Description INJ-25728 Possible break/fracture to left wrist	s.47(3)(b) - Contrary to Public In
Submit Incident Record for Review	
To submit this Incident Record, please tick the box below and click Save	
* Submit Incident Record for review?	
e Yes∘ No	
Incident Review	
Review Incident Classification	
Incident Classification (generated on save)	

Case Notes

Case Notes

Date of Note

Who was Spoken To No Records

Review and Provide Action	ins				
* Immediate actions	reviewed?				
c Yesc No					
* Have any further a	ctions been undertak	en?			
Yes ○ No					
Details of Further Ac	tions				
Further Actions Unde	ertaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender Na Records	Roles No Records	Locations No Records
Review Acknowledgemen	at and Notifications				
escalate the Inciden	ver of the Incident Re t Record to Human Re DETAILS REVIEWED?	esources.	licated in this Incide	nt, you must consult	your supervisor for
escalate the Incident INCIDENT RECORD I Escalate to Human R Once you have review 1. Workplace Health 2. Electrical Safety Of Is legal action anticing Yes No	t Record to Human Re DETAILS REVIEWED? esources? wed and saved the In and Safety Queenslar ffice pated? will be automatically	esources. cident, details of noti	fiable Incidents will a	automatically be forw	varded to:
escalate the Inciden INCIDENT RECORD I Escalate to Human R Once you have revie 1. Workplace Health 2. Electrical Safety O Is legal action antici Yes No An Officer in Charge Incident select these	t Record to Human Report Reviewed? wed and saved the Interest of the Interest	esources. cident, details of noti	fiable Incidents will a	automatically be forw	varded to:
escalate the Inciden INCIDENT RECORD I Escalate to Human R Once you have revie 1. Workplace Health 2. Electrical Safety O Is legal action antici Yes NO An Officer in Charge Incident select these Additional People to Sumame	t Record to Human Record to Hu	cident, details of noti nd; or notified about the In	fiable Incidents will a cident. If there are of	automatically be forw ther employees withi	varded to: n the Department to
escalate the Inciden INCIDENT RECORD I Escalate to Human R Once you have revie 1. Workplace Health 2. Electrical Safety O Is legal action antici Yes NO An Officer in Charge Incident select these	t Record to Human Report Resources? wed and saved the Interport of the In	esources. cident, details of noti nd; or notified about the In	fiable Incidents will a	automatically be forw	varded to: n the Department ti
escalate the Inciden INCIDENT RECORD I Escalate to Human R Once you have revie 1. Workplace Health 2. Electrical Safety O Is legal action antici Yes NO An Officer in Charge Incident select these Additional People to Sumame	t Record to Human Record to Hu	cident, details of noti nd; or notified about the In	fiable Incidents will a cident. If there are of	automatically be forw ther employees withi	varded to: n the Department to
escalate the Incident INCIDENT RECORD I Escalate to Human R Once you have review 1. Workplace Health 2. Electrical Safety O Is legal action anticipated of the Second Seco	t Record to Human Record to Hu	cident, details of noti nd; or notified about the In	fiable Incidents will a cident. If there are of	automatically be forw ther employees withi	varded to: n the Department to

Person Making Note No Records

Health and Safety Incident – SMS Data Entry Form (Effective version 2007.1 SMS release)

Injury/Illness Details S	ummary				
1 0 1		4			
Date: 1.112.11.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	am/pm	/ No cen	nell salt complete from H	Cinatidant was a damagaya a awant
		nis incident? Yes	I INO (III	no – only complete form to	incident was a dangerous event,
. Injured Person's		- 01 104		- Other B	A. A. M. A.
(√ please tick)	□ Staff Member	□ School Stude	nt	Other Person e.	g. volunteer
Given Name: s.47(3)(b) -	- Con	Surn s.47(3)(b) - Con	trary to Pu	EQ ID (if know	wn):
		0.17(0)(0)			Association with school:
	Address:				Association with school.
Further information if	Suburb:		10 A		□ Public
the person was an "other person"- leave	\		Post Code:	MI WALLA	☐ Visitor☐ Volunteer
blank if staff or student	Phone:		vvny on scr	nool property:	Other:
	If more than o	one person was injure/i	Il complete th	e details on another form	
2. First Person Info	rmed of the Incident -	Details (who was	the first perso	on informed of the incident	?)
(√ please tick)	Staff Member	□ School Stude		Other Person (e	
*		4, 40, 40, 50, 50			- Charles and -
Given Name	00000	Surname: Mea	Links	EQ ID (if know	wn):
10001	CESC9	1 14.00	ICHE	6.1	
	Address.				Association with school:
Further information if the person was an	\				Parent
"other person"- leave	Suburb:		Post Code:		Public Visitor
blank if staff or student	Phone:			nool property;	□ Volunteer
					□ Other:
	he Incident Occurred		T 61	- F-201-PF(
Location:			Name of the	e facility (if known):	- Hich selm
. What Happened?					1119ri se her
Detailed description of	Planton	SUCCES &	s.47(3)(b) -	Contrary to Public In	ackled s.47(3)(b) - C
incident (consider the activ	vity,	200000	- A	s.47(3)(b) -	Cont
what happened and why).	s.47(3)(b) - Cd	11-9	ames	harkozeig
. Recommended Co	ntrol Strategies to Prev	ent Recurrence -	MANDATO	RY	
To be completed in cons	ultation with the school Works	place Health and Safety	Officer (WHSC) and/or Principal/Officer-in-C	Charge.
In al doubling amortic					
. Incident Informatio	n what was the activity at the tir	no of the incident?			
Activity (V please lick) -	□ Playground Duty	☐ Lifting/Manual H	andling	☐ Play – supervised	☐ Excursion/Trip
□ Camp	☐ Equipment Usage	□ Meeting		Play - unsupervised	☐ Tuckshop
□ Chemicals/Poisons	☐ Maintenance	☐ Movement Arous	nd School	☐ Lesson Prep/Cleanup	☐ Unauthorised Activity
☐ Computer Work ☐ Curriculum Prac	☐ First Aid ☐ School Activity	□ Grounds Care □ Non-School Acti	vity	☐ Restraining Student ☐ Sport	☐ Work General ☐ Other:
☐ Curriculum Theory	☐ Assisting Student	- Non-School Aca	vily	☐ Travel to/from School	a other.
Cause (√ please tick) – w	hat caused the injury?				
Caught In / Between	 □ Exposure to □ Object Falling/Flying 	☐ Lifting/Handling ☐ Repetitive Move	ment	Stepping On / In Walking	Other:
ar comact with	☐ Person Falling	Running/Jumpir		Struck by / or against	
Severity	☐ Minor	Moderate '	N	□ Serious	□ fatal
(√ please tick)	(first aid / no time lost)	(needs medi	cal care)	(> 4 days away /permaner	nt.
Treatment Required	O Nil	☐ First Aid (on sit	e bv	injury/damage) Doctor / Out Patients	☐ Hospitalisation
(√ please tick)	(none / not applicable)	staff/ambulance		(medical treatment	
If Hospitalised - what is	the name of the				
hospital?	(name)				
Who provided first aid?	(name)				
what first aid was provide	led?				
Possible number of day			Actual nur	mber of days absent	
Possible WorkCover Cla		12m. 4.		egal Action -	10000
Is a claim for compensa	tion likely? (staff only)	Yes / No	Is legal ac	tion against the	Yes / No

. Injury / Illness Details	Injury/Illness						Location	on Body
☐ Ache/Pain ☐	Cut/Laceration	□ Poisc	oning :	0	Head		□ Chest	□ Leg(s)
☐ Amputation ☐	Dislocation	□ Resp	iratory		Face		☐ Shoulder(s)	
☐ Bite/Sting ☐	Fracture	Sprai	in/Strain		Eye(s)		☐ Arm(s)	☐ Ankle(s)
☐ Bruise/Crush ☐	Headache		s Reactio	n o	Nose		□ Elbow(s)	☐ Foot/Feet
□ Bump/Knock □	Hearing Loss	□ Unco	nscious		Mouth		Wrist(s)	□ Toe(s)
□ Burn/Scald □		☐ Unsp		10		eeth	☐ Hand(s)	□ Skin
□ Concussion □		Other:	44004	l a			☐ Finger(s)	☐ Respiratory System
A STANFORDS	Nausea	01101			1		□ Stomach	□ Internal
a combine	1400360	ast	eab	2 0	25 5 5 5 6 6	mor	☐ Hip(s)	☐ Stress Related
				0			□ Groin	☐ Other.
Emergency Contact I	etails							
Has the injured person's		-	/					
emergency contact been		DZ.	Yes		- 11			□ No
notified?		se complete c	ontact de	etails)		(pleas		reason not contacted" below)
mergency Contact:	s.47(3)(b) - Co	ontrary to Pub	olic Inter	est	Su	rname:	s.47(3)(b)	- Contrary to Pub
Phone No:						A . O		
"no" - reason not notified	_			_	Da	te: 11.12	1	Time: 1.40pm
"no" - reason not notined	- A							
Was the injury/illness		frontation of			ct?	es) I N		
	□ Parent	of Public		itor		St	udent o Prima	
ggressor?		of Public		lunteer			o Seco	
	□ Staff		□ O!	ner	_		o SEU	SEDU/Special
ype of Confrontation	Physical		□ Ve	rbal		□ Во	th Physical and	Verbal
		are.	10040		78. W.		100 m 100 m	7 - 4 P. P 190 -
0. Hazard Information What was the primary haza	- MANDATORY	(if necessar	y seek a	ssistanc	e from s	chool Wh	ISO to determ	ne the hazard)
	THE GOLDING MEDICA	Cidenti		N	A			
Contributing Hazard Category								
Animal/Insect	o Equipr	ment (eg. playg	round)		o Non Po	wered Tool		o Radiation / Arc Flash
Blood / Body Substance	o Fire / E	xplosion			o Person/	People		o Virus / Disease
Building Fixtures	o Floor /	Ground			o Stairs/S	teps		o Water / Pool
Built Environment	o Foreig	n Object (eg. s	plinter)		o Stress /	Trauma		o Working / Learning
Electricity / Gas	o Furnitu	ire.			o Sunbun	/ UV Radi	ation	Environment
Electrical Appliance	o Machin	nery (Fixed)			o Temper	ature		0
Environmental Factors		nery (Mobile)			o Travel			
Associated Equipment?	7,51,50				When wa	s the haza	rd identified?	Date://
								Time:am/pm
Who identified the Hazard?								
. Details of Witnesses (i		/						
(√ please tick) □ Details if "Staff" or "Stude		D.	School S	Student			Other Person e.	g, volunteer
Given Name		Surname:	5		s.47(3	B)(b	EQ ID (if kno	wn);
s.47(3)(b) - Contrary to F	ublic Interest	->			`	^	is fe 100	e.op
1	T A Harrison	20 M - 2						1
Further information if	Address							Association with school: Parent
the person was an	Suburb:							Public
"other person"- leave	Cuburb.			Post	Code:			☐ Visitor
blank if staff or student	Phone:					ool property	P.	□ Volunteer
	Filone			VVI	ny on scho	or property	N.	Other:
If there are other significal	t witnesses please	complete their	r details	on anothe	r form an	d attach to	this one.	1
, mare and and are	4	a +	- 1	-,,,-,,-,,-			207.000	4.5
Signature of person complet	no form:	VIOQUE	cho	ar			Date: 1412	111
Name: Trans		reche	hen	Job title:	Te	10	= 0	0
Table Text		TTEN	1112 17	pob mic.	170	acae	South	
Further Actions:								
	ol Workslace Healt	h and Safatu (Hinnr M	VHCOI on	harard de	taile and	he recommend	ed control strategies.
	entry form to school							
 Provide to data 								
- Endagetha detail.					irety incid	ent Repor	t for recording	and notification purposes.
		unarge signs l	ine secol	nd page.				
 Ensure that the 	-micipal/Onicer-in-					A	200	
 Ensure that the Notify via fax as 	instructed in the fax	k header of the	e SMS ge					CONTRACTOR OF THE PARTY OF THE
 Ensure that the Notify via fax as Place the origin 	instructed in the far I SMS Health and S	k header of the afety Incident	Report of	n file at s	chool and	provide a	copy to the sci	hool WHSO for their information.
 Ensure that the Notify via fax as Place the origin Provide a copy 	instructed in the fai I SMS Health and S If the SMS Health ar	k header of the afety Incident ad Safety Incident	e SMS ge Report of dent Rep	on file at so ort to the i	chool and injured pe	provide a	copy to the sci neir records.	
o Ensure that the o Notify via fax as o Place the origin o Provide a copy of Note: a copy of	instructed in the fai I SMS Health and S If the SMS Health ar	t header of the afety Incident nd Safety Incident report may b	Report of Report of dent Report de provid	on file at so ort to the i led to the	chool and injured pe	provide a	copy to the sci neir records.	hool WHSO for their information.

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:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 5562 4844

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

" kplace Details:

VARSITY COLLEGE (1759) - Education Queensland A. JSS:

Workplace Registration. No: W237550

PO BOX 2685

Location No:

1759

Number of Staff

200

BURLEIGH MDC QLD 4220

Name of WHSO:

ANDREW MARK ROGERS

Telephone:

Principal/Officer in Charge: JEFF DAVIS

Incident Details:

Event Identification:

782

Description of Incident:

PLAYING SOCCER

Date of Incident:

11/02/2011

Time of Incident:

13:35

Facility:

VS; VARSITY SECONDARY

Exact location of incident:

SCHOOL OVAL

Detailed Description of incident:

s.47(3)(b) - Contrary TACKLED s.47(3) DOWN AND PURPOSELY SHOVED HIM TO THE GROUND, THEY WERE PLAYING TWO SEPERATE GAMES WHEN s.47(3)(LTACKLED HIM.

ils of III/Injured Person

Name:

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

s.47(3)(b) - Contrary

Gender:

ID No: Type/Association: s.47(3)(b) Student

DOB: Address:

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

Phone:

s.47(3)(b) - Contra

s.47(3)(b) - Contrary to F

Staff Designation:

Employee No:

Emergency Contact Notified:

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

Emerg. Contact Rel:

Treatment Required:

Doctor / Ambulance / Out-patients

Hospital:

First Aid Treatment Given: ICE AND REST ARM ON TOP OF PILLOW

Given by: FRANCESCA L MEATCHEM

Cause of Incident:

Contact With

Activity at time of incident: Play Unsupervised

Severity:

Moderate (eg needs medical care)

Aggressive Act

Was this incident caused by an aggresive act? YES

Aggressor

Confrontation Type

Student - Secondary

Physical

Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event:

782

PLAYING SOCCER

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

Injury/Illness Details:	thange	made on 24	12/11
Nature of Injury/Illness	/	Part of Body Affected	
BREAK Specined		Wrist(s)	
Possible Number of Days Lost:		Possible WorkCover Claim:	: No
Actual Number of Days Lost:		Possible Legal Action:	No
Organisations Contacted:			
Organisation		Notes	
Contributing Hazards:			
<u>Category</u> <u>Type</u>	₫.	Hazard Description	
Reporting:			
Incident initially reported to:	FRANCESCA L ME	EATCHEM Association	Staff
Witnesses:			
	<u>ID</u>	Type	Association
Witnesses: Name s.47(3)(b) - Contrary to Public Interes		<u>Type</u> Student	Association
Name	st	-	Association
Name s.47(3)(b) - Contrary to Public Interes	st	-	Association
Name s.47(3)(b) - Contrary to Public Interes	st	-	Association
Name s.47(3)(b) - Contrary to Public Interes	st	-	Association
Name s.47(3)(b) - Contrary to Public Interes Recommended Controls: N	N/A	Student	Association
Name s.47(3)(b) - Contrary to Public Interes	N/A	Student	Association
Name s.47(3)(b) - Contrary to Public Interes Recommended Controls: N I endorse that this is a true ar	N/A	Student	
Name s.47(3)(b) - Contrary to Public Interes Recommended Controls: N I endorse that this is a true ar Signature:	N/A	Student	Date: 24/2/11

Health and Safety Incident – SMS Data Entry Form (Effective version 2007.1 SMS release)

Injury/Illness Details S	ummary				
ate: 11.1.2.1.1	1. Time: 11.6	20 am/nm			
			/ No (if "no	" - only complete form if	incident was a dangerous eve
. Injured Person's		,	V. Sec. 70. 0		**************************************
(√ please tick)	□ Staff Member	School Stude	ent.	Other Person e.g	g. volunteer
Given Name: s.47(3)(b)		Surname: s.47(3)(b)	- Contrary	s.47(3)(b) - 0	Contrary to Public Interest
1	Address:				Association with school
Further information if	Suburb:		T		D Public
the person was an "other person"- leave)		Post Code:		☐ Visitor
blank if staff or student	Phone:		Why on scho	ol property:	□ Volunteer □ Other:
	If more than	one person was injure/	ill complete the	details on another form	- Cincip
2 First Person Info	rmed of the Incident -				2)
	Staff Member	School Stude		□ Other Person (e.	
(√ please tick)	Stati Welliber	30100131006	2111	Other reison je.	g. volunteer/
Given Name:	nell	Surname: SZE	VOPER	EQ ID (if know	s.47(3)(b) - Contrary to Pu
2	USAN	540	ruces		_
	Address				Association with school:
Further information if	1,00,000				☐ Parent
the person was an "other person"- leave	Suburb:		Dest Call		□ Public
blank if staff or student	Phone:	Post Code:		ol property:	☐ Visitor ☐ Volunteer
/	Filolie.		Willy Oll Scho	or property.	Other:
Location - Where t	he Incident Occurred				
Location:	ARY CAMPUS		Name of the	facility (if known): OU #	4/-
. What Happened?	Had Other)	1	007	
what happened and why).		1			ing a changed te on head e knee
Recommended Co	ntrol Strategies to Pre	vent Recurrence -	MANDATOR	Υ	
10 be completed in cons	ultation with the school Work	prace Health and Safety	Officer (WHSO)	and/or Principal/Officer-in-C	narge.
Playing M	we cwefull	4.			
10	0	/			
. Incident Information	n				
Activity (√ please tick) -	what was the activity at the ti	me of the incident?		/	
☐ Admin General	☐ Playground Duty	☐ Lifting/Manual F	Handling	Play – supervised	☐ Excursion/Trip
☐ Camp ☐ Chemicals/Poisons	☐ Equipment Usage ☐ Maintenance	 ☐ Meeting ☐ Movement Arou 	ind School	☐ Play – unsupervised ☐ Lesson Prep/Cleanup	□ Tuckshop □ Unauthorised Activit
☐ Computer Work	☐ First Aid	☐ Grounds Care	ing Colloci	☐ Restraining Student	□ Work General
☐ Curriculum Prac	☐ School Activity	□ Non-School Act	livity	□ Sport	Other:
Course (al places tiple)	Assisting Student			☐ Travel to/from School	
Cause (√ please tick) – w ☐ Caught In / Between	hat caused the injury?	☐ Lifting/Handling	1	☐ Stepping On / In	□ Other:
☐ Contact with	☐ Object Falling/Flying	☐ Repetitive Move	ement	☐ Walking	D
	Derson Falling	☐ Running/Jumpi	ng	☐ Struck by / or against	
Severity (√ please tick)	(first aid / no time lost)	☐ Moderate (needs med	ical caro)	Serious (> 4 days away /permaner	□ fatal
(v please tick)	(mst aid / no time lost)	(needs med	icai calej	injury/damage)	
Treatment Required	□ Nil	First Aid (on si	te by	☐ Doctor / Out Patients	☐ Hospitalisation
(√ please tick)	(none / not applicable)	* staff/ambuland	ce officer) ICE	(medical treatment	(overnight stay or longe
If Hospitalised – what is hospital?	the name of the				
Who provided first aid?	(nama)	C	-0/0000	•	
If first aid -	(manie)	Susan S	ZEVUES		
what first aid was provid					
Possible number of day	s absent (estimate)			ber of days absent	
Possible WorkCover Cla		10 Aug		gal Action -	inch con-
Is a claim for compensa	tion likely? (staff only)	Yes / No	Is legal acti	on against the	Yes / No

	Injury/Illness				Location o	n Body
	Cut/Laceration	Poisoning	M Head		Chest	□ Leg(s)
☐ Amputation ☐	Dislocation	□ Respiratory	☐ Face		Shoulder(s)	Knee(s)
☐ Bite/Sting ☐	Fracture	□ Sprain/Strain	☐ Eye(s)		Arm(s)	☐ Ankle(s)
☐ Bruise/Crush ☐	Headache	☐ Stress Reaction		0		☐ Foot/Feet
	Hearing Loss	□ Unconscious	☐ Mou!h			☐ Toe(s)
□ Burn/Scald □	the state of the s	☐ Unspecified	□ Tooth/		and the same of th	□ Skin
□ Concussion □		Other:	□ Ear(s)	(eett)	A STATE OF THE PARTY OF THE PAR	☐ Respiratory System
		Olifor	□ Neck	0	The state of the s	
☐ Cumulative ☐	Nausea				1- 6-00 TO	
			☐ Back U		Hip(s) Groin	☐ Stress Related ☐ Other:
			Dack L	OWE/	Gruin	u Ottier
Emergency Contact D	etails					
Has the injured person's						7
emergency contact been		Yes Yes				□ No
notified?	(please	complete contact det	tails)	(please c	omplete - "re	ason not contacted" below)
mergency Contact:	First Name:		S	urname.		
	s.47(3)(b) - Cor	ntrary to Public Intere	est	s.47(3	3)(b) - Contrai	y to F
Phone No:	-			11 71 1		11.01
none No.			D	ate: [. Ti	me: 1121 am
f "no" - reason not notified:			_			
	COLOURN TO S	S. Cherry D.	177.10 3.40	. 6	1	
Nas the injury/illness of				Yes / No	/	
	□ Parent	☐ Visit		☐ Stude	oce with thillest	
Aggressor?	☐ Member o		unteer		o Secon	
	□ Staff	□ Oth	er		o SEU/S	EDU/Special
					X -9, -0, -0, -0, -1	
Type of Confrontation	☐ Physical	□ Ver	bal	☐ Both	Physical and V	erbal
AUTONO TRANSPORTE	221000000000000		40 725			76.8
10. Hazard Information			ssistance from	school WHSC	to determin	e the hazard)
What was the primary hazar	d that caused the inc	ident?	Running .	+ not	anservi	a game play
Contributing Hazard Catego	nu (v nlease tick)		1	(1000	1 70
Animal/Insect		ent (eg. playground)	a Man D	owered Tool		o Radiation / Arc Flash
o Blood / Body Substance	o Fire / Ex		o Stairs/	n/People		o Virus / Disease
Duilding Civiliana		COUNT		OCEDS		o Water / Pool
Building Fixtures	o Floor / G			- C - C - C - C - C - C - C - C - C - C		
Built Environment	o Foreign	Object (eg. splinter)	o Stress	/ Trauma		o Working / Learning
Built Environment Electricity / Gas	o Foreign o Furniture	Object (eg. splinter)	o Stress o Sunbu	/Trauma rn/UV Radiatio	on	o Working / Learning Environment
o Built Environment o Electricity / Gas o Electrical Appliance	o Foreign o Furniture o Machine	Object (eg. splinter) e ery (Fixed)	o Stress o Sunbu o Tempe	/Trauma rn / UV Radiatio erature	on	o Working / Learning
o Built Environment o Electricity / Gas o Electrical Appliance o Environmental Factors	o Foreign o Furniture o Machine	Object (eg. splinter)	o Stress o Sunbu o Tempe o Travel	/ Trauma rn / UV Radiatio erature		o Working / Learning Environment o
o Built Environment o Electricity / Gas o Electrical Appliance o Environmental Factors	o Foreign o Furniture o Machine	Object (eg. splinter) e ery (Fixed)	o Stress o Sunbu o Tempe o Travel When/w	/ Trauma rn / UV Radiation erature as/the hazard		o Working / Learning Environment o Date: 11,2,11
o Built Environment o Electricity / Gas o Electrical Appliance o Environmental Factors Associated Equipment?	o Foreign o Furniture o Machine o Machine	Object (eg. splinter) e ery (Fixed)	o Stress o Sunbu o Tempe o Travel When/w	/ Trauma rn / UV Radiatio erature		o Working / Learning Environment o
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Note: a copy of a <u>student</u> incident report may be provided to the parent/caregiver on request through the Principal. Details of other parties (e.g. other student's names should be obscured)

(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 COPY

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Telephone:

Workplace Details:

Address: VARSITY COLLEGE (1759) - Education Queensland Workplace Registration, No. W237550

PO BOX 2685

Location No: 1759

Number of Staff 200

BURLEIGH MDC QLD 4220

Name of WHSO:

ANDREW MARK ROGERS

Principal/Officer in Charge:

JEFF DAVIS

Incident Details:

Event Identification: 798

Description of Incident:

s.47(3)(b) - Contrary

Date of Incident:

Time of Incident: 11/02/2011 11:20

Facility: VS; VARSITY SECONDARY

Exact location of incident:

SCHOOL OVAL

Detailed Description of incident:

PLAYING TOUCH AND S.47(3) HAD THE BALL AND WAS RUNNING AND CHANGED DIRECTION BEING TAGGED AND HIT THE GROUND. FULL FORCE ON HEAD AND KNEE

Details of III/Injured Person

Name:

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

Gender

ID No:

s.47(3)(b) Student

Address:

Ē

Type/Association:

Phone:

07

Staff Designation:

Employee No:

Emerg. Contact Rel:

Emergency Contact Notified:

s.47(3)(b) - Con

Hospital:

First Aid Treatment Given: ICE

First Aid on site (staff/ambulance)

Given by: SUSAN SZEKERES

Cause of Incident:

Treatment Required:

Person Falling Activity at time of incident: Play Supervised

Severity:

Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

(for Injury / Work Caused Illness / Dangerous Event)

Event:

798

s.47(3)(b) - Contrary

Person: s.47(3)(b) - Contrary

	Part of Body Affected	
Bump / Knock		
ost;	Possible WorkCover Claim:	No
	Possible Legal Action:	No
cted:		
	Notes	
ġ.		
Туре	Hazard Description	
Person / People	RUNNING AND NOT OBSER	RVING GAME PLAY
SUSAN SZEKERES	Association:	Staff
<u>ID</u>	Type	Association
c Interest	Student	
ols: TAKE MORE CARE IN PI	LAY	
true and accurate account of	the incident.	
11		
	D:	ate: 7/1/7/11
1900		ale: 24/2/11
Principal / Officer in Charge		2412111
	Type Person / People SUSAN SZEKERES LD Interest Ols: TAKE MORE CARE IN Pl	Head St: Possible WorkCover Claim: Possible Legal Action: Sted: Notes Type Hazard Description Person / People RUNNING AND NOT OBSER SUSAN SZEKERES Association:

Health and Safety Incident – SMS Data Entry Form (Effective version 2007.1 SMS release)

. Injured Person's		am/pm this incident? Yes) / No (if "r	no" – only complete form if	incident was a dangerous eve
			745-05-0	20 2 2 4 2 4 10 10 10 10 10 10	
(√ please tick)	□ Staff Member	□ School Stude	ent	Other Person e.g	. volunteer
Given Name: s.47(3)(b) - (Surname s.47(3)(b) - Con		EQ ID (if know	m).
	Address:				Association with school: Parent
Further information if	Suburb:		G DARGE		□ Public
the person was an "other person"- leave	Phone:		Post Code: Why on sch	and proporty	☐ Visitor ☐ Volunteer
blank if staff or student			18.00	734.43	Other:
J C.C. E. 7:				e details on another form	
	rmed of the Incident -				
(√ please tick)	□ Staff Member	☐ School Stud	ent	☐ Other Person (e.	g. volunteer)
Given Name:		Surname:		EQ ID (if know	vn):
DARREN		RACKEMAN	N		
	Address:	_			Association with school:
Further information if the person was an					□ Parent
"other person"- leave	Suburb		Post Code:		□ Public □ Visitor
blank if staff or student	Phone			ool property	□ Volunteer
					Other:
	he Incident Occurred		1.0	f 40 987	
Location:	WAL		Name of the	e facility (if known):	
4. What Happened?	VML				
	ntrol Strategies to Pre		MANDATOR		
To be completed in cons	ultation with the school Work	place Health and Safety	Officer (WHSO) and/or Principal/Officer-in-C	harge
STRESS IMP	PRTANCE OF	STAFF BEIN	1511 31		
			AN 1121	BLE DURING	
			40 1121	BLE DURING	
			44 7/3/	3LE DURING	
Incident Informatio	n		44 2131	3LE DURING	
3. Incident Informatio		me of the incident?	44 7/3/		PLAYEROLIND D
Activity (√ please tick) – v	what was the activity at the tit	☐ Lifting/Manual H		₩ Play – supervised	FLAY KROUND D
Activity (√ please tick) – 1 □ Admin General □ Camp	what was the activity at the tin Playground Duty Equipment Usage	☐ Lifting/Manual I	Handling	■ Play – supervised □ Play – unsupervised	PLAY K. ROUND D Excursion/Trip Tuckshop
Activity (√ please tick) – v	what was the activity at the tit	☐ Lifting/Manual H	Handling	₩ Play – supervised	PLAY K. ROUND D Excursion/Trip Tuckshop
Activity (N please tick) — Admin General Camp Chemicals/Poisons Computer Work Curriculum Prac	what was the activity at the tit Playground Duty Equipment Usage Maintenance First Aid School Activity	☐ Lifting/Manual III Meeting☐ Movement Arou	Handling und School	Play – supervised Play – unsupervised Lesson Prep/Cleanup Restraining Student	Excursion/Trip Tuckshop Unauthorised Activity
Activity (N please tick) — Admin General Camp Chemicals/Poisons Computer Work Curriculum Prac Curriculum Theory	what was the activity at the tit Playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student	☐ Lifting/Manual H☐ Meeting☐ Movement Arou☐ Grounds Care☐ Non-School Ac	Handling und School tivity	Play – supervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School	Excursion/Trip Tuckshop Unauthorised Activit Work General
Activity (N please tick) — Admin General Camp Chemicals/Poisons Computer Work Curriculum Prac Curriculum Theory Cause (N please tick) — w	what was the activity at the tit Playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student hat caused the injury?	☐ Lifting/Manual H☐ Meeting☐ Movement Arou☐ Grounds Care☐ Non-School Ac	Handling und School tivity	Play – supervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School	Excursion/Trip Tuckshop Unauthorised Activit Work General Other
Activity (N please tick) — Admin General Camp Chemicals/Poisons Computer Work Curriculum Prac Curriculum Theory	what was the activity at the tit Playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student	☐ Lifting/Manual H☐ Meeting☐ Movement Arou☐ Grounds Care☐ Non-School Ac	Handling und School tivity	Play – supervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School	Excursion/Trip Tuckshop Unauthorised Activit Work General
Activity (\(\sigma\) please tick) — Admin General Camp Chemicals/Poisons Computer Work Curriculum Prac Curriculum Theory Cause (\(\sigma\) please tick) — w Caught in / Between Contact with Severity	what was the activity at the til Playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student hat caused the injury? Exposure to Object Falling/Flying Person Falling	□ Lifting/Manual H □ Meeting □ Movement Arou □ Grounds Care □ Non-School Ac □ Lifting/Handling □ Repetitive Mov □ Running/Jump	Handling und School tivity g yement ing	Play – supervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School Stepping On / In Walking Struck by / or against	Excursion/Trip Tuckshop Unauthorised Activit Work General Other:
Activity (\(\sigma\) please tick) — \(\text{Activity}\) Admin General \(\text{Camp}\) Chemicals/Poisons \(\text{Computer Work}\) Computer Work \(\text{Curriculum Prac}\) Curriculum Theory \(\text{Cause}\) (\(\sigma\) please (tick) — \(w \) \(\text{Caught In } / \text{ Between}\) Contact with	what was the activity at the tit Playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student hat caused the injury? Exposure to Object Falling/Flying Person Falling	□ Lifting/Manual H □ Meeting □ Movement Arou □ Grounds Care □ Non-School Ac □ Lifting/Handling □ Repetitive Mov □ Running/Jump	Handling und School tivity g yement ing	Play – supervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School Stepping On / In Walking Struck by / or against	Excursion/Trip Tuckshop Unauthorised Activit Work General Other:
Activity (\(\sigma\) please tick) — \(\sigma\) Admin General \(\sigma\) Camp \(\sigma\) Chemicals/Poisons \(\sigma\) Computer Work \(\sigma\) Curriculum Prac \(\sigma\) Curriculum Theory \(\sigma\) Cause (\(\sigma\) please tick) — \(w\) \(\sigma\) Contact with Severity \((\sigma\) please tick) \(\sigma\) Please tick)	what was the activity at the til Playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student hat caused the injury? Exposure to Object Falling/Flying Person Falling Minor (first aid / no time lost)	□ Lifting/Manual H □ Meeting □ Movement Arou □ Grounds Care □ Non-School Ac □ Lifting/Handling □ Repetitive Mov □ Running/Jump ■ Moderate (needs med	Handling und School tivity g vement ing dical care)	Play – supervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School Stepping On / In Walking Struck by / or against Serious 4 days away /permaner injury/damage) Doctor / Out Patients	Excursion/Trip Tuckshop Unauthorised Activit Work General Other: Gatal
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. Injury / Illness Details			5.13 W
D. Asha/Data	Injury/Illness		on Body III
	Cut/Laceration Poisoning	☐ Head ☐ Chest	□ Leg(s)
	Dislocation Respiratory	☐, Face ☐ Shoulder(s)	☐ Knee(s)
	Fracture Sprain/Strain	■ Eye(s) □ Arm(s)	☐ Ankle(s)
	Headache	□ Nose □ Elbow(s)	□ Foot/Feet
	Hearing Loss 🔲 Unconscious	☐ Mouth ☐ Wrist(s)	□ Toe(s)
	Infection/Disease 🗆 Unspecified	☐ Tooth/Teeth ☐ Hand(s)	□ Skin
□ Concussion 🗹 🕻	Irritation/Allergy Other:	☐ Ear(s) ☐ Finger(s)	□ Respiratory System
☐ Cumulative ☐	Nausea	□ Neck □ Stomach	□ Internal
		☐ Back Upper ☐ Hip(s)	□ Stress Related
		☐ Back Lower ☐ Groin	Other.
. Emergency Contact Det	tails		
Has the injured person's			
emergency contact been	☐ Yes		□ No
notified?	(please complete contact details)	Al.	eason not contacted" below)
Emergency Contact:	First Name s.47(3)(b) - Contrary to Publi	ic Interest	
Phone No:	s.47(3)(b) - Contrary to Public Interest	Dates 5.13.1.1 T	ime: 1.40pm
If "no" - reason not notified:			
Mac the injuntillance of	used by a confrontation or average	se set2 Ves (Ale)	
was the mjury/lliness ca	used by a confrontation or aggressiv	re act? Yes / (No) □ Student ⊙ Prima	rv
Aggressor?	☐ Member of Public ☐ Voluntee		
Agglessuit	Staff D Other		SEDU/Special
	V.		
Type of Confrontation	☐ Physical ☐ Verbal	☐ Both Physical and \	/erbal
10. Hazard Information -	MANDATORY (if necessary seek assist	tance from school WHSO to determine	ne the hazard)
What was the primary hazard	that caused the incident?		
Contributing Hazard Category	(V please tick)		· 世、花香生香。
o Animal/Insect	o Equipment (eg. playground)	o Non Powered Tool	o Radiation / Arc Flash
o Blood / Body Substance	o Fire / Explosion	o Person/People	o Virus / Disease
o Building Fixtures	o Floor / Ground	o Stairs/Steps	o Water / Pool
o Built Environment	o Foreign Object (eg. splinter)	o Stress / Trauma	o Working / Learning
o Electricity / Gas	o Furniture	o Sunburn / UV Radiation	Environment
o Electrical Appliance	o Machinery (Fixed)	o Temperature	0
Environmental Factors	o Machinery (Mobile)	o Travel	1
Associated Equipment?	Sec. 1	When was the hazard identified?	Date:/
Who identified the Hazard?	N-2	mark to the state of	Time:am/pm
	H		
1. Details of Witnesses (if a (√ please tick) □ Details if "Staff" or "Student"	Staff Member		
Given Name s.47(3)(b) - Co	Surname: s.47(3)(b) - Contra	EQ ID (if know	vn):
3.47 (3)(b) - Ct	5.47(3)(b) - Contra		
	Address:		Association with school:
Further information if the person was an			☐ Parent
"other person"- leave	Suburb:		□ Public
blank if staff or student		Post Code:	□ Visitor
	Phone:	Why on school property:	☐ Volunteer
			D Other
If there are other significant	witnesses please complete their details on an	nother form and attach to this one.	
Signature of person completing	form DO	Date: 2.8 / 3	114
Name: DARREN	RACKEMANNI JOBI		
1000	3001	mic ST_ TRIPECS SCHOOL	
Further Actions:			
 Consult the school 	I Workplace Health and Safety Officer (WHSO) on hazard details and the recommende	ed control strategies.
	try form to school administration for data ent		
	om this form into SMS to produce a Health ar		
	incipal/Officer-in-Charge signs the second pa		A-3-1-1-5-1-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	structed in the fax header of the SMS general		
	SMS Health and Safety Incident Report on file		nool WHSO for their information.
 Provide a copy of 	the SMS Health and Safety Incident Report to	the injured person for their records.	
	student incident report may be provided to	o the parent/caregiver on request throu	igh the Principal. Details of other
narring (a m r	ther student's names should be obscured)		

(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 COPY

CC:

From: VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

Address: VARSITY COLLEGE (1759) - Education Queensland Workplace Registration. No: W237550

198 VARSITY PARADE Location No: 1759

Number of Staff 200

VARSITY LAKES QLD 4227 Name of WHSO: ANDREW MARK ROGERS

Telephone: 07 5562 3575 Principal/Officer in Charge: JEFF DAVIS

Incident Details:

Event Identification: 835

Description of Incident: s.47(3)(b) - Contrary

Date of Incident: 25/03/2011 Time of Incident: 13:30

Facility: VS; VARSITY SECONDARY

Exact location of incident: SCHOOL OVAL

Detailed Description of incident: A SMALL STICK HIT S.47(3) IN THE EYE DURING A GAME OF SOCCER. IT APPEARED TO

ID No:

s.47(3)(b)

FLY UP FROM THE BALL AS \$.47(3) KICKED IT.

Details of III/Injured Person

Name: s.47(3)(b) - Contrary to Public II

Gender: M Type/Association: Student

Address: Student Student

Address: Phone: s.47(3)(b) - Contral Staff Designation:

Employee No:

Emergency Contact Notified: s.47(3)(b) - Contract Rel:

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

First Aid Treatment Given: WASH OUT EYE AND GIVEN ICE Given by: WENDY CHRISTINE FIRTH

Cause of Incident: Object Falling/Flying
Activity at time of incident: Play Supervised

Severity: Moderate (eg needs medical care)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor Confrontation Type

(for Injury / Work Caused Illness / Dangerous Event)

Event: 835

Principal / Officer in Charge

s.47(3)(b) - Contrai

Person: s.47(3)(b) - Contr

Injury/Illness Details:			
Nature of Injury/Illness		Part of Body Affected	
Irritation / Allergy		Eye(s)	
Possible Number of Days Lo	st:	Possible WorkCover Clai	m: No
Actual Number of Days Lost:		Possible Legal Action:	No
Organisations Contac	ted:		
Organisation		Notes	
C ributing Hazards:	1		
Category	Type	Hazard Description	
Environment	Foreign Object (eg. splinter)	STICK	
Reporting:			
Incident initially reported to:	DARREN GRANT	RACKEMANN Associati	on: Staff
Witnesses:			
Name	<u>ID</u>	Type	Association
Recommended Contro	ols: STRESS IMPORTANCE	CE OF STAFF BEING VISIE	BLE DURING PLAYGROUND DUTY.
I endorse that this is a t	rue and accurate accoup	of the incident.	
	XII		
Signature:	S	74	Date: / /4 / //

Health and Safety Incident – SMS Data Entry Form (Effective version 2007.1 SMS release)

1 14 1	1 1711				
	/ Time: /340		·		
		is incident? Yes	No (it'	no" – only complete form if	incident was a dangerous eve
. Injured Person's I		. /			
(√ please tick)	□ Staff Member	School Stude	ent	Other Person e.	g, volunteer
Given Name s.47(3)(b) -	Contrary to Public S	s.47(3)(b) - Contrary to	o Public Inte EQ ID (if know	wn):
	Address s.47(3)(b) - C	ontrary to Public In	terest		Association with school:
Contract to the Contract of	47(0)(1)				☐ Parent
Further information if the person was an	Suburb: s.47(3)(b) - 0	Contrai	Dest Cada	s.47(3)(b) - Contrary	D Public
"other person" - leave	Dhara		Post Code:	hool property:	☐ Visitor ☐ Volunteer
blank if staff or student	Phone s.47(3)(b) - Cor				Other:
				ne details on another form	
2. First Person Info	rmed of the Incident - D	etails (who was	the first perso	on informed of the incident	?)
(√ please tick)	Staff Member	 School Stude 	ent	Other Person (e	.g. volunteer)
0 1				FO 10 (V)	
Given Name: Jo	res S	urname: G	ACR	EQ ID (if know	wn):
Further information if	Address: s.47(3)(b) - Contrary to Pub	lic Interest		Association with school:
the person was an	Suburb: s.47(3)(b) -	Contrary to Public	Interest	- 47(0)/II.) O	Parent Public
"other person"- leave blank if staff or student	3.47 (3)(0)	Contrary to 1 ubile	ode:	s.47(3)(b) - Contr	□ Visitor
blank if stall of student	Phone: s.47(3)(b) - Co	ontrary to Public Int		hool property:	□ Volunteer
				0221679	□ Other:
	he Incident Occurred		1		
Location: O U	74		Name of th	e facility (if known):	
. What Happened?			-		
Detailed description of incident (consider the activ what happened and why).	ily, Playing his	sport e	Tre .	jaw with	to someone.
Detailed description of incident (consider the active what happened and why). Recommended Core	ntrol Strategies to Preve	nt Recurrence -	MANDATO	RY	
Detailed description of incident (consider the active what happened and why). Recommended Core	ntrol Strategies to Preve ultation with the school Workpla	nt Recurrence -	MANDATO	RY	
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Detailed description of incident (consider the active what happened and why). Free Recommended Core To be completed in consumption of the consumption of the completed in consumption of the cons	n n vhat was the activity at the time playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student nat caused the injury? Exposure to Object Falling/Flying Person Falling Minor (first aid / no time lost)	ent Recurrence — ice Health and Safety Sig 6 4 of the incident? Lifting/Manual H Meeting Movement Arou Grounds Care Non-School Act Lifting/Handling Repetitive Movi Running/Jumpi Moderate (needs med	MANDATO Officer (WHSC Handling and School ivity ement ng ical care)	Play – supervised Play – supervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School Stepping On / In Walking Struck by / or against Serious (> 4 days away /permaner injury/damage) Doctor / Out Patients	Excursion/Trip Tuckshop Unauthorised Activity Work General Other: Gratal Hospitalisation
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Detailed description of incident (consider the active what happened and why). 5. Recommended Cort To be completed in consumption of the consumption of the consumption of the consumption of the complete whether the complete work of the consumption of	n what was the activity at the time the layer of the laye	ent Recurrence — ice Health and Safety Sig 6 4 of the incident? Lifting/Manual F Meeting Movement Arou Grounds Care Non-School Act Lifting/Handling Repetitive Movi Running/Jumpi Moderate (needs med	MANDATO Officer (WHSC Handling and School ivity ement ng ical care)	Play – supervised Play – unsupervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School Stepping On / In Warking Struck by / or against Serious 4 days away /permaner injury/damage Doctor / Out Patients (medical treatment)	Excursion/Trip Tuckshop Unauthorised Activity Work General Other: Gratal Hospitalisation
Detailed description of incident (consider the active what happened and why). 5. Recommended Cort To be completed in consumption of the completed in consumption of the completed in consumption of the co	n n vhat was the activity at the time vhat was t	ent Recurrence — Ice Health and Safety S of the incident? Lifting/Manual H Meeting Movement Arou Grounds Care Non-School Act Lifting/Handling Repetitive Move Running/Jumpi Moderate (needs med	MANDATO Officer (WHSC) Handling and School ivity ement ng ical care) le by e officer)	Play – supervised Play – unsupervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School Stepping On / In Warking Struck by / or against Serious 4 days away /permaner injury/damage Doctor / Out Patients (medical treatment)	Excursion/Trip Tuckshop Unauthorised Activity Work General Other: Gratal Hospitalisation
Detailed description of incident (consider the active what happened and why). 5. Recommended Cort To be completed in consumption of the completed in consumption of the completed in consumption of the computer with the complete of the computer work of the computer with the contact with th	n n vhat was the activity at the time vhat was t	ent Recurrence — ice Health and Safety Sig 6 4 of the incident? Lifting/Manual F Meeting Movement Arou Grounds Care Non-School Act Lifting/Handling Repetitive Movi Running/Jumpi Moderate (needs med	MANDATO Officer (WHSC) Handling and School ivity ement ing ical care) le by e officer)	Play – supervised Play – unsupervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School Stepping On / In Warking Struck by / or against Serious 4 days away /permaner injury/damage Doctor / Out Patients (medical treatment)	□ Excursion/Trip □ Tuckshop □ Unauthorised Activity □ Work General □ Other: □ Other: □ fatal □ Hospitalisation
Detailed description of incident (consider the active what happened and why). Free Recommended Core To be completed in consumption of the consum	n what was the activity at the time what was the activity at the time Playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student nat caused the injury? Exposure to Object Falling/Flying Person Falling Minor (first aid / no time lost) Nil Conne / not applicable) the name of the	ent Recurrence — ice Health and Safety Sig 6 4 of the incident? Lifting/Manual F Meeting Movement Arou Grounds Care Non-School Act Lifting/Handling Repetitive Movi Running/Jumpi Moderate (needs med	MANDATO Officer (WHSC) Handling Ind School ivity ement Ing ical care) Ite by Ite officer) Actual nur Possible L	Play – supervised Play – unsupervised Play – unsupervised Lesson Prep/Cleanup Restraining Student Sport Travel to/from School Stepping On / In Walking Struck by / or against Serious (> 4 days away /permaner injury/damage) Doctor / Out Patients (medical treatment)	Excursion/Trip Tuckshop Unauthorised Activity Work General Other: Gratal Hospitalisation

. Injury / Illness Details					
1	Injury/Illness		- 10.3	Location of	
	Cut/Laceration	□ Poisoning		Chest	☐ Leg(s)
	Dislocation	☐ Respiratory		Shoulder(s)	☐ Knee(s)
	Fracture	☐ Sprain/Strain		Arm(s)	☐ Ankle(s)
(C)	Headache	□ Stress Reaction	□ Nose □	The second secon	□ Foot/Feet
	Hearing Loss	☐ Unconscious	Mouth		□ Toe(s)
The second secon	Infection/Disease	☐ Unspecified		Hand(s)	□ Skin
	Irritation/Allergy	Other:		1 Finger(s) 1 Stomach	Respiratory System
□ Cumulative □	Nausea			Hip(s)	 □ Internal □ Stress Related
				Groin	Other:
. Emergency Contact De	taile		a book conto	0.011	- Onon
Has the injured person's	italis				/
emergency contact been		□ Yes			No No
notified?		complete contact details			son not contacted" below)
Emergency Contact:	First Name: S.47	7(3)(b) - Contrary to	Surname: S.4	7(3)(b) - Contr	ary to Public Interest
Phone No:			Date:	Tie	ne:
If "no" - reason not notified:	Not	needed	Date:dd	111	ne:
		171 - 17 - 17 - 17 - 17 - 17 - 17 - 17		>	
Was the injury/illness c				ent o Primar	
Aggressor?	☐ Parent ☐ Member o	☐ Visitor Public ☐ Voluntee	□ Stude	o Second	
	□ Staff	☐ Other			EDU/Special
Type of Confrontation	□ Physical	□ Verbal	□ Both	Physical and Ve	erbal
Type of commentation		_ 10100	7	r myologi arto 1	
10. Hazard Information -			tance from school WHS	O to determin	e the hazard)
What was the primary hazard	that caused the inci	dent?			
Contributing Hazard Categor	y (√ please tick)				
o Animal/Insect		nt (eg. playground)	o Non Powered Tool		o Radiation / Arc Flash
o Blood / Body Substance	o Fire / Ex		o Person/People		o Virus / Disease
o Building Fixtures	1 / o Floor / G	round	o Stairs/Steps		o Water / Pool
o Built Environment	o Foreign	Object (eg. splinter)	o Stress / Trauma		o Working / Learning
o Electricity / Gas	o Furniture		o Sunburn / UV Radiati	on	Environment
o Electrical Appliance	o Machine		o Temperature		0
o Environmental Factors	o Machine		o Travel		
Associated Equipment?	1	VIA	When was the hazard	identified?	Date:/am/pm
Who identified the Hazard?		A	1/19		This this control of the control of
1. Details of Witnesses (if	any)		1		
(√ please tick)	Staff Member	School Studer	nt 🗆 O	ther Person e.g.	volunteer
Details if "Staff" or "Studen	l"				
Given Name:	2=	Surname:		EQ ID (if know	1):
James	5	6	roce		
	Address: 47(3)(o) - Contrary to Public In	terest	-	Association with school:
Further information if	0.17(0)(o, contrary to r ability	toroot		☐ Parent
the person was an "other person"- leave	Suburb s.47(3)(b)	- Contrary to Publ	s.47(3)(b)	Contr	□ Public
blank if staff or student		· ·	Post Code: 3.47(5)(6)	COITE	□ Visitor
	Phone s.47(3)(b) -	Contrary to P	Why on school property:		□ Volunteer
0.0 0.0 0.0		and the state of the state of	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		Other:
If there are other significant	witnesses piease co	omplete their details on an			
Signature of person completing		- 5- 7		Date: 7 / 4	1
Name: Downs (some /		litle: /ez~		
Further Actions:					
	ol Workplace Health	and Safety Officer (WHSC) on hazard details and the	recommended	control strategies.
			ry into SMS - Workplace H		
			nd Safety Incident Report for		
		arge signs the second pa			Fact same
 Notify via fax as i 	nstructed in the fax I	header of the SMS genera	ted Health and Safety Incid		
 Place the original 	SMS Health and Sai	ety Incident Report on file	at school and provide a c	opy to the scho	ol WHSO for their information.
			the injured person for the		
o Note: a copy of	student incident r	eport may be provided to	the parent/caregiver on	request through	h the Principal. Details of other

parties (e.g. other student's names should be obscured)

(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 COPY

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

Address: VARSITY COLLEGE (1759) - Education Queensland

198 VARSITY PARADE

Workplace Registration. No: W237550

Location No: 1759

200

Number of Staff Name of WHSO:

NEIL BLACKBEARD

VARSITY LAKES OLD 4227

Telephone: 07 5562 3575

Principal/Officer in Charge: JEFF DAVIS

13:40

Incident Details:

Event Identification: 838

Description of Incident:

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

Date of Incident: 7/04/2011 Facility: GROU; GROUNDS

Exact location of incident:

SENIOR/MIDDLE CAMPUS OVAL

Detailed Description of incident:

PLAYING SPORT AND CRASHED INTO SOMEONE. GOT HIT IN THE JAW WITH AN ELBOW

Details of III/Injured Person

Name:

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

DOB:

Address

Gender:

M

ID No:

Time of Incident:

s.47(3)(b) -

Type/Association:

Student

Phone:

s.47(3)(b) - Con

Staff Designation:

Employee No:

Emerg. Contact Rel:

Treatment Required:

NOT NEEDED Nil / Not Applicable

Hospital:

First Aid Treatment Given: ICE

Emergency Contact Notified:

Given by: JAMES KIRKHAM GRACE

Cause of Incident:

Struck By/Against

Activity at time of incident: Play Supervised

Severity:

Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

(for Injury / Work Caused Illness / Dangerous Event)

Event:

838

s.47(3)(b) - Contrary to Public In - ELBOW TO JAW

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

Injury/Illness Details:

Nature of Injury/Illness

Part of Body Affected

Ache / Pain / Discomfort

Mouth

Ache / Pain / Discomfort

Possible Number of Days Lost: 0 Actual Number of Days Lost: 0 Possible WorkCover Claim:

No

Possible Legal Action:

No

Organisations Contacted:

Organisation

N/A

Notes

N/A

Contributing Hazards:

ategory

Type

Hazard Description

Environment

Working/Learning Environment

N/A

Reporting:

Incident initially reported to:

JAMES KIRKHAM GRACE

Association:

Staff

Witnesses:

Name

ID

Type

Association

JAMES KIRKHAM GRACE

GRACJA

Staff

Recommended Controls: OBSERVATION OF SIGHT

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

Signature:

Principal / Officer in Charge

Date:

11 14111

Health and Safety Incident – SMS Data Entry Form (Effective version 2007.1 SMS release)

Injury/Illness Details S	ummary					
52 -1 . 1	2 3	20 .0				
	Time:23		4			
las any person injur	ed or ill as a result of t	his incident? Y	es) / No (if "no	" – only complete form if	incident was a dangerous eve	
. Injured Person's	Details					
(√ please tick)	☐ Staff Member	☐ School Str	udent	☐ Other Person e.g	, volunteer	
in .						
Given Name: s.47(3)(b) - Co	Surname: s.47(3)	(b) - Contrary to P	EQ ID (if know	n):	
	LAGI				A 2000 - 1000 - 100 - 10	
	Address:				Association with school: Parent	
Further information if	Suburb:				□ Public	
the person was an	O GOODIE.		Post Code:		□ Visitor	
"other person"- leave blank if staff or student	Phone:		Why on schoo	property:	□ Volunteer	
blank if stan of student					Other:	
	If more than o	ne person was inju	re/ill complete the o	details on another form		
2. First Person Info	rmed of the Incident -	Details (who w	as the first person	informed of the incident?)	
(√ please tick)	Staff Member	☐ School St		☐ Other Person (e.		
is	A leaf Mental	2 3000	2377		2) 1510-195V	
Given Name:		Surname: Ma	rgan	EQ ID (if know	vn):	
Layy	`	, 60	Jan			
1	E COL					
Further information if	Address				Association with school:	
the person was an	Suburb:				☐ Parent☐ Public	
"other person"- leave	Suburo.		Post Code:		□ Visitor	
blank if staff or student	Phone:		Why on school	ol property:	□ Visitor □ Volunteer	
/	Tare (18)		3117 211 33100	E. 7F-14/	Other:	
. Location - Where t	he Incident Occurred					
Location: Schoo			Name of the fa	acility (if known): Vars	1 11	
2000	(Oval			Varsi	ry courge.	
. What Happened?	The second second					
Detailed description of	Child w	as run	ing and	Knop CI	+ f U-	
incident (consider the activ	ntv			knee fel	Juney, He	
what happened and why).	stopped in	mediately		instructed	to set down	
	and told	teacher !		tree had been	feeling odd occent	
	ntrol Strategies to Prev					
	ultation with the school Workp					
Student to	o described	odvise o	any instr	uctor/teache	- of problem	
prior to	sporting a	chuity.	9			
		/				
. Incident Informatio	n					
Activity (√ please tick) - v	what was the activity at the tin	ne of the incident?				
☐ Admin General	☐ Playground Duty	☐ Lifting/Manua	al Handling	☐ Play – supervised	☐ Excursion/Trip	
□ Camp	☐ Equipment Usage	☐ Meeting		☐ Play – unsupervised	□ Tuckshop	
□ Chemicals/Poisons	□ Maintenance	☐ Movement A		☐ Lesson Prep/Cleanup	Unauthorised Activity	
☐ Computer Work	☐ First Aid		Grounds Care Restraining Stude			
Curriculum Prac	School Activity	☐ Non-School	Activity	GrSport	☐ Other:	
☐ Curriculum Theory Cause (√ please tick) — when the control of	☐ Assisting Student			☐ Travel to/from School		
☐ Caught In / Between	Exposure to	☐ Lifting/Hand	lina	☐ Stepping On / In	Other:	
☐ Contact with	☐ Object Falling/Flying	Repetitive N	lovement	☐ Walking	Other.	
	☐ Person Falling	Running/Jur		☐ Struck by / or against		
Severity	18 Minor	☐ Moderate	1	☐ Serious	☐ fatal	
(√ please tick)	(first aid / no time lost)		edical care)	(> 4 days away /permanent		
0 Ye v - 1/2 - 1	I I I I I I I I I I I I I I I I I I I	1		injury/damage)		
Treatment Required	□ Nil	☑ First Aid (or		☐ Doctor / Out Patients	☐ Hospitalisation	
(√ please tick)	(none / not applicable)	staff/ambula	ance officer)	(medical treatment)	(overnight stay or longe	
If Hospitalised - what is	the name of the					
hospital?	7.50	- F	4 -			
Who provided first aid?	name)	Cay y-	Morgan			
If first aid -		Ice pack				
F 1 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16					
	ear	, , ,				
what first aid was provid Possible number of days	s absent (estimate)			er of days absent		
	s absent (estimate)	Yes / No	Possible Leg		Yes (No	

. Injury / Illness Details	Injury/Illness		_		Location	no Rody
M Ache/Pain	Cut/Laceration	□ Poisoning	□ Hea	ad .	□ Chest	☐ Leg(s)
	Dislocation	□ Respiratory	□ Fac	7-	☐ Shoulder(s)	☑ Knee(s)
□ Bite/Sting □		☐ Sprain/Strain	10-0	re(s) \square Arm(s) \square Ankle(s)		
	Headache	☐ Stress Reaction	□ Nos	4.3	□ Elbow(s)	□ Foot/Feet
	Hearing Loss	☐ Unconscious	□ Moi		□ Wrist(s)	☐ Toe(s)
□ Burn/Scald □		□ Unspecified		th/Teeth	☐ Hand(s)	□ Skin
□ Concussion □	Language Control of the Control of t				☐ Finger(s)	☐ Respiratory System
	Nausea	Olifor	□ Nec	1.4	□ Stomach	☐ Internal
□ Cumulative □	Ivausea			k Upper	☐ Hip(s)	☐ Stress Related
				k Lower	□ Groin	Other:
Emergency Contact D	etails					
Has the injured person's		/				C/15/59
emergency contact been	(Grank)	□ Yes			□ No	
notified?	First Name:	complete contact details	5)	Surname:	se complete - "re	eason not contacted" below)
mergency Contact:	s.47(3)(b) - Co	ontrary to Public Interest	i	100	7(3)(b) - Contrary	to Public II
Phone No:	-					
f "no" - reason not notified:				Date: 3.16	.1.1.1	me: 2.30p~~
The second second			L. Josés		5	
Was the injury/illness of			ve act?		tudent o Prima	n/
Aggressor?	☐ Parent ☐ Member of	☐ Visitor of Public ☐ Volunte	er		tudent o Prima o Secon	
ggressorr	□ Staff	Other				SEDU/Special
ype of Confrontation	☐ Physical	□ Verbal		□В	oth Physical and V	rerbai
0. Hazard Information	- MANDATORY	if necessary seek assis	stance fro	m school W	HSO to determin	ne the hazard)
What was the primary hazar	d that caused the inc	ident? Ro	unning			
Contributing Hazard Catego	ry (√ please tick)		J			
Animal/Insect		ent (eg. playground)	o No	Powered Too	ol	o Radiation / Arc Flash
Blood / Body Substance	o Fire / Ex			son/People		o Virus / Disease
Building Fixtures	o Floor / G			irs/Steps		o Water / Pool
Built Environment		Object (eg. splinter)		ess / Trauma		o Working / Learning
Electricity / Gas	o Furnitur			burn / UV Rad	diation	Environment
Electrical Appliance	her hill end connection	ery (Fixed)		mperature		0
Environmental Factors		ery (Mobile)	o Tra			
Associated Equipment?		1	Whe	n was the haz	ard identified?	Date: 0.3.10.61.11.
Who identified the Hazard?						Time: 2 -30 ampm)
	X					
I. Details of Witnesses (if (√ please tick)	Staff Member	☐ School Stude	ent	0	Other Person e.g	ı. volunteer
Details if "Staff" or "Studer	it"					
Given Name: Cayly-		Surname: MOR	GAN		EQ ID (if know	vn):
Further information if	Address:					Association with school:
the person was an	Suburb:					☐ Parent ☐ Public
"other person"- leave	J SUDUID:		Post Cod			
blank if staff or student	DL					☐ Visitor ☐ Volunteer
	Phone:		vvny on	school propert	y.	Other:
If there are other significan	t witnesses please c	omplete their details on a	nother for	n and attach t	o this one.	
Signature of person completi	no form	Ennorg-			Date: 0.7/06	5/11
	Morgan	Joh	title: (Class To	Date: 03/06	
	- Tong		mist	1.		
Further Actions:						
	ol Workplace Health	and Safety Officer (WHS	Ol on haza	rd details and	the recommende	d control strategies
		administration for data en				
 Provide to data e Enter the details 	from this form into	MS to produce a Health	and Safety	Incident Pend	or for recording a	nd notification purposes.
		harge signs the second p		manuent Nepu	it for recording a	na nouncation purposes.
				h and Calabet	neidont Danes	
		header of the SMS generation for				and WHSO for their laterance
						ool WHSO for their information.
		Safety Incident Report to				only the Delegated Details of the
			to the part	mucaregiver	on request throu	gh the Principal. Details of oth
partine la m	Olhar condant's same	nes should be obscured)				

(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 COPY

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

Address: VARSITY COLLEGE (1759) - Education Queensland

Workplace Registration, No: W237550 198 VARSITY PARADE Location No: 1759

Number of Staff 200

Name of WHSO: VARSITY LAKES QLD 4227 CRAIG HODGES

Principal/Officer in Charge: Telephone: 07 5562 3575 JEFF DAVIS

Incident Details:

Event Identification: 866

Description of Incident: s.47(3)(b) - Contrary to Put-KNEE FELT FUNNY

Date of Incident: 3/06/2011 Time of Incident: 14:30

Facility: **GROU: GROUNDS**

Exact location of incident: SENIOR CAMPUS OVAL

Detailed Description of incident: CHILD WAS RUNNING AND KNEE FELT FUNNY. HE STOPPED IMMEDIATELY AND WAS

INSTRUCTED TO SIT DOWN. CHILD TOLD TEACHER THAT HIS KNEE HAD BEEN FEELING

ID No:

Staff Designation:

s.47(3)(b)

ODD RECENTLY.

Details of III/Injured Person

s.47(3)(b) - Contrary to Public Interes me:

DOB: s.47(3)(b) - Contrary to Public Interender: Type/Association: Student

Address Phone:

Employee No: s.47(3)(b) - Contrary to Public **Emergency Contact Notified:** Emerg. Contact Rel: MOTHER

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

First Aid Treatment Given: ICE PACK Given by: GAYLYN RUBY MORGAN

Cause of Incident: EXISTING INJURY/PROBLEM

Activity at time of incident: Sport

Severity: Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor Confrontation Type

Page 2

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 866 s.47(3)(b) - Contrary to Publi - KNEE FELT FUNNY

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

Injury/Illness Details:						
Nature of Injury/Illness			Part of Bo	dy Affected		
Ache / Pain / Discomfort			Knee(s)			
Ache / Pain / Discomfort						
Possible Number of Days Lost:	0		Possible !	WorkCover Claim:	No	
Actual Number of Days Lost:	0		Possible I	egal Action:	No	
Organisations Contacte	ed:					
Organisation			Notes			
N/A			NOT NE	CESSARY		
Contributing Hazards:						
Category	Type		Hazard D	escription		
Environment	Working/Learning Environment	9	N/A			
Reporting:						
Incident initially reported to:	GAYLYN F	RUBY MORO	GAN	Association:		Staff
Witnesses:						
Name		<u>ID</u>		Туре	Association	
GAYLYN RUBY MORGAN		MORGGA		Staff		
Name	s: STUDENT TO	MORGGA		Staff		.EM PRIOR TO SPOR

Principal Officer in Charge

Health and Safety Incident -SMS Data Entry Form (Effective version 2010.1 SMS release)

PRIVACY: The Department is collecting personal information on this form in accordance with the Workplace Health and Safety Act 1995 (Qld), Workplace Health and Safety Regulation 1997, Electrical Safety Act 2002 (Qld) and Safety Regulation. The form will be securely stored within the relevant Workplace, Central Office, Regional Office or District Office. The information may be disclosed to third parties, including Government Superannuation Office, Australian Taxation Office, Workplace Health and Safety Queensland, Electrical Safety Office Queensland, Workcover Queensland, Industrial organisations or other entities in accordance with or where requested by law or industrial instrument.

Injury/Illness Details Su	mmary				
	e: /300 and pr	m	1		
las any norson injure	d or ill as a result of th	is incident? Voa	No [(if "no" – only complete	form if incid	ent was a dangerous e
		is incident. Tesp	INO (II NO _ Only complete	torm ii ingia	eni was a dangerous ev
Injured Person's D				3- 0-8	
(√ please tick)	Staff Member	School Student	Other Person	e.g. voluntee	er
Oliver Manne		s.47(3)(b) - C	ont FO ID (if I		
Given Name: s.47(3)(b)) - Contrar	umame: (5.47(3)(b) - C			o Public Intere
	Address: s.47(3)(b) -	Contrary to Public Inte	proet	1 Associa	tion with school:
	Madredo. 3.47(3)(b) -	Contrary to 1 dolle into	erest		arent
Further information if	Suburb		- 47(2)/h) C		ublic
the person was an "other person"- leave	s.47(3)(b) - Contrary to	Public Interest P	ost Code: s.47(3)(b) - C		isitor
blank if staff or student	Phone:		Why on school property:		olunteer
	15	1-1	Constitute West death, we would be the		Other:
			complete the details on another fo	orm	
2. First Person Inform	med of the Incident - D	etails (who was the	first person informed of the incid	ent?)	
(√ please tick)	Staff Member	School Student	Other Person	n (e.g. volunte	er)
			L FOUR OF		
Given Name: Jan	25 S	umame: 6 ra	ce EQID (if	known):	
	Address:			Associa	tion with school:
Further information if	\				arent
the person was an "other person"- leave	Suburb:		71.60		ublic
blank if staff or student	/		ost Code:		risitor
	Phone:		Why on school property:	t to the second	olunteer Other:
Location - Where th	e Incident Occurred				70161.
			Name of the facility (if known):		
ocation: Scho	ol Oval		realite of the facility (if known).		
What Happened?					
Detailed description of	s.47(3)(b) - Contra	Arzonad	Aver duan.	-	huch
ncident (consider the activit	y,	1. In bec	1 11	- 1	1000
what happened and why).	rugsy 9	are e i	njured Lig	bigh	t shoulde
	000			V	
	trol Strategies to Preve				
To be completed in consult	tation with the school Workpla	ace Health and Safety Off	icer (WHSO) and/or Principal/Officer-	in-Charge.	
All contr	ol strategi	os were	-in place.		
	U				
Incident Information					
	hat was the activity at the time	of the incident?			
Admin General	☐ Playground Duty	☐ Lifting/Manual Han	dling Play - supervised		Excursion/Trip
Camp	☐ Equipment Usage	Meeting	Play - unsupervise	d	Tuckshop
Chemicals/Poisons	☐ Maintenance	☐ Movement Around	School Lesson Prep/Clean	up	☐ Unauthorised Activity
Computer Work	☐ First Aid	Grounds Care	Restraining Studen	t l	☐ Work General
Curriculum Prac	School Activity	☐ Non-School Activity	Sport		Other:
I I I I I I I I I I I I I I I I I	Assisting Davidson		☐ Travel to/from Scho	lol	
Curriculum Theory	☐ Assisting Student		LI Haver to/Horn Scho		
Curriculum Theory ause (√ please tick) – wha	at caused the injury?				
Curriculum Theory ause (√ please tick) – wha Caught In / Between	at caused the injury?	☐ Lifting/Handling	☐ Stepping On / In		Other:
Curriculum Theory ause (√ please tick) – wha Caught In / Between	at caused the injury? Exposure to Object Falling/Flying	☐ Repetitive Movement	Stepping On / In Walking		Other:
Curriculum Theory ause (√ please tick) – wha Caught In / Between Contact with	at caused the injury? Exposure to Object Falling/Flying Person Falling	☐ Repetitive Moveme ☐ Running/Jumping	Stepping On / In Walking Struck by / or again	st	
Curriculum Theory ause (√ please tick) – wha Caught In / Between Contact with everity	at caused the injury? Exposure to Object Falling/Flying Person Falling	Repetitive Moveme Rupning/Jumping Moderate	Stepping On / In Walking Struck by / or again	st	Other.
Curriculum Theory ause (√ please tick) – wha Caught In / Between Contact with everity	at caused the injury? Exposure to Object Falling/Flying Person Falling	☐ Repetitive Moveme ☐ Running/Jumping	Stepping On / In Walking Struck by / or again Serious (> 4 days away /perma	st	
Curriculum Theory Jause (V please tick) – wha Caught In / Between Contact with everity please tick)	at caused the injury? Exposure to Object Falling/Flying Person Falling	Repetitive Moveme Rupning/Jumping Moderate	Stepping On / In Walking Struck by / or again Serious (> 4 days away /permainjury/damage)	nts	☐ Fatal
Curriculum Theory ause (√ please tick) – wha Caught In / Between Contact with everity √ please tick) reatment Required √ please tick)	at caused the injury? Exposure to Object Falling/Flying Person Falling Minor (first aid / no time lost) Nil (none / not applicable)	Repetitive Movement Running/Jumping Moderate (needs medical	Stepping On / In Walking Struck by / or again Serious (> 4 days away /permainjury/damage) y Stepping On / In Walking Struck by / or again	nts	☐ Fatal
Curriculum Theory ause (√ please tick) – wha Caught In / Between Contact with everity √ please tick) reatment Required √ please tick)	at caused the injury? Exposure to Object Falling/Flying Person Falling Minor (first aid / no time lost) Nil (none / not applicable)	Repetitive Movement Running/Jumping Moderate (needs medical First Aid (on site be staff/ambulance of	Stepping On / In Walking Struck by / or again Serious (> 4 days away /perma injury/damage) y Doctor / Out Patier (medical treatm	nts	□ Fatal
Curriculum Theory ause (√ please tick) – wha Caught In / Between Contact with everity √ please tick) reatment Required √ please tick) Hospitalised – what is he	at caused the injury? Exposure to Object Falling/Flying Person Falling Minor (first aid / no time lost) Nil (none / not applicable) ospital name?	Repetitive Movement Running/Jumping Moderate (needs medical First Aid (on site be staff/ambulance of	Stepping On / In Walking Struck by / or again Serious (> 4 days away /perma injury/damage) y Doctor / Out Patier (medical treatm	nts	☐ Fatal
Curriculum Theory ause (√ please tick) – wha Caught In / Between Contact with everity √ please tick) reatment Required √ please tick) Hospitalised – what is he who provided first aid? (note the contact with the contact with	at caused the injury? Exposure to Object Falling/Flying Person Falling Minor (first aid / no time lost) Nil (none / not applicable) ospital name?	Repetitive Movement Running/Jumping Moderate (needs medical First Aid (on site be staff/ambulance of	Stepping On / In Walking Struck by / or again Serious (> 4 days away /permainjury/damage) y Stepping On / In Walking Struck by / or again	nent	☐ Fatal

Possible WorkCover Claim? – Is a claim for compensation likely? (sta		Possible Legal Action – Is legal action against the department likely /pending Yes		
Injury / Illness Details			الله الله	
Injury/III	ness	Locatio	n on Body	
☐ Ache/Pain ☐ Cut/Lacera		☐ Head ☐ Chest	Leg(s)	
Amputation Mislocation		☐ Face ☐ Shoulder(
☐ Bite/Sting ☐ Fracture	☐ Sprain/Strain	☐ Eye(s) ☐ Arm(s)	Ankle(s)	
Bruise/Crush				
☐ Bump/Knock ☐ Hearing Lo		☐ Mouth ☐ Wrist(s)	☐ Toe(s)	
☐ Burn/Scald ☐ Infection/D		☐ Tooth/Teeth ☐ Hand(s)	□ Skin	
☐ Concussion ☐ Irritation/A	llergy	☐ Ear(s) ☐ Finger(s)	☐ Respiratory System	
☐ Cumulative ☐ Nausea		☐ Neck ☐ Stomach ☐ Back Upper ☐ Hip(s)	☐ Internal☐ Stress Related	
		☐ Back Upper ☐ Hip(s) ☐ Back Lower ☐ Groin	☐ Stress Related ☐ Other:	
Emergency Control Datelle		Door Lower D Grow	Uniter	
Emergency Contact Details Has the injured person's	-/			
	1/12-11	The second second second	No	
23	16/2011		"reason not contacted" below)	
inage	- Contrary to Public Int	Surname:		
Phone N S 47(3)(b) - Contrary to Put		Date: T	ime: am pm	
f "no" -		/		
Aggress 1, yearen	ained	ve act? Yes No V	333	
Aggress	t in		condary	
- 119		SE	U/SEDU/Special	
Type of CShoulder	•	O Both Physical and	d Verbal	
IO. Hazi		stance from school WHSO to deterr	mine the hazard)	
Vhat was		intact sport		
Contribut				
☐ Animal		☐ Non Powered Tool	☐ Radiation / Arc Flash	
☐ Blood /		☐ Person/People	☐ Virus / Disease	
□ Buildin	Carrier Street Comment	☐ Stairs/Steps	☐ Water / Pool	
Built Ermonnern	Foreign Object (eg. splinter)	Stress / Trauma	☐ Working / Learning	
☐ Electricity / Gas ☐ Electrical Appliance	☐ Furniture ☐ Machinery (Fixed)	☐ Sunbum / UV Radiation ☐ Temperature	□ Other N/A	
☐ Environmental Factors	Machinery (Mobile)	Travel	- Other	
Associated Equipment?	NIA	When was the hazard identified?	Date:	
Vho identified the Hazard?	10 / . 1		Time: am pm	
. Details of Witnesses (if any)				
(√ please tick) ☐ Staff Mer	mber School S	Student	e.g. volunteer	
Details if "Staff" or "Student" Given Name:	Surname:	EQ ID (if kr	nown).	
Civeli Marie.	Sumanie.	LQ ID (II KI	iowity.	
Address:			Association with school:	
Further information if the person was an			Parent	
"other person"- leave Suburb:		n.v.a.25	Public	
blank if staff or student		Post Code:	Visitor Volunteer	
Phone:		Why on school property:	Other:	
If there are other significant witnesses	please complete their details	on another form and attach to this one.	1. /	
Signature of person completing form:	gen g g	Date: 23	16/11	
Name: James Grace	2 /	Job title: Teacher.		
Further Actions:	A DOLL THE BUILDING	GARAGE TO LEVE		
 Consult the school Workpla 	ce Health and Safety Officer (V	VHSO) on hazard details and the recommen	ded control strategies.	
		ta entry into SMS - Workplace Health and S		
		alth and Safety Incident Report for recording	g and notification purposes.	
Notify via fax as instructed in	ficer-in-Charge signs the secon	nd page. enerated Health and Safety Incident Report		
		enerated. Health and Safety Incident Report on file at school and provide a copy to the s		
		ort to the injured person for their records.	Chock Hillow for their information.	
 Note: a copy of a <u>student</u> in 		d to the parent/caregiver on request throug	the Principal. Details of other pa	
leng. onler student's he	mes amedia no anadarea		RESET	

(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:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 5562 4844

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Address:

Workplace Details:

VARSITY COLLEGE (1759) - Education Queensland

Workplace Registration, No: W237550

198 VARSITY PARADE

VARSITY LAKES QLD 4227

Location No:

1759 200

Number of Staff

Name of WHSO:

CRAIG HODGES

Telephone 07 5562 3575 Principal/Officer in Charge:

JEFF DAVIS

Incident Details:

Event Identification:

873

Description of Incident:

s.47(3)(b) - Contrar TRIPPED AND INJURED RIGHT SHOULDER

Date of Incident:

22/06/2011

Time of Incident:

13:00

Facility:

OFF; OFF CAMPUS

Exact location of incident:

OVAL

Detailed Description of incident:

s.47(3)(b) - Contra TRIPPED OVER DURING A TOUCH RUGBY GAME AND INJURED HIS RIGHT

SHOULDER, STRAINED LIGEMENT IN SHOULDER.

Details of III/Injured Person

'ame: DOB:

Address:

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

Gender: M

ID No:

s.47(3)(b) - Cont

Type/Association:

Student

Phone:

s.47(3)(b) - Contrary

Staff Designation:

Employee No:

Emerg. Contact Rel: FATHER

Treatment Required:

Doctor / Ambulance / Out-patients

Hospital

First Aid Treatment Given: REST, ICE, ELEVATION, MONITOR

Emergency Contact Notified: s.47(3)(b) - Contrary to

Given by: SANDRA LORRAINE CAMPBELL

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 aggresive act?

Aggressor

Confrontation Type

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event:

873

Officer in Charge

s.47(3)(b) - Contrary TRIPPED AND INJURED RIGHT SHOULDER

23,6,11

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

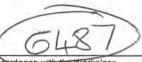
Injury/Illness Details:					
Nature of Injury/Illness	<u>F</u>	Part of Body Affected			
Sprain / Strain		Shoulder(s)			
Ache / Pain / Discomfort					
Possible Number of Days Lost:	F	Possible WorkCover Claim:	No		
Actual Number of Days Lost:	F	Possible Legal Action:	No		
Organisations Contacted:					
Organisation	1	Notes .			
Contributing Hazards:					
Category Typ	<u>be</u>	Hazard Description			
Reporting:					
Incident initially reported to:	JAMES KIRKHAM GRA	CE Association:		Staff	
Witnesses:					
Name	<u>ID</u>	Type	Association		
JAMES KIRKHAM GRACE	GRACJA	Staff			
Recommended Controls:	ALL CONTROL STRATEGU	ES WERE IN DI ACE			
industrial de de de la controlo.	ALE CONTINUE OTTALECT	LO WEITE HAT LOVOE			

Signature:

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management



PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

* Denotes Mandatory Fields that must be completed REPORTING DETAILS * Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) Staff ✓ please tick) ☐ Student ☐ Other person Type of other Person EQ ID (if known): Given Name: Surname: AIELLO ☐ Client JOHN ☐ Contractor ☐ Parent Address: ☐ Visitor Suburb: Postcode: □ Volunteer □ Other Phone: (M) (W) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) MIDDLE SCHOOL ADMIN Date of Incident: 29 7/11 * Time incident Occurred: (24 hour hh:mm) AppRox 10.15 am * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility OVAL HPE SPORTI Actual Incident Address: (Street Address of any non-DET location) * Summary/Description of Incident: MUSCLE (LEFT) DURING A GAME OF TOUCH FOOTBALL. * Immediate Action Taken: First Aid □ Ambulance attended □ Doctor/Out Patients ☐ Hospitalisation (Returned to work/class) (medical treatment) (on site by staff) MHOL AIELLO WITH Who provided First Aid? (name) FEMALE STUDENT ASSISTANCE ICE-PACK APPLIED If First Aid - what first aid was provided? ☐ Yes (please provide hazard details below) No Was a hazard identified as a result of the incident: (⇒New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) ⟨⇒In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) Did a lockdown occur? ☐ Yes Did an evacuation occur? Location/s involved: INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. Injury/Illness Motor Vehicle Property/Plant/Equipment П Near Miss Electrical Fire Security Threat RTI application 340/5/3026 - VarSity College - Document 201 of 269
G:\Coredata\Office\School Management\Health & Safety\HEALTH&SAFETY INCIDENT FORM 20.07.2011.doc

	SIDETAILS WHE US		7 7 77		0.420				
Provide a det	ailed description of th	e injury o	r illness (i.e. Fra	ctured right ankle follow	ring fall on school oval)			
The injured P	erson's Details (selec	one box	only)						
/ please tick)	□ Staff	₩S	tudent	Other person			-		
urname: s.47	(3)(b) - Contra		Given Nar	s.47(3)(b) - Contrary to	Public Interest		be of other Person Client		
ddress:							Contractor Parent		
uburb:				Postco	ode:		Visitor Volunteer		
		LEW Co. Al.					Other		
	nan one person was injure of injured staff memb					page for e	ach person involve		
						= Pour	ING H.P.		
	at time of injury/illnes				A Committee of the Committee of	EKOIS	ING M.F.		
o you want to	o lodge a workcover o	laim for th	is incident?	□ Yes □ N	NO				
Serious Bod	lily Injury – Fatality (Cla	ass A)	☐ Work Cause	ed Injury (Class A)	☐ Bodily Injury (C	lass B)			
	y Injury – Non Fatality (cal Illness (Class P)	□ Workcover Jou	mey/Rece			
					Minor Injury or		Class C)		
1 Face	□ Hands	☐ Knee	s	Ache/Pain	☐ Infection/Disease	se	☐ Weld Flash		
Head Eyes	☐ Wrists ☐ Back	☐ Foot/☐ Toes		☐ Cut/Laceration☐ Amputation	☐ Hearing Loss/☐ ☐ Psychological S		☐ Eye Disorde ☐ Foreign Bod		
Ears	☐ Mouth	☐ Ankle		□_Bite/Sting	☐ Allergy	011622	☐ Head Injury		
Nose Tooth/Teeth	☐ Chest ☐ Fingers	☐ Skin	iratory System	☑ Bruise/Crush ☐ Dislocation	☐ Skin Irritation//Dermatit	is	☐ Internal Inju ☐ Heart or		
Neck		□ Interr	nal Organs	☐ Sprain/Strain	☐ Heat/Cold Stres		Circulatory		
Arms Elbows	Abdomen/Stomach ☐ Hips		e hological	☐ Burn/Scald ☐ Fracture	☐ Poisoning ☐ Respiratory		Condition Other		
Shoulders	Legs Groin Area	Condition			☐ Puncture/ Need	dlestick	2000		
	Li Groiti Area	M Othe	CHLP MUSICE						
- Au - T			TER IN		TEA				
Slip, Trip or I	⊢a⊪ , or striking against obje	ect	☐ Repetitive r	ffort – single event	☐ Biolog	or insec pical	I.		
☐ Vibration	ling or moving object		☐ Electricity ☐ Thermal (he	eat/cold\		☐ Psychological ☐ Vehicle			
Noise		5-6-10-	☐ Radiation						
Explosion or	implosion (pressure va	riation)	☐ Chemical/S	Substance					
Machinery a	nd fived plant		☐ Chemicals	* *	□ Needi	estick			
☐ Mobile plant	machinery machinery		☐ Foreign Ob	jects (eg.projectors,	☐ Fire/e	xplosion			
☐ Vehicle (Government) splinters)					☐ Electr	icity tion/Arc F	lach		
	uipment, tools and appl	iances	☐ Indoor envi		☐ Stress	s/Trauma	1031)		
☐ Vehicle (Priv☐ Powered equ	d tools d equipment (eg.playgr	ound)	☐ Animals				☐ Temperature ☐ Other		
☐ Vehicle (Priv ☐ Powered equ ☐ Non-powere	a aquipinent (eg.playgi	ound)	☐ Biological a		La Other				
Vehicle (Priv Dowered equal Non-powere				to the leading to the second					
□ Vehicle (Priv □ Powered equ □ Non-powere □ Non-powere			First Aid Lifting/Manual h	andling	Sports Travel to/f	rom the "	nrknlace		
☐ Vehicle (Priv☐ Powered equ☐ Non-powered Non-powered Non-powered Non-powered Admin Gene			ETHING INCHING		☐ Excursion				
Vehicle (Privalente Privalente) Non-powered equalente Non-powered Non-powered Admin Gene Chemical us Computer we	e ork		Movement aroun	nd the worksite					
Vehicle (Privalent) Powered equal Non-powered Non-powered Admin Gene Chemical us Computer we Curriculum F	e ork Prac	0	Movement aroun Grounds care		☐ Work Gen				
Overhicle (Privalent)	e ork Prac Theory Duty	0000	Movement aroun	d/unsupervised)					
Ovehicle (Privalent) Overholder (Privalent) O	e ork Prac Theory Duty	0000	Movement aroun Grounds care Play (supervised	d/unsupervised)	☐ Work Gen				
Overhicle (Privalent Privalent Priva	e ork Prac Theory Duty	Jo#2	Movement around Grounds care Play (supervised Restraining a straining a strain	d/unsupervised)	☐ Work Gen☐ Other				

Incident Incident Record			
*Required Fields			
Incident ID (generated on save)	E	intered By	
INC-6997	1	Meatchem, Francesca Lucinda, Feacher Aide, Varsity College	s 47(3)(Female,
Incident Status Signed Off and Closed *			
Reporting Details			
* Reported Date		Reported Time (24 hour HH	·MM)
01/08/11		13:58	
V-7 1 C - 1 V-6		Savastad by Chydant	
Reported by Staff Aiello, John Angelo, s 47(3)(Male, OneSchool Role, Tch-General, Varsity College		Reported by Student	
Reported by Other Person		ype of Other Person	
Other Person Address 1			
Other Person Address 2			
Other Person Suburb Other	Person State (eg. QLD))	Other Person Po
Other Revise Rhose Name		M B	
Other Person Phone Number		Other Person Employer	
Reported To			
Incident Details			
* Incident Date	1	ncident Time (24 hour HH:	MM)
01/08/11			
If the Incident occurred at a Departmental location, select th If the Incident occurred at a Non-Departmental location select * Departmental Incident Location or Base Location Varsity College			
If the Incident occurred at a Non-Departmental location selection * Departmental Incident Location or Base Location			
If the Incident occurred at a Non-Departmental location selection * Departmental Incident Location or Base Location Varsity College			
# Actual Incident Address 1			
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb * State			Post Code
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2	ct your Base Location a		rtmental Incide
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb * State	ct your Base Location a		Post Code
* Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 * Suburb Varsity lakes * Summary of Incident * Summary of Incident	et your Base Location a		Post Code

A scandon de	
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 Offi
Thomas, Lisa Dawn s.47(3)(t Female, Prncpl Advisor, South East One	
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker, Varsity Col	lege
Evacuation Details	
Did an evacuation occur?	
Yes No	
Did a lockdown occur?	
Yes No	
Locations Involved	
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 Incide
○ Yes ← No	and here to definition of bungarous and de
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	E DETAILS FOR ALL INCIDENT TYPES SELECTED.
Network (Blooms	
Injury/Iliness	
Injury/Illness Injury/Illness ID Description	Student Name
INJ-6487 Student corked calf muscle during game of touch football.	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?	
e 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 ${\sf NO}$	Health and Safety Queensland (WHSQ)?
	tion requirements

Review and Provide Actions					
* Immediate actions rev	viewed?				
· Yes · No					
* Have any further action	ons been undertake	n?			
r Yes∘ No					
Details of Further Action	ns				
Further Actions Underta	iken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Rales No Records	Locations No Records
Review Acknowledgement an	d Notifications				
If you are the reviewer escalate the Incident Re			cated in this Incide	ent, you must consult y	our supervisor for adv
INCIDENT RECORD DET					
Escalate to Human Reso					
Once you have reviewed		ident, details of notific	able Incidents will	automatically be forwa	arded to:
Workplace Health and Electrical Safety Office		d; or			
Is legal action anticipat					
r Yes∘ No					
An Officer in Charge wil Incident select these en	I be automatically n	otified about the Inci	dent. If there are o	other employees within	the Department that
Additional People to No					
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
100 / 100 / 100		7,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Assign Investigator					
	da				
* Investigation required • Yes• No	A.F.				
	aland Haalth and Co	fato Yayaatiaataya			
Click here for a list of tr		arety investigators			
	Invoctioation				
Person Responsible for	Investigation				
Person Responsible for Reasons for Not Investi Not required					
Reasons for Not Investi					
Reasons for Not Investi					
Reasons for Not Investi Not required File Attachmients					
Reasons for Not Investi Not required File Attachment Attached File	gating	File Type		Date Loaded	File U
Reasons for Not Investi Not required File Attachment	gating	File Type No Records		Date Loaded No Records	File U
Reasons for Not Investi Not required File Attachment Attached File	gating				
Reasons for Not Investi Not required File Attachments File Attachment Attached File No Records	gating				
Reasons for Not Investi Not required File Attachments File Attachment Attached File No Records Actions Due Da	gating	No Records Action ID		No Records Action Title	
Reasons for Not Investi Not required File Attachments File Attachment Attached File No Records Actions Actions	gating	No Records		No Records	
Reasons for Not Investi Not required File Attachment Attached File No Records Actions Due Da	gating	No Records Action ID		No Records Action Title	
Reasons for Not Investi Not required File Attachment Attached File No Records Actions Due Da No Reco	gating	No Records Action ID		No Records Action Title	
Reasons for Not Investi Not required File Attachment Attached File No Records Actions Due Da No Record Case Notes	gating determined	No Records Action ID		No Records Action Title	

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

* Denotes Mandatory Fields that must be completed * Date Reported: FRI 12 8 11 Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) D Staff □ Other person (✓ please tick) ☐ Student Given Name: Sumame: EQ ID (if known) s.47(3)(b) - Contra Type of other Person ☐ Client ☐ Contractor .47(3)(b) - Contrary to Public Interes Address: ☐ Parent ☐ Visitor s.47(3)(b) - C s.47(3)(b) - Contrary to Postcode: Suburb: □ Volunteer ☐ Other Phone: (M) s.47(3)(b) - Cont (H) Other person Employer: ported to: TRACES STEELS (Teacher) o was the first person informed of the incident, if known?) * Date of Incident: FRI 12/8/11 * Time incident Occurred: (24 hour hh:mm) 14:45
* Location of Incident: Where the Incident occurred SECONDARY SCHOOL OVAL Departmental Location/Base Location Actual Incident Address: (Street Address of any non-DET location) * Summary/Description of Incident: Student was playing soccer (as part of 4r7 sport programme) and trigged and hunt * Immediate Action Taken: First Aid ☐ Ambulance attended ☐ Doctor/Out Patients ☐ Hospitalisation (on site by staff) (Returned to work/class) (medical treatment) Tracce Steele Who provided First Aid? (name) First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (⇒New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') *Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) (⇔In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) ☐ Yes ☐ No Did a lockdown occur? ☐ Yes ☐ No Did an evacuation occur? Location/s involved: INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. Injury/Illness Motor Vehicle Property/Plant/Equipment

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Security Tratapplication 340/5/3026nvit/arreity College - Document 206 of 269

□ Near Miss

Fire

Electrical

	MI DETAILS WAS			Account which a series where	Name de Was				
	detailed description of t		r Iliness (i.e. Frac	tured right ankle follow	ving fall on	school oval)			
The injure	ed Person's Details (sele	ct one box o	only)						
✓ please ti		to's	tudent 🗆	Other person			-		
urname:	s.47(3)(b) - Contrary to P		Given Nam	e: s.47(3)(b) - Cont	rary t	Type of other Pe ☐ Client ☐ Contractor			
			☐ Parent ☐ Visitor						
Suburb:	ore than one person was injur			Postco			☐ Volunteer ☐ Other		
ET Staff of you wa	ion of injured staff memi role at time of injury/illne nt to lodge a workcover Bodily Injury – Fatality (C	ss (i.e. Teac claim for th	cher, admin office	er etc): Yes	No D-Bodil	y Injury (Class B)		
	Bodily Injury – Non Fatality			al Illness (Class P)		cover Journey/R r Injury or Incider	ecess Claim (Class nt (Class C)		
□ Face □ Head □ Eyes □ Ears □ Nose □ Tooth/Te □ Neck □ Arms □ Elbows □ Shoulde	☐ Abdomen/Stomaci	☐ Toes ☐ Ankle ☐ Skin ☐ Respi ☐ Intern	Foot/Feet Toes Ankles Skin Respiratory System Internal Organs Spine Psychological Point			ing Loss/Deafner hological Stress gy n//Dermatitis /Cold Stress oning piratory	☐ Foreign Body ☐ Head Injury ☐ Internal Injury ☐ Heart or Circulatory Condition ☐ Other		
☐ Vibration ☐ Struck b☐ Noise	with, or striking against ob		☐ Repetitive m ☐ Muscular eff ☐ Electricity ☐ Thermal (he ☐ Radiation ☐ Chemical/Si	fort – single event eat/cold)		☐ Animal or ins ☐ Biological ☐ Psychologica ☐ Vehicle ☐ Other	al		
☐ Mobile p ☐ Vehicle (☐ Vehicle (☐ Powered ☐ Non-pow	equipment, tools and app vered tools		splinters) Outdoor envir Indoor envir Animals Human agei	ronment ncies		☐ Needlestick ☐ Fire/explosic ☐ Electricity ☐ Radiation/Ar ☐ Stress/Traur ☐ Temperature ☐ Other	c Flash na		
Chemical use Computer work Curriculum Prac Curriculum Theory			☐ Biological agent ☐ First Aid ☐ Lifting/Manual handling ☐ Movement around the worksite ☐ Grounds care ☐ Play (supervised/unsupervised) ☐ Restraining a students			Sports Travel to/from the Excursions/field Work General Other	trips		

RTI application 340/5/3026 - Varsity College - Document 207 of 269
G:\Coredata\Office\School Management\Health & Safety\HEALTH&SAFETY INCIDENT FORM 20.07.2011.doc

Required Fields	
Required Fields	
ncident ID (generated on save)	Entered By
NC-2273	Jackson, Vanessa Laurice Maria, s.47(3)(the Female, Adm Officer (AAEP), OneSchool Role, Varsity College
ncident Status	
Signed Off and Closed	
eporting Details	
Parasital Pata	Description (24 horse Hillson)
Reported Date 2/08/11	Reported Time (24 hour HH:MM) 14:45
2. (4.7.2.)	
Reported by Staff Steele, Tracee Lee s.47(3)(b) Female, OneSchool Role,	Reported by Student
ch-General, Varsity College	
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 Code
Other Person Phone Number	Other Person Employer
To the state of th	Color I distill Employer
Reported To	
reported to	
TOTAL A MICHAEL PARTY.	
ncident Details	
	Incident Time (24 hour HH·MM)
Incident Date	Incident Time (24 hour HH:MM) 14:45
Incident Date	
Incident Date 12/08/11	14:45
Incident Date 12/08/11 If the Incident occurred at a Departmental location, selec	14:45
Incident Date 12/08/11 If the Incident occurred at a Departmental location, selection in the Incident occurred at a Non-Departmental location is	14:45
Incident Date 12/08/11 If the Incident occurred at a Departmental location, selection is the Incident occurred at a Non-Departmental location	14:45
Incident Date 12/08/11 If the Incident occurred at a Departmental location, select Incident occurred at a Non-Departmental location incident Location field.	14:45
Incident Date 12/08/11 If the Incident occurred at a Departmental location, selection incident occurred at a Non-Departmental location incident Location field. Departmental Incident Location or Base Location	14:45
Incident Date 12/08/11 If the Incident occurred at a Departmental location, selection incident Location field. Departmental Incident Location or Base Location Varsity College	14:45
Incident Date 12/08/11 If the Incident occurred at a Departmental location, selec	14:45
Incident Date 12/08/11 If the Incident occurred at a Departmental location, selectify the Incident occurred at a Non-Departmental location incident Location field. Departmental Incident Location or Base Location Warsity College	14:45
Incident Date 12/08/11 If the Incident occurred at a Departmental location, select Incident occurred at a Non-Departmental location incident Location field. Departmental Incident Location or Base Location Incident College Incident Location Incident Location Incident Location Incident Location	14:45
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Incident Date 12/08/11 If the Incident occurred at a Departmental location, select It the Incident occurred at a Non-Departmental location incident Location field. Departmental Incident Location or Base Location Varsity College Ion-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Incident Address 2 Suburb * State (eg. 0	ct this location as the Departmental Incident Location. select your Base Location and complete the Non-Departmental
Incident Date 12/08/11 If the Incident occurred at a Departmental location, select Incident Location field. Departmental Incident Location or Base Location Incident College Ion-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Incident Address 2 Suburb * State (eg. 0	ct this location as the Departmental Incident Location. select your Base Location and complete the Non-Departmental
Incident Date 2/08/11 If the Incident occurred at a Departmental location, select If the Incident occurred at a Non-Departmental location incident Location field. Departmental Incident Location or Base Location Varsity College Ion-Departmental Incident Location Actual Incident Address 1 98 Varsity Parade Incident Address 2 Suburb * State (eg. 0 QLD Summary of Incident	ct this location as the Departmental Incident Location. select your Base Location and complete the Non-Departmental
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Incident Date 12/08/11 If the Incident occurred at a Departmental location, selection incident Location field. Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varsity Parade Actual Incident Address 2 Suburb * State (eg. 0	14:45 ct this location as the Departmental Incident Location. select your Base Location and complete the Non-Departmental QLD) Post Code 4227

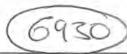
Related Hazards Date Hazard Reported Hazard ID Hazard Location Haz	tard Category Hazard Description
	No Records No Records
Supervising Officer	Click here for help selecting Supervising Officer
Steele, Tracee Lee, s.47(3)(t Female, OneSchool Role, Tch-General, Varsity College	
Elected Workplace Health and Safety Representative	
Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worker,	Varsity College
vacuation Details	
Did an evacuation occur?	
r Yes∘ No	
Did a lockdown occur?	
Yese 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? ○ Yes ○ No	Click here for definition of Dangerous Incident
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMP	PLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.
[njury/filness	
Injury/Illness	PLANTA MARKET AND
Injury/Illness ID Description INJ-2096 Injured left knee S.47(3)(b) - Contra	student Name Other Name Other Name Other Name
Submit Incident Record for Review	
To submit this Incident Record, please tick the box below and click Save	2
Submit Incident Record for review? Yes No	
4 - 4 -	
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 Wo $ ext{Yes} \subset ext{No}$	orkplace Health and Safety Queensland (WHSQ)?

	le Actions					
* Immediate a	ctions reviewed?					
Have any fur	ther actions been u	ndertaken?				
Details of Furtl						
No further action						
Eusthar Actions	. Undortakon Bu					
Surname	Given Names	Employee IDs	Gender	Roles	Locations	
No Records	No Records	No Records	No Records	No Records	No Records	
Review Acknowler	dgement and Notificatio	ns				
advice and you INCIDENT REC Escalate to Hui	inay be directed to ORD DETAILS REVI man Resources?	escalate the Inci	dent Record to	Human Resources		e forwarded to:
1. Workplace H 2. Electrical Sa	lealth and Safety Q fety Office	ueensland; or				
Is legal action Yes No						
An Officer in Cl	harge will be auton	natically notified a	hout the Incide	ent If there are of		and the first format and
	notified of this Inc				her employees	within the Department
that need to be	notified of this Inc	cident select these			ner employees	s within the Department
	notified of this Inc				Locations No Records	within the Department
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Additional Peo Surrame No Records Assign Investigator Investigation Yese No	e notified of this Inc ple to Notify Gven Names No Records	Employee IDs No Records	Gender No Recards	re. Roles	Locations	s within the Department
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Assign Investigator Tinvestigation Yes No Click here for a	given Nortify Given Names No Records n required? I list of trained Hea sible for Investigat of Investigating	Employee IDs No Records	Gender No Recards	re. Roles	Locations	s within the Department
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OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management



PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

* Denotes Mandatory Fields that must	be completed					
MENORAL OLDERANDO	7					
Date Reported: 1/9/11	Repo	rted Time (24Hour HH:	mm): 200 14:00	0		
Reported by: - (NOTE at least	one 'reported by' field	must be populated)				
✓ please tick) ☑S	taff 🗆 Stu	ident	rson			
✓ please tick) Siven Name: DANE	ame: DANE Sumame: POWELL EQ ID (if known): Typ					
- Oiline		o) - Contrary to Public Intere		☐ Contractor		
	0.47/	3)(b) - Contra	Postcode: s.47(3)(b)	☐ Parent ☐ Visitor		
	Suburb: S.47(3)(b) Contra	Postcode: S.47(3)(b)	□ Volunteer □ Other		
	Phone: (M)	(W)	(H)			
	Other person Emp	loyer:				
Reported to: who was the first person informed	of the incident, if knov	vn?)	5 8 5 15			
Date of Incident: //9/2 Location of Incident: Where		e incident Occurred: (2	24 hour hh:mm) /4:00			
Departmental Location/Base Locati	on ITY COLLEC	Name	of Facility SPORTS F	HALL		
Actual Incident Address: (Street Ad			27.0.2.0.1.2	A.D. 7 T		
Immediate Action Taken: ☐ Nil – ☐ F	g Ines . S.41 ankle. First Aid site by staff)	☐ Ambulance attended	☐ Doctor/Out Patients (medical treatment)	☐ Hospitalisation		
Who provided First Aid? (nam		Dane Powell,	James Grace			
f First Aid - what first aid wa		Rest, lie,	Elevation			
Nas a hazard identified as a	result of the incide	ent:	e provide hazard details below) ard') MUMS hm disconnected	D/No		
Supervising Officer: The supervising Officer is a DET e Director, Program Manager or HR i ⇒In the MyHR WHS Solution the s	Manager)		of the incident record eg. Principal, ail to review the incident details)	Deputy Principal, HOD, HO		
Elected Workplace Health & S WHSR if location has one)	Safety Representa	tive:				
elva end there is	3 - 10					
Did an evacuation occur?	☐ Yes ☑ No	Did a locke	down occur? Yes No			
_ocation/s involved:						
	Turn or are in the	11_T TQL = 0 = 40 TU TL	67 - 1 - 100 - 10 H - 200	7/47		
NSTRUCTIONS: Select one or mo Property/Plant/Equipment' or 'Fire' defined under legislation' will appea	ore Incident Types – h or 'Environmental' or	owever if the incident if con 'Electrical' are selected as	sidered a 'Near Miss' no other selecthe incident type, the question 'Was	tion can be made. If		
☐ Injury/Illness☐ Electrical☐ Security Threat		☐ Motor Vehicle ☐ Fire ☐ Environmental	□ Prope □ Near	erty/Plant/Equipment Miss		

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WILLIAM OF THE	* DETAILS WIN-	W			"=1"	10 M = 10 M	
	iled description of th			tured right ankle follow	ving fall on sc	hool oval)	
Minor 1	injury - Roll	led s	nkle.				
The injured Pe	rson's Details (select	one box or	nly)				
✓ please tick)	☐ Staff			Other person			
Surname: s.47(3)(b			Given Name				Type of other Person
urname, 5.47 (5)(L	n) - Contra		Given Name	s.47(3)(b) - Col		1	Client
ddress: s.47(3)	(b) - Contrary to Public In	terest					☐ Contractor ☐ Parent
Suburb:				Posto	ode: s.47(3)(l	b) - Cd	☐ Visitor ☐ Volunteer
NOTE: If more the	an one person was injured	Vill in the sai	me incident please			1	Other
	f injured staff member					ss details page to	each person involve
	t time of injury/illnes			Contract of the contract of th	77.00		
					O. C.		
o you want to	lodge a workcover cl	aim for thi	is incident?	⊔ Yes ⊠	NO		
7 Serious Bodil	y Injury – Fatality (Cla	(Α 22	□ Work Cause	d Injury (Class A)	□ Bodily I	njury (Class B)	
	Injury – Non Fatality (al Illness (Class P)	☐ Workco	ver Journey/Re	cess Claim (Class
					Minor Ir	njury or Incident	t (Class C)
] Face	□ Hands	☐ Knees		☐ Ache/Pain	☐ Infectio	n/Disease	☐ Weld Flash
1 Head	☐ Wrists	☐ Foot/F		☐ Cut/Laceration	☐ Hearing	Loss/Deafness	s D Eye Disorde
] Eyes] Ears	☐ Back ☐ Mouth	☐ Toes ☐ Ankles		 □ Amputation □ Bite/Sting 	☐ Psycho ☐ Allergy	logical Stress	☐ Foreign Bod ☐ Head Injury
Nose	☐ Chest	☐ Skin	0.000	☐ Bruise/Crush	☐ Skin		☐ Internal Injur
Tooth/Teeth Neck	Fingers		ratory System al Organs	 □ Dislocation ☑ Sprain/Strain 	Imitation//I	Dermatitis old Stress	☐ Heart or Circulatory
Arms	Abdomen/Stomach	☐ Spine		☐ Burn/Scald	☐ Poisoni	ing	Condition
☐ Elbows ☐ Shoulders	☐ Hips ☐ Legs	☐ Psych Condition		☐ Fracture	☐ Respira	atory re/ Needlestick	☐ Other
2 0110010010	☐ Groin Area	□ Other			2, 4,76,6	TO THOO SHOULD IN	
	** ** **		Part Market				
Slip, Trip or F			☐ Repetitive m			☐ Animal or inse	ect
Contact with, Vibration	or striking against obje	ect	☐ Muscular eff ☐ Electricity	fort - single event		☐ Biological ☐ Psychologica	i
	ng or moving object		☐ Thermal (he	at/cold)	1	☐ Vehicle	
Noise Explosion or i	mplosion (pressure va	riation)	☐ Radiation ☐ Chemical/Su	ubstance	1	Other	
T EXPIDEIGH OF 1	mpiocion (procedio to	ridaoi iy	To a land	300tarro0	-	5. 35. 5	
Machinery an	d fixed plant	and the last	☐ Chemicals		T	☐ Needlestick	
Mobile plant/n			☐ Foreign Objection	ects (eg.projectors,		☐ Fire/explosion☐ Electricity	1
☐ Vehicle (Gove ☐ Vehicle (Priva			□ Outdoor env	vironment		☐ Radiation/Arc	Flash
Powered equi	pment, tools and appli	ances	☐ Indoor envir	onment		Stress/Traum	
☐ Non-powered ☐ Non-powered	tools equipment (eg.playgro	ound)	☐ Animals ☐ Human ager	ncies	1	☐ Temperature ☐ OtherSP	ORTS
	1374		☐ Biological ag	gent			
100	Sall In the sales	- 63		and the life of	id		
			irst Aid ifting/Manual ha	ndling	⊡ Sp	oorts avel to/from the	workplace
	rk		Movement aroun		□ Ex	cursions/field tr	
Chemical use Computer wo			Grounds care Play (supervised/	(unsupervised)		ork General ther	
Admin General Chemical use Computer wol Curriculum Pr			J Couper Alocal				
Chemical use Computer wor Curriculum Pr Curriculum Th Playground D	neory uty		Restraining a stu	dents			
Chemical use Computer word Curriculum Procured Curriculum Procured Curriculum The	neory uty		Restraining a stu	dents		_ Date://	r 1

ncident Incident Record				
*Required Fields				
Incident ID (generated on save)		Entered By		
INC-6930		Meatchem, Francesca Lucinda, s 47(3)(Fem Teacher Aide, Varsity College		
Incident Status Signed Off and Closed *				
Reporting Details				
* Reported Date		Reported Time (24 hour HH:MM)		
01/09/11		15:07		
Reported by Staff		Reported by Student		
Grace, James Kirkham, s.47(3)(1) Male, OneSchool Role, Tch-G Varsity College	eneral,	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 Po	
Other Person Phone Number		Other Person Employer		
outer Person Phone Number	Other Person Employ			
Reported To				
Incident Details				
* Incident Date		Incident Time (24 hour	нн:мм)	
01/09/11				
01/09/11 If the Incident occurred at a Departmental location, seld if the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location				
01/09/11 If the Incident occurred at a Departmental location, seld if the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College				
O1/09/11 If the Incident occurred at a Departmental location, selection in the Incident occurred at a Non-Departmental location * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1				
O1/09/11 If the Incident occurred at a Departmental location, selection in the Incident occurred at a Non-Departmental location Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varisty College Actual Incident Address 2 Suburb	* State (eg. QLD)		epartmental Incide	
on/09/11 If the Incident occurred at a Departmental location, selection in the Incident occurred at a Non-Departmental location Departmental Incident Location or Base Location varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varisty College Actual Incident Address 2	n select your Base Lo		epartmental Incide	
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O1/09/11 If the Incident occurred at a Departmental location, selectified the Incident occurred at a Non-Departmental location Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location Actual Incident Address 1 198 Varisty College Actual Incident Address 2 Suburb Varsity Lakes Summary of Incident	* State (eg. QLD)		epartmental Incide	

No Records	Hazard Description No Records electing Supervising Office	
Click here for help s	electing Supervising Cittle	
	s. s	
Click here for help s	electing Incident Types	
Click here for definit	tion of Dangerous Incide	
ILS FOR ALL INCIDENT	TYPES SELECTED.	
	(141150)2	
and Safety Queensland	(WHSQ)?	
3	Student M S.47(3)(b) - Contrary to Put	

Review and Provide Action	ns				
Novicw and Provide Action					
* Immediate actions	reviewed?				
• Yes No					
	ctions been undertake	n?			
Yes ← No					
Details of Further Ac	tions				
Further Actions Unde	ertaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgemen	t and Notifications				
If you are the review	er of the Incident Rec	ord, and you are implica	ted in this Incide	ent. vou must consult v	our supervisor for advi-
	Record to Human Res			oney for made consume,	our superious for unit
INCIDENT RECORD I	DETAILS REVIEWED?				
Escalate to Human R	esources?				
Once you have review	wed and saved the Inc	ident, details of notifiab	le Incidents will	automatically be forwa	arded to:
Workplace Health Electrical Safety 0	and Safety Queensland	d; or			
Is legal action anticip	pated?				
r Yes∘ No					
An Officer in Charge Incident select these		otified about the Incide	ent. If there are o	other employees within	the Department that n
Additional People to					
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	Na Records
Add on Francisco Adv					
Assign Investigator					
* Investigation requi	ired?				
○ Yes · No					
Click here for a list o	f trained Health and Sa	afety Investigators			
Person Responsible 1	for Investigation				
Reasons for Not Inve	estigating				
Not required					
File Attachments					
File Attachment					
Attache No Rec		File Type Na Records		Date Loaded No Records	File Upl
Actions					
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Case Notes					
Case Notes					
Date of		Person Making Note		Who was Spoken	То
No Reco	N GS	No Records		No Records	

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy: HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace

Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record. * Denotes Mandatory Fields that must be completed REPORTING DETAILS Date Reported: Reported Time (24Hour HH:mm): * Reported by: - (NOTE at least one 'reported by' field must be populated) Z Staff ✓ please tick) ☐ Student ☐ Other person Given Name: EQ ID (if known): Type of other Person Surname: s.47(3)(b) - Contrary to F powler Sam ☐ Client ☐ Contractor s.47(3)(b) - Contrary to Public Interest Address: ☐ Parent ☐ Visitor s.47(3)(b) - Contrary to s.47(3)(b Suburb: Postcode: □ Volunteer □ Other Phone: (M) s.47(3)(b) - Contr (W) (H) Other person Employer: orted to: (wno was the first person informed of the incident, if known?) INCIDENT DETAILS * Date of Incident: 9-9-16 * Time incident Occurred: (24 hour hh:mm) * Location of Incident: Where the Incident occurred Qual Departmental Location/Base Location Name of Facility, office. Actual Incident Address: (Street Address of any non-DET location) Summary/Description of Incident: * Immediate Action Taken: First Aid □ Nil -☐ Ambulance attended ☐ Doctor/Out Patients ☐ Hospitalisation (on site by staff) (Returned to work/class) (medical treatment) Who provided First Aid? (name) Initial inspection of would, spoke to victim, suggest thather examination by office fourse. It . .:st Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☐ No (New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') Supervising Officer: Sany Fowler (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) EVACUATION DETAILS ☐ Yes ☑ No Did a lockdown occur? ☐ Yes ☐ No Did an evacuation occur? Location/s involved: INCIDENT TYPES - See instructions below. Each inclount type selected will bring up an incividual sub-form for completion. INSTRUCTIONS: Select one or more incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No.

Motor Vehicle

Electrical RTI application 340/5/3026 - Varsity College - Document 216 05 269

□ Property/Plant/Equipment

INCIDENT TYPE

☑ Injury/Illness

* Provide a deta	ited description of th						
	med description of th	e injury o	r illness (i.e. Fra	ctured right ankle follow	ving fall on school ove	11)	
	erson's Details (select	1	1.5				
(✓ please tick)	□ Staff	E S	Student 🗆	Other person			_
Surname: s.47(3)(s.47(3)(b) - Contrary to Public Interes						ype of other Person Client Contractor
Suburb:				Postce	ode:		Parent Visitor Volunteer
(NOTE: If more tha	an one person was injured	Vill in the sa	ame incident, pleas	se complete an addition	al injury/illness detail:		Other reach person involved.,
Base location o	f injured staff membe	er or stud	ent or other per	son:			
DET Staff role a	t time of injury/illnes	s (i.e. Tea	cher, admin offic	er etc):			
Do you want to	lodge a workcover cl	aim for th	nis incident?	□ Yes □ I	No		
L. TANK				ATION - Solect one		Eali	
☐ Serious Bodily	y Injury – Fatality (Cla Injury – Non Fatality (Class A)		ed Injury (Class A) cal Illness (Class P)	☐ Bodily Injury (C☐ Workcover Jou ☐ Minor Injury or	rney/Re	cess Claim (Class C, (Class C)
Bodi	ly Location (main inju	ry) - selec	t one	/ Nature o	f Injury/Illness (m	in injury	/) - select one
☐ Face ☐ Head ☐ Eyes ☐ Ears ☐ Nose ☐ Tooth/Teeth ☐ Neck ☐ Arms ☐ Elbows ☐ Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area	☐ Knee ☐ Foot/ ☐ Toes ☐ Ankle ☐ Skin ☐ Resp ☐ Interr ☐ Spine ☐ Psycl	s Feet s iratory System nal Organs nological	✓ Ache/Pain ☐ Cut/Laceration ☐ Amputation ☐ Bite/Sting ☐ Bruise/Crush ☐ Dislocation ☐ Sprain/Strain ☐ Burn/Scald ☐ Fracture	☐ Infection/Disea ☐ Hearing Loss/I ☐ Psychological ☐ Allergy ☐ Skin Irritation//Dermati ☐ Heat/Cold Stre ☐ Poisoning ☐ Respiratory ☐ Puncture/ Nee	se Deafness Stress tis ss	☐ Weld Flash ☐ Eye Disorder ☐ Foreign Body ☐ Head Injury ☐ Internal Injury ☐ Heart or Circulatory Condition ☐ Other
72243115		Cause	of Injury/Illnes	s - select one of the	following	-	
☐ Slip, Trip or Fall ☐ Contact with, or striking against object ☐ Vibration ☐ Struck by falling or moving object ☐ Noise ☐ Explosion or implosion (pressure variation)			☐ Repetitive movement ☐ Muscular effort – single event ☐ Electricity ☐ Thermal (heat/cold) ☐ Radiation ☐ Chemical/Substance			gical nological le	
Co Carlo	With the second	Contribut	ing Factor / Age	ency - select one of	the following		
□ Machinery and fixed plant □ Mobile plant/machinery □ Vehicle (Government) □ Vehicle (Private) □ Powered equipment, tools and appliances □ Non-powered tools □ Non-powered equipment (eg.playground)			☐ Chemicals ☐ Foreign Obsplinters) ☐ Outdoor enviored Indoor enviored Animals ☐ Human age	☐ Chemicals ☐ Foreign Objects (eg.projectors, splinters) ☐ Outdoor environment ☐ Indoor environment ☐ Stress/Tr			Flash a
Charles and	No.		Activity - sale	ot one of the following	9		12 . Et . S.
☐ Admin General Chemical use ☐ Computer wor ☐ Curriculum Pr☐ Curriculum Th☐ Playground D☐ Equipment Us	rk ac neory uty	0000	First Aid Lifting/Manual ha Movement arour Grounds care Play (supervised Restraining a stu	nd the worksite //unsupervised)	☑ Sports ☐ Travel to/t ☐ Excursion ☐ Work Ger ☐ Other	s/field tri eral	ips
			Fowler		Date:	13-	9-11
				DE	TEACHED		

Incident Incident Record	
*Required Fields	
Incident ID (generated on save)	Entered By
INC-2938	Jackson, Vanessa Laurice Maria, s.47(3)(Female, Adm Officer (AAEP), OneSchool Role, Varsity College
Incident Status Signed Off and Closed	
Reporting Details	
Reported Date	Reported Time (24 hour HH:MM)
13/09/11	09:26
Reported by Staff	Reported by Student
Fowler, Samuel Keith, s 47(3)(Male, Tch-General, Varsity College	Reported by Student
Reported by Other Person	Type of Other Person
Other Person Address 1	
Other Person Address 2	
Other Person Suburb Other Perso	on State (eg. QLD) Other Person Post Code
Other Person Phone Number	Other Person Employer
20142	
Reported To	
Incident Details	
* Incident Date	Incident Time (24 hour HH:MM)
09/09/11	11:15
	ect this location as the Departmental Incident Location. In select your Base Location and complete the Non-Departmental
Non-Departmental Incident Location	
Senior School Oval	
* Actual Incident Address 1 198 Varsity Parade	
Actual Incident Address 2	
* Suburb * State (eg. Varsity Lakes qld	QLD) Post Code 4227
* Summary of Incident Tripped and hurt head	
Detailed Description of Incident	
Playing touch football on the oveal, tripped over and hurt head	d
Immediate Action Taken	
The state of the s	

Related Hazards	
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
Supervising Officer	Click here for help selecting Supervising Officer
Fowler, Samuel Keith, s 47(3)(Male, Tch-General, Varsity College	Click here for help selecting supervising officer
Elected Workplace Health and Safety Representative	
Hodges, Craig Wayne, s 47(3)(Male, OneSchool Role, Youth Worke	er, Varsity College
Evacuation Details	
Did an evacuation occur?	
r 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? ✓ Yes ← No	Click here for definition of Dangerous Incident
	IMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.
SAVE THIS PAGE AND PROGRESS TO THE NEXT TABYS TO CO	MIPLETE THE DETAILS FOR ALL INCIDENT TIPES SELECTED.
Injury/Illness	
Injury/Illness	
Injury/Illness ID Description INJ-2733 Student playing touch football on the oval, tripped over and hurt head	Student Name Staff Name Other Name S.47(3)(b) - Contrary to Public Interest
	(a (a)(a)
Submit Incident Record for Review	
To submit this Incident Record, please tick the box below and click S	ave
Submit Incident Record for review?	
Yes○ No	
Incident Review	
Review Incident Classification	
Incident Classification (generated on save)	
C - Investigation is Optional *	

Immediate actions reviewed	?				
Yes No					
Have any further actions bee	en undertaken?				
Yes No					
Details of Further Actions					
No further action required					
Further Actions Undertaken By	,				
Surname Given Names No Records No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records	
and the state of t					
Review Acknowledgement and Notific	cations				
If you are the reviewer of the advice and you may be directed	Incident Record, and	you are impli	cated in this Incide	nt, you must co	nsult your supervisor for
NCIDENT RECORD DETAILS R		ident kecord	to Human Resource.		
	39733				
Escalate to Human Resources?					
Once you have reviewed and s		etails of notifi	able Incidents will a	utomatically b	e forwarded to:
. Workplace Health and Safet 2. Electrical Safety Office	y Queensland; or				
(s legal action anticipated?					
Yes No					
Additional People to Notify Surname Given Names	Employee IDs	e employees l	nere.	Locations	
No Records No Records	Na Records	Na Records	No Records	No Records	
Assign Investigator					
Investigation required?					
가르겠다는 아니라보면 맛요요 그래 하게 나 모르는					
Yes No					
Yes No	Health and Safety Inv	vestigators			
Yes No		vestigators			-1
Click here for a list of trained le		vestigators			
Click here for a list of trained leading to the Person Responsible for Invest		vestigators			
Click here for a list of trained leading Person Responsible for Invest		vestigators			
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Click here for a list of trained in Person Responsible for Investing Reasons for Not Investigating No further action required		vestigators			
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File Attachment Attached File No Records Actions Due Date No Records	igation File Type No Records	ie	No Records Action Title	n To	No Records Assigned To

Entered By	
Meatchem, Francesca L Teacher Aide, Varsity C	Lucinda, s 47(3)(Female, College
Reported Time (24 h	our HH:MM)
15:45	our minney
Reported by Student	
Reported by Student	`
Type of Other Person	1
te (eg. QLD)	Other Person Pos
04 0 5	
Other Person Employ	/er
Incident Time (24 ho	our HH:MM)
s the Departmental Incident Lo	
	Post Code
	Post Code
1,	Post Code
	Post Code
	Post Code
	Reported Time (24 h 15:45 Reported by Student Type of Other Person te (eg. QLD) Other Person Employ Incident Time (24 h as the Departmental Incident Lo

Related Hazards			
	Hazard ID Hazard Location	Hazard Category	Hazard Description
	No Records No Records	No Records	No Records
* Supervising Officer	61 181 4 4 4 4 7	Click here fo	r help selecting Supervising Office
Hodges, Craig Wayne, s.47(3) Male, On Varsity College	eSchool Role, Youth Worker,		
Elected Workplace Health and Safety			
Hodges, Craig Wayne, s.47(3)(4 Male, On	eSchool Role, Youth Worker, Varsity C	ollege	
Evacuation Details			
Did an evacuation occur?			
· Yes · No			
Did a lockdown occur?			
· Yes · No			
Locations Involved			
Locations involved	Location No Records		
Incident Types		15 / 5	
* Select one or more Incident Types		Click here fo	r help selecting Incident Types
▼ Injury Illness			
Security Threat			
Motor Vehicle			
□ Electrical			
Fire			
□ Environmental			
Property/Plant/Equipment	fe.		
□ Near Miss			
	Sand waden I malabetan 2	Clink have fo	u deficition of Donnesson Tuelde
Was this a Dangerous Incident as def • Yes • No	ined under Legislation?	Click here to	r definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO	THE NEXT TAB/S TO COMPLETE TO	HE DETAILS FOR ALL INC	ZIDENT TYPES SELECTED.
injury/Illness			
Injury/Illness	3		270
Injury/Iliness ID No Records	No Records	No Records	No Records
Add New Injury/Illness			
Submit Incident Record for Review			
To anknow the Fooders Bound of the College	the box below and click Save		
To submit this incident Record, please tick			
* Submit Incident Record, please tick	ı		
* Submit Incident Record for review?			
* Submit Incident Record for review?			
* Submit Incident Record for review? • Yes • No Actions Actions			
* Submit Incident Record for review? ^ Yes ^ No	Action ID No Records		Action Title No Records

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008. Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be

	ust be completed				
REPORTING DETAILS		J. Proceeding	CESCHILL	in which the	
* Date Reported: 105 On Reported by: - (NOTE at lease tick)	ast one 'reported by' fi	eld must be populated)	ur HH:mm): 1	5.	
Given Name:	Surname:		FO ID (if known):	- Contrary to Pub	Type of other Perso
Rathy	2N	nith	3.47(3)(b)	- Contrary to 1 ub	☐ Client☐ Contractor
	Address:				☐ Parent ☐ Visitor
	Suburb:		Posto	ode:	☐ Volunteer☐ Other
	Phone: (M)	(W)	(H)		D Other
	Other person E	mployer: Educ	ation (Queensla	nd
Reported to: who was the first person inform	ed of the incident, if kr	nown?)			
NCIDENT DETAILS	Carlo di Cal		1000	940	ZAME THE SE
Date of Incident: 05 C	October 2011 *T	ime incident Occur	red: (24 hour hh:r	nm) 1115	
Location of Incident: Whe					
Departmental Location/Base Lo	cation	0 11	Name of Facility		
Service Ovc Actual Incident Address: (Street	Varsity	College.	Varsit	y Colle	ge
Assembly	Drive,	Varsity	lakes.		0
Summary/Description of	Incident:	1			
47(3)(t was play	ing touch	football	on the	eval wi-	the friends who
ne was knocked	d to the	ground be	, anothe	1 studes	t. It appeared
Immediate Action Taken:	la portio	tental,	s.47(3)(b)		The state of the s
	First Aid	☐ Ambulance atte		ctor/Out Patients	☐ Hospitalisation
J Nil –	M I HOL MIO	LI Ambulance att	J.1000		
Returned to work/class) (on site by staff)	Ambulance and		cal treatment)	
Returned to work/class) (on site by staff)	Kathy			
Returned to work/class) (Nho provided First Aid? (r	on site by staff) name)	Kathy			position.
Returned to work/class) (Nho provided First Aid? (r f First Aid – what first aid Nas a hazard identified as	on site by staff) name) was provided? a result of the inci	Kathy Moved	(medi Smitt Into Va (please provide ha	cal treatment)	
Returned to work/class) (Who provided First Aid? (r f First Aid – what first aid Was a hazard identified as A New hazards can be entered	on site by staff) name) was provided? a result of the inci	Kathy Moved	(medi Smitt Into Va (please provide ha	cal treatment)	
Returned to work/class) (Nho provided First Aid? (r f First Aid – what first aid Nas a hazard identified as New hazards can be entered Supervising Officer:	on site by staff) name) was provided? a result of the inci	Kathy Moved Ident: Yes S Solution via 'enter ne	(medi Sourit Into Vo (please provide haw hazard')	cal treatment) evovery azard details belo	ow) ATNo
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Returned to work/class) (Nho provided First Aid? (r f First Aid – what first aid Nas a hazard identified as New hazards can be entered Supervising Officer: The supervising Officer is a DE Director, Program Manager or H In the MyHR WHS Solution to Elected Workplace Health WHSR if location has one) EVACUATION DETAILS Did an evacuation occur? Location/s involved: NCIDENT TYPES — See inst NSTRUCTIONS: Select one or Property/Plant/Equipment' or 'F	on site by staff) name) was provided? a result of the incident online into MyHR WH The employee who is result Manager) the supervising officer is a Safety Representation or 'Environmentation' more Incident Types - ire' or 'Environmentation'	ident:	(medi Switch (please provide haw hazard') (please provide haw hazard') details of the incident by email to review to the incident to the i	azard details belong azard details belong azard details belong azard details belong are incident details) The incident details are incident details are incident details are incident details. The incident details are incident details are incident details are incident details.	ow) A No pal, Deputy Principal, HOD, HOS No completion election can be made. If

Did this incident occur during a journey to of form work or during an ordinary recess break at work?

Yes
No INJURY/ILLNESS DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) the head dury Knock Sovere game en eval * The injured Person's Details (select one box only) **■** Student ☐ Staff (✓ please tick) ☐ Other person s.47(3)(b) - Contrary to Surname: Given Name: Type of other Person s.47(3)(b) - C ☐ Client ☐ Contractor Address ☐ Parent ☐ Visitor Suburb: Postcode: ☐ Volunteer s.47(3)(b) - Contrary to Public Inte ☐ Other (NOTE: If more than one person was injured/ill in the same incident, please complete an additional injury/illness details page for each person involved.) Base location of injured staff member or student or other person: DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Do you want to lodge a workcover claim for this incident? ☐ Yes □ No INJURY/ILLNESS CLASSIFICATION - Select one of the following ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) ☐ Bodily Injury (Class B) □Serious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) ☐ Workcover Journey/Recess Claim (Class C) Minor Injury or Incident (Class C) Bodily Location (main injury) - select one * Nature of Injury/Illness (main injury) - select one ☐ Eace ☐ Hands □ Knees ☐ Ache/Pain □ Infection/Disease ☐ Weld Flash Head ☐ Cut/Laceration ☐ Wrists ☐ Foot/Feet ☐ Hearing Loss/Deafness ☐ Eye Disorder ☐ Toes ☐ Amputation □ Eyes ☐ Back ☐ Psychological Stress ☐ Foreign Body ☐ Ears ☐ Mouth ☐ Ankles ☐ Bite/Sting ☐ Allergy Head Injury □ Nose ☐ Chest ☐ Skin ☐ Bruise/Crush ☐ Skin ☐ Internal Injury ☐ Tooth/Teeth ☐ Fingers ☐ Respiratory System □ Dislocation Irritation//Dermatitis ☐ Heart or ☐ Neck □ Internal Organs ☐ Sprain/Strain ☐ Heat/Cold Stress Circulatory ☐ Poisoning Abdomen/Stomach ☐ Spine ☐ Burn/Scald Condition ☐ Arms ☐ Elbows ☐ Hips ☐ Psychological ☐ Fracture ☐ Respiratory ☐ Other ☐ Shoulders ☐ Legs Condition ☐ Puncture/ Needlestick ☐ Groin Area ☐ Other Cause of Injury/Illness - salect one of the following ☐ Slip, Trip or Fall ☐ Repetitive movement □ Animal or insect □ Contact with, or striking against object ☐ Muscular effort – single event □ Biological ☐ Psychological ☐ Vibration □ Electricity Struck by falling or moving object ☐ Thermal (heat/cold) ☐ Vehicle ☐ Radiation ☐ Other □ Noise ☐ Chemical/Substance □ Explosion or implosion (pressure variation) Contributing Factor / Agency - selections of the following ☐ Machinery and fixed plant ☐ Chemicals □ Needlestick ☐ Mobile plant/machinery ☐ Foreign Objects (eg.projectors, ☐ Fire/explosion ☐ Vehicle (Government) splinters) ☐ Electricity ☐ Vehicle (Private) Outdoor environment ☐ Radiation/Arc Flash ☐ Powered equipment, tools and appliances ☐ Stress/Trauma □ Indoor environment ☐ Temperature ☐ Non-powered tools ☐ Animals ☐ Human agencies □ Other □ Non-powered equipment (eg.playground) □ Biological agent Activity - select one of the following ☐ Admin General ☐ First Aid ☐ Sports ☐ Chemical use □ Lifting/Manual handling ☐ Travel to/from the workplace ☐ Movement around the worksite ☐ Excursions/field trips ☐ Computer work ☐ Work General ☐ Curriculum Prac ☐ Grounds care > Play (supervised unsupervised) ☐ Curriculum Theory ☐ Other ☐ Restraining a students ☐ Playground Duty ☐ Equipment Usage Name of person completing form: Kathy Sm. th Job title:

* Suburb Varsity Lakes * Summary of Incident s.47 was accidently kicked in the eye by another student in the			Post Code 4227 to the bruising and
* Summary of Incident s.47 was accidently kicked in the eye by another student in	Qld	futsal during PE lesson.	
Varsity Lakes * Summary of Incident	Qld	futsal during PE lesson.	
Varsity Lakes			
Actual Incident Address 2			
Assembly Drive			
Actual Incident Address 1			
Ion-Departmental Incident Location			
Departmental Incident Location or Base Location /arsity College			
If the Incident occurred at a Non-Departmental location	on select your Base Loca	ation and complete the Non-	Departmental Incide
If the Incident occurred at a Departmental location, se	elect this location as the	Departmental Incident Loc	ation.
28/10/11		and deficient time (24 not	
* Incident Date		Incident Time (24 hou	r HH:MM)
incident Details			
Reported To			
Other Person Phone Number		Other Person Employe	er
Other Person Suburb	Other Person State (eq	g. QLD)	Other Person P
Other Person Address 2			
Other Person Address 1			
Reported by Other Person		Type of Other Person	
Reported by Staff Harriott, Stephen Ronald, s 47(3)(Male, HOD-Prac Arts, On Role, Varsity College	ieSchool	Reported by Student	
* Reported Date 28/10/11		Reported Time (24 ho 12:03	ur HH:MM)
Reporting Details		navianeuro e arra	
Incident Status Signed Off and Closed			
INC-5641		Firth, Wendy Christine, Aide, Varsity College	s 47(3)(Female, OneSo
Incident ID (generated on save)		Entered By	
Danwined Fields			
*Required Fields			

Related Hazards				
Date Hazard Reported No Records	Hazard ID No Records	Hazard Location No Records	Hazard Category No Records	Hazard Description No Records
	NO RECORDS	No Records		
* Supervising Officer Harriott, Stephen Ronald, s.47(3)(Male HOD Brac Arts	OneSchool	Click here for	r help selecting Supervising Office
Role, Varsity College	Male, MOD-Frac Arc	, oneschool		
Elected Workplace Health and S Hodges, Craig Wayne, s 47(3)(lege	
Evacuation Details				
Did an evacuation occur?				
∩ Yes ® No				
Did a lockdown occur?				
r Yes No				
Locations Involved				
		Location No Records		
Incident Types				
* Select one or more Incident 1	Туреѕ		Click here for	help selecting Incident Types
□ Injury Illness □				
Security Threat				
Motor Vehicle				
Electrical				
⊤ Fire				
Environmental				
Property/Plant/Equip	ment			
□ Near Miss	illent.			
Was this a Dangerous Incident	as defined under Lo	egislation?	Click here for	r definition of Dangerous Incider
r Yes No				
SAVE THIS PAGE AND PROGRES	SS TO THE NEXT TA	B/S TO COMPLETE THE	DETAILS FOR ALL INC	IDENT TYPES SELECTED.
Injury/Illness				
Injury/Illness Injury/Illness		Description		Studi
ID	e and redness in the left eye a	s a result of the contact. Ice was ap she was sent to first aid.	plied for 20 mins but due to the brui	ising and irritation in the eye, $s.47(3)(b)$ -
Submit Incident Record for Review				
To submit this Incident Record, plea	ase tick the box below	and click Save		
Submit Incident Record for re	eview?			
Yes No				
Incident Review				
teview Incident Classification				

Click here for Info	rmation on Incident Cla	assifications and WHSQ	notification requi	rements	
Review and Provide A	ctions				
* Immediate action					
* Have any furthe • Yes• No	r actions been undertak	en?			
Details of Further	Actions				
Further Actions Ur					
No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	- Locations No Records
Review Acknowledgen	nent and Notifications				
Escalate to Humar Once you have rev	riewed and saved the In th and Safety Queensla y Office	cident, details of notifia	able Incidents will	automatically be forw	varded to:
An Officer in Char	ge will be automatically ese employees here.	notified about the Inci	dent. If there are	other employees withi	n the Department that
An Officer in Charg Incident select the Additional People	ese employees here. to Notify				n the Department that
An Officer in Charg Incident select the	ese employees here.	notified about the Incident of	Gender No Records	other employees withi Roles No Records	n the Department that Locations No Records
An Officer in Charg Incident select the Additional People Surname	to Notify Given Names	Employee 1Ds	Gender	Roles	Locations
An Officer in Charg Incident select the Additional People Surname No Records	to Notify Given Names No Records	Employee 1Ds	Gender	Roles	Locations
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Date of Note

Person Making Note
No Records

Who was Spoken To No Records

Incident			
Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-5667		Firth, Wendy Christine, s	47(3)(Female, OneSch
		Aide, Varsity College	
Incident Status			
Signed Off and Closed *			
Reporting Details			
			Face of the
* Reported Date		Reported Time (24 hou	r HH:MM)
01/11/11		14:40	
Reported by Staff		Reported by Student	
Firth, Wendy Christine, s 47(3)(Female, OneSchool Role, TA To	eacher		
Aide, Varsity College			
Reported by Other Person		Type of Other Person	
		2	
2-10 2 A A-4 2			
Other Person Address 1			
Other Person Address 2			
	-1	16	
Other Person Suburb 0	ther Person State (eg.	QLD)	Other Person Pos
Other Person Phone Number		Other Person Employer	
2011.0142			
Reported To			
Incident Details			
incident Details			
* Incident Date		Incident Time (24 hour	нн-мм)
01/11/11		12:40	initially
If the Incident occurred at a Departmental location, selec	t this location as the D	epartmental Incident Loca	tion.
If the Incident occurred at a Non-Departmental location :	select your Base Locati	on and complete the Non-L	Pepartmental Incident
* Departmental Incident Location or Base Location			
Varsity College			
Non-Departmental Incident Location			
* Actual Incident Address 1			
198 Varsity Parade			
Actual Incident Address 2			
Actual Michaelle Addiess 2			
Dating of the second of the se	5) to 17 (1524) ==		- 21-72.4
	State (eg. QLD)		Post Code
Varsity Lakes Q	10		4227
* Summary of Incident			
Playing soccer, ball hit hand			
Detailed Description of Incident			
Detailed Description of Incident	al the hall but the service	ata Garage	
s.47(3)(was playing soccer as goalie, when he went to stop a g	oal the ball hit the top of	nis ringers.	
mmediate Action Taken			
mmediate Action Taken			

Ice was applied		
Related Hazards Date Hazard Reported Hazard ID Hazard Location	District Catalogs	Usered Passalatins
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	No Records	Hazard Description No Records
* Supervising Officer	Click here for	help selecting Supervising Off
Brazeau, Nicole, s.47(3)(Female, HOD-The Arts, OneSchool Role, Helensvale State High 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		
F Environmental		
Property/Plant/Equipment		
Near Miss		
	44500	Victor Administration
Was this a Dangerous Incident as defined under Legislation? Yes® No	Click here for	definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	E DETAILS FOR ALL INCI	DENT TYPES SELECTED.
Injury/Illness		
Injury/Illness Injury/Illness ID Description	Studen	at Name
INJ-13405 Playing soccer, ball hit hand	s.47(3)(b) - C	ontrary to Publi
Submit Incident Record for Review		
o submit this Incident Record, please tick the box below and click Save		
Submit Incident Record for review?		
Yes No		
Incident Review		
teview 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 Queens	sland (WHSO)?
Yese No	72200 200 2000 1000	remain section section

Review and Provide Action	•				
	3				
* Immediate actions	reviewed?				
Have any further ac	tions been undertak	ten?			
Yese No					
Details of Further Act	ions				
Further Actions Under	rtaken By				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations Na Records
Review Acknowledgement	and Notifications				
of you are the reviewe escalate the Incident ENCIDENT RECORD D	Record to Human R		ated in this Incide	ent, you must consult	your supervisor for ad
Escalate to Human Re	sources?				
Once you have review	ed and saved the In	ncident, details of notifial	ole Incidents will	automatically be forw	arded to:
I. Workplace Health a Z. Electrical Safety Of		nd; or			
Is legal action anticip	ated?				
An Officer in Charge v Incident select these		notified about the Incide	ent. If there are o	ther employees within	the Department that
	latifi.				
Additional People to N Sumame No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Róles Na Records	Locations No Records
Surname	Given Names				
Sumame No Records	Given Names				
	Given Names No Records				
Sumame No Records Assign Investigator * Investigation requir	Given Names No Records	No Records			
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Meatchem, Francesca Lucinda, S.47(3)(b) Female, Teacher Aide, Varsity College
, constant the property of the
Reported Time (24 hour HH:MM) 13:47
Reported by Student
Type of Other Person
(eg. QLD) Other Person Pos
Other Person Employer
Incident Time (24 hour HH:MM)
the Departmental Incident Location. .ocation and complete the Non-Departmental Inciden
Post Code 4227

Related Hazards			
	zard ID Hazard Location	Hazard Category	Hazard Description
	Records No Records	Na Records	No Records
* Supervising Officer Thomas, Lisa Dawn, S.47(3) Female, Prnc	nl Advisor Couth Fact One	Click here fo	r help selecting Supervising Offic
Thomas, Lisa Dawn, Female, Pric	pl Advisor, South East One		
Elected Workplace Health and Safety Re		Alless	
Hodges, Craig Wayne, s 47(3), Male, OneS	chool Role, Youth Worker, Varsity C	onege	
Evacuation Details			
Did an evacuation occur?			
↑ Yes • No			
Bid - Isolulium samo			
Did a lockdown occur?			
Tes No			
Locations Involved			
	Location No Records		
Incident Types			
* Select one or more Incident Types		Click here fo	r help selecting Incident Types
▼ Injury Illness			
□ Security Threat			
□ Motor Vehicle			
r Electrical			
□ Fire			
□ Environmental			
Property/Plant/Equipment			
□ Near Miss			
Was this a Dangerous Incident as defin	ed under Legislation?	Click here fo	r definition of Dangerous Incider
100			THENT TYPES SELECTED
SAVE THIS PAGE AND PROGRESS TO TH	HE NEXT TAB/S TO COMPLETE T	HE DETAILS FOR ALL INC	IDENT TIPES SELECTED.
	HE NEXT TAB/S TO COMPLETE T	HE DETAILS FOR ALL INC	IDENT TIPES SECECIED.
	HE NEXT TAB/S TO COMPLETE T	HE DETAILS FOR ALL INC	IDENT TIPES SELECTED.
SAVE THIS PAGE AND PROGRESS TO TH	HE NEXT TAB/S TO COMPLETE T	HE DETAILS FOR ALL INC	IDENT TIPES SELECTED.
SAVE THIS PAGE AND PROGRESS TO TH Injury/Illness Injury/Illness Injury/Illness ID	Description	Student Name	Staff Name
SAVE THIS PAGE AND PROGRESS TO THE Injury/Illness Injury/Illness Injury/Illness ID No Records	-		
SAVE THIS PAGE AND PROGRESS TO THE Injury/Illness Injury/Illness Injury/Illness ID No Records	Description	Student Name	Staff Name
SAVE THIS PAGE AND PROGRESS TO THE Injury/Illness Injury/Illness Injury/Illness ID No Records	Description	Student Name	Staff Name
SAVE THIS PAGE AND PROGRESS TO THE Injury/Illness Injury/Illness Injury/Illness ID No Records Add New Injury/Illness Submit Incident Record for Review	Description Na Records	Student Name	Staff Name
Injury/Illness Injury/Illness Injury/Illness ID No Records Add New Injury/Illness Submit Incident Record for Review To submit this Incident Record, please tick the	Description Na Records	Student Name	Staff Name
SAVE THIS PAGE AND PROGRESS TO THE Injury/Illness Injury/Illness Injury/Illness ID No Records Add New Injury/Illness	Description Na Records	Student Name	Staff Name
Injury/Illness Injury/Illness Injury/Illness Injury/Illness Injury/Illness ID No Records Add New Injury/Illness Submit Incident Record for Review To submit this Incident Record, please tick the Submit Incident Record for review?	Description Na Records	Student Name	Staff Name
Injury/Illness Injury/Illness Injury/Illness Injury/Illness Insury/Illness Insury/Illness Add New Injury/Illness Submit Incident Record for Review To submit this Incident Record, please tick the Submit Incident Record for review? Yes No Actions	Description Na Records	Student Name	Staff Name
Injury/Illness Injury/Illness Injury/Illness Injury/Illness Injury/Illness Injury/Illness Add New Injury/Illness Submit Incident Record for Review To submit this Incident Record, please tick the Submit Incident Record for review? Yes No	Description Na Records	Student Name No Records	Staff Name

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health & Safety Incident Recording, Notification and Management

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be

stored securely as an attachment to the electronic version of the incident record * Denotes Mandatory Fields that must be completed REPORTING DETAILS Date Reported: 19 . 10 . 2011 Reported Time (24Hour HH:mm): Reported by: - (NOTE at least one 'reported by' field must be populated) **Staff** ✓ please tick) □ Student ☐ Other person EQ ID (if known): s.47(3)(b) - Contrary to Giyen Name Surname Type of other Person ath ☐ Client ☐ Contractor Address Parent ☐ Visitor Suburb: Postcode: □ Volunteer □ Other Phone: (M) (W) (H) Other person Employer: Reported to: (who was the first person informed of the incident, if known?) INCIDENT DETAILS Date of Incident: 19:10-2011 * Location of Incident: Where the Incident occurred Departmental Location/Base Location Name of Facility Actual Incident Address: (Street Address of any non-DET location) SEMBI Summary/Description of Incident: appeared Immediate Action Taken: □ Nil -First Aid ☑ Ambulance attended ☐ Doctor/Out Patients ☐ Hospitalisation (Returned to work/class) (on site by staff) (medical treatment) MICHELLE Who provided First Aid? (name) to CHILD WAS If First Aid - what first aid was provided? Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below)
☐ No (< New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') 'Supervising Officer: (The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSES, Director, Program Manager or HR Manager) In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details) Elected Workplace Health & Safety Representative: (WHSR if location has one) **EVACUATION DETAILS** No M No ☐ Yes Did a lockdown occur? ☐ Yes Did an evacuation occur? Location/s involved: INCIDENT TYPES - See instructions below. Each incident type selected will bring up an individual 'sub-form' for completion. INSTRUCTIONS: Select one or more Incident Types - however if the incident if considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a Dangerous Event as defined under legislation' will appear and must be answered either Yes or No. INCIDENT TYPE Injury/Illness Motor Vehicle Property/Plant/Equipment Security Threat I application 340/5/3026 To Warsity College - Document 235 of

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Did this incident occur during a journey to of form work or during an ordinary recess break at work? INJURY/ILLNESS DETAILS - who was injured? * Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval) wrist following tractured * The injured Person's Details (select one box only) Student ☐ Staff ☐ Other person (✓ please tick) Given Name: s.47(3)(b) - Contrary to P s.47(3)(b) - Contrary to Public Interes Surname: Type of other Person ☐ Client ☐ Contractor Address: s.47(3)(b) - Contrary to Public Interest Parent □ Visitor Postcode: s.47(3)(b) - Contrar Suburb: ☐ Volunteer s.47(3)(b) - Contrary to Public Interes □ Other (NOTE: If more than one person was injurewin in the same incident, please complete an additional injury/miness details page for each person involved.) Base location of injured staff member or student or other person: DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Do you want to lodge a workcover claim for this incident? ☐ Yes □ No INJURY/ILLNESS CLASSIFICATION - Select one of the following ☐ Serious Bodily Injury - Fatality (Class A) ☐ Work Caused Injury (Class A) Bodily Injury (Class B) DSerious Bodily Injury - Non Fatality (Class A) ☐ Psychological Illness (Class P) ☐ Workcover Journey/Recess Claim (Class C) ☐ Minor Injury or Incident (Class C) Mature of Injury/Illness (main injury) - select one Bodily Location (main injury) - select one ☐ Face ☐ Ache/Pain □ Infection/Disease ☐ Weld Flash □ Hands □ Knees ☐ Head W Wrists ☐ Foot/Feet ☐ Cut/Laceration ☐ Hearing Loss/Deafness ☐ Eye Disorder ☐ Foreign Body □ Eyes □ Toes ☐ Amputation ☐ Psychological Stress ☐ Back ☐ Allergy ☐ Mouth ☐ Ankles ☐ Bite/Sting ☐ Head Injury □ Ears ☐ Bruise/Crush ☐ Skin ☐ Chest ☐ Skin ☐ Internal Injury ☐ Nose ☐ Tooth/Teeth ☐ Fingers ☐ Respiratory System ☐ Dislocation Irritation//Dermatitis ☐ Heart or ☐ Heat/Cold Stress ☐ Neck ☐ Internal Organs ☐ Sprain/Strain Circulatory Abdomen/Stomach ☐ Spine ☐ Burn/Scald ☐ Poisoning Condition ☐ Arms ☑ Fracture ☐ Hips □ Psychological □ Respiratory ☐ Elbows ☐ Other □ Legs Condition ☐ Puncture/ Needlestick ☐ Shoulders ☐ Groin Area □ Other Cause of Injury/liness - select one of the following Slip, Trip or Fall □ Repetitive movement ☐ Animal or insect ☐ Contact with, or striking against object ☐ Muscular effort – single event ☐ Biological □ Vibration □ Electricity □ Psychological ☐ Struck by falling or moving object ☐ Vehicle ☐ Thermal (heat/cold) ☐ Radiation ☐ Other ☐ Noise □ Explosion or implosion (pressure variation) ☐ Chemical/Substance Contributing Factor / Agency - select one of the following ☐ Machinery and fixed plant ☐ Chemicals □ Needlestick ☐ Mobile plant/machinery □ Foreign Objects (eg.projectors, ☐ Fire/explosion ☐ Electricity □ Vehicle (Government) splinters) ☐ Vehicle (Private) Outdoor environment ☐ Radiation/Arc Flash ☐ Powered equipment, tools and appliances ☐ Indoor environment ☐ Stress/Trauma □ Temperature □ Non-powered tools □ Animals ☐ Non-powered equipment (eg.playground) ☐ Human agencies □ Other ☐ Biological agent Activity - select one of the following ☐ First Aid ☐ Admin General □ Sports ☐ Lifting/Manual handling ☐ Travel to/from the workplace ☐ Chemical use ☐ Movement around the worksite □ Excursions/field trips □ Computer work ☐ Curriculum Prac ☐ Grounds care. ☐ Work General Play (supervised/unsupervised) ☐ Curriculum Theory ☐ Other

Name of person completing form: Kathy Smith

Signature: KMSnith

Job title: Teacher.

☐ Restraining a students

☐ Playground Duty☐ Equipment Usage

ncident			
Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-4176		Meatchem, Francesca Lucinda	s 47(3)(Female, (
		Teacher Aide, Varsity College	
Incident Status Signed Off and Closed *			
Reporting Details			
* Reported Date		Reported Time (24 hour H	H·MM)
24/10/11		14:27	111-11-17
		S	
Reported by Staff Meatchem, Francesca Lucinda s.47(3)(b Female, OneSchool Role Teacher Aide, Varsity College	e, TA	Reported by Student	
Reported by Other Person		Type of Other Person	
reported by other reison		ype or other reison	
Other Person Address 1			
Other Person Address 2			
Other Person Suburb	ther Person State (eg. QL	D)	Other Person Pos
Other Person Phone Number		Other Person Employer	
Reported To			
Incident Details			
* Incident Date		Incident Time (24 hour HH	· MM)
19/10/11		11:15	ilena)
If the Incident occurred at a Departmental location, selection is the Incident occurred at a Non-Departmental location is			
* Departmental Incident Location or Base Location Varsity College			
Non-Departmental Incident Location			
* Actual Incident Address 1 School Oval			
Actual Incident Address 2 Varsity College school oval			
	CALLEN ACCAM		Section 2
	State (eg. QLD)		Post Code
Varsity Lakes Q	<u>J</u> LD		4227
* Summary of Incident Broken arm at morning tea			
Detailed Description of Incident			
During morning tea, the student approached me (Kathy Smith) the case.	on duty and told me he had	broken his arm. On observation	this appeared to be
Immediate Action Taken			

Related Hazards		
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category No Records	Hazard Description
		No Records
Smith, Kathy Maree, s.47(3)(t Female, OneSchool Role, Snr-General, Varsity College	Click here for help	selecting Supervising Offic
Elected Workplace Health and Safety Representative Hodges, Craig Wayne, S 47(3)(Male, OneSchool Role, Youth Worker, Varsity Coll	ene	
Evacuation Details		
Did an evacuation occur?		
Yes No		
Did a lockdown occur?		
Yes No		
ocations Involved		
No Records		
ncident 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		
Nas this a Dangerous Incident as defined under Legislation? Yes Ro	Click here for defi	inition of Dangerous Incider
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE	DETAILS FOR ALL INCIDEN	IT TYPES SELECTED.
Injury/Illness		
Injury/Illness Injury/Illness Description		Student Name
ID INJ-4477 During morning tea, the student approached me on duty and told me he had broken his arc case.	m. On observation this appeared to be the	s.47(3)(b) - Contrary to Pr
Submit Incident Record for Review		
o submit this Incident Record, please tick the box below and click Save		
Submit Incident Record for review?		
Yes No		
Incident Review		
Leview Incident Classification		
Incident Classification (generated on save)		
B - Investigation is Required *		

Review and Provide Action	s				
* Immediate actions i	reviewed?				
* Have any further ac	tions been undertak	en?			
Details of Further Act	ions				
No further details have					
Further Actions Under	taken By				
Surname No Records	Given Names No Records	Employee 1Ds Na Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgement	and Notifications				
If you are the reviewe	er of the Incident Re	cord, and you are implica	ated in this Incide	ent, you must consult y	our supervisor for adv
escalate the Incident	Record to Human Re	esources.			
INCIDENT RECORD D					
Escalate to Human Re					
1. Workplace Health a	and Safety Queensla	cident, details of notifial nd; or	ole Incidents will	automatically be forwa	arded to:
2. Electrical Safety Of	fice				
	1. 12				
Is legal action anticip	ated?				
Yes No					
Yes No	vill be automatically	notified about the Incid	ent. If there are o	ther employees within	the Department that
○ Yes ○ No An Officer in Charge v	vill be automatically employees here.	notified about the Incid	ent. If there are o	ther employees within	the Department that
Yes No An Officer in Charge v Incident select these	vill be automatically employees here.	notified about the Incide Employee IDs No Records	ent. If there are o	ther employees within Roles No Records	the Department that Locations No Records
An Officer in Charge v Incident select these Additional People to N	vill be automatically employees here. Notify	Employee IDs	Gender	Roles	Locations
An Officer in Charge v Incident select these Additional People to N	vill be automatically employees here. Notify	Employee IDs	Gender	Roles	Locations
An Officer in Charge v Incident select these Additional People to N Surname No Records	vill be automatically employees here. Notify Given Names No Records	Employee IDs	Gender	Roles	Locations
An Officer in Charge v Incident select these Additional People to N Surname No Records Assign Investigator	vill be automatically employees here. Notify Given Names No Records	Employee IDs	Gender	Roles	Locations
An Officer in Charge v Incident select these Additional People to N Surname No Records Assign Investigation requir	vill be automatically employees here. Notify Given Names No Records	Employee IDs No Records	Gender	Roles	Locations
An Officer in Charge v Incident select these Additional People to N Surname No Records Assign Investigation require Yese No	vill be automatically employees here. Notify Given Names No Records red? trained Health and 9	Employee IDs No Records	Gender	Roles	Locations
An Officer in Charge v Incident select these Additional People to N Surname No Records Assign Investigator * Investigation requir C Yes No Click here for a list of Person Responsible for	vill be automatically employees here. Notify Given Names No Records red? trained Health and Sor Investigation	Employee IDs No Records	Gender	Roles	Locations
Assign Investigation * Investigation require * Yes • No Click here for a list of	vill be automatically employees here. Notify Given Names No Records red? trained Health and 9 or Investigation	Employee IDs No Records	Gender	Roles	Locations
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An Officer in Charge value of the Surname No Records * Investigation requiration of the Yes No Click here for a list of Person Responsible for Reasons for Not Investigation requiration of the No further details have File Attachments File Attachment	vill be automatically employees here. Notify Given Names No Records red? trained Health and 9 or Investigation stigating been provided	Employee IDs No Records	Gender	Roles No Records	Locations
An Officer in Charge v Incident select these Additional People to N Surname No Records Assign Investigator * Investigation require Yes No Click here for a list of Person Responsible for Reasons for Not Investigation No further details have Attachments File Attachment Attached No Record	vill be automatically employees here. Notify Given Names No Records red? trained Health and 9 or Investigation stigating been provided	Employee IDs No Records Safety Investigators File Type	Gender	Roles No Records Date Loaded	Locations No Records
Assign Investigation require Yes No An Officer in Charge voluntial People to No Surname No Records Assign Investigation require Yes No Click here for a list of Person Responsible for Reasons for Not Investigation No further details have File Attachment Attached No Records	vill be automatically employees here. Notify Given Names No Records red? trained Health and 9 or Investigation stigating been provided	Employee IDs No Records Safety Investigators File Type	Gender	Roles No Records Date Loaded	Locations No Records
Actions An Officer in Charge value of these Additional People to No Surname No Records Assign Investigator * Investigation require Yes No Click here for a list of Person Responsible for Reasons for Not Investigation No further details have Actions Actions	vill be automatically employees here. Notify Given Names No Records red? trained Health and 9 or Investigation stigating been provided	Employee IDs No Records Safety Investigators File Type	Gender	Roles No Records Date Loaded	Locations No Records
Actions An Officer in Charge value incident select these incident inciden	vill be automatically employees here. Notify Given Names No Records red? trained Health and 9 or Investigation stigating been provided	Employee IDs Ro Records Safety Investigators File Type No Records	Gender	Roles No Records Date Loaded No Records	Locations No Records

OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy: HLS-PR-005: Health & Safety Incident Recording, Notification and Management

(6495)

PRIVACY: The Department of Education and Training (QLD) is collecting personal health and safety incident information on this form in accordance with the Workplace Health and Safety Act 1995 (QLD), Workplace Health and Safety Regulation 2008, Electrical Safety Act 2002 (QLD) and/or Electrical Safety Regulation 2002. The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (QLD), WorkCover Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A copy of the original form will be stored securely as an attachment to the electronic version of the incident record.

	 Queensland, Industrial Organisations, or other entities in accordance with, or where requested by law nanually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor. A co ectronic version of the incident record. 	
* Denotes Mandatory Fields that must b	pe completed	
REPORTING DETAILS	Notice of the second second	
Date Reported:	Reported Time (24Hour HH:mm): 1:17am	
* Reported by: - (NOTE at least of	ne 'reported by' field must be populated)	
(✓ please tick) □ Sta		
Given Name: s.47(3)(b) - Contrary to Public In	Surname s.47(3)(b) - Contrary to s.47(3)(b) - Contrary to Public Interest	Type of other Person Client
	Address:	☐ Contractor ☐ Parent
	Suburb: Postcode:	☐ Visitor ☐ Volunteer
	Phone: (M) (W) (H)	Other
	Other person Employer:	
Reported to:		
(who was the first person informed o	f the incident, if known?)	and the second s
INCIDENT DETAILS		
Date of Incident: All III	* Time incident Occurred: (24 hour hh:mm) 1.17q m	
Departmental Location/Base Location		
Actual Incident Address: /Street Add		1
* Summary/Description of Incid	dent:	
She had her hard	do above her head when a ball hit them.	•
* Immediate Action Taken: /		
The Late of the Contract of th	rst Aid	☐ Hospitalisation
Who provided First Aid? (name	Name Hala Delas	
If First Aid - what first aid was	provided? 1ce	
(Sall last las III	esult of the incident: Yes (please provide hazard details below) None into MyHR WHS Solution via 'enter new hazard') What I work to move	
'Supervising Officer: WWW	to Lobina Hospital. 2 BLOGEN FINGUES.	
Director, Program Manager or HR M	nployee who is responsible to review the details of the incident record eg. Principal, Deput fanager) upervising officer selected will be notified by email to review the incident details)	y Principal, HOD, HOSES,
Elected Workplace Health & Sa (WHSR if location has one)	afety Representative:	
EVACUATION DETAILS		1812 - 195
Did an evacuation occur?	☐ Yes ☐ No Did a lockdown occur? ☐ Yes ☐ No	
Location/s involved:		
INCIDENT TYPES - See Instruction	ons below. Each incident type selected will bring up an individual sub-form for completio	0.
'Property/Plant/Equipment' or 'Fire' of	e Incident Types – however if the incident if considered a 'Near Miss' no other selection ca or 'Environmental' or 'Electrical' are selected as the incident type, the question 'Was this a r and must be answered either Yes or No.	
☑ Injury/Illness		lant/Equipment
☐ Electrical ☐ Security ThreatTI app	olication 340/5/3026 Narsity College - Document 240 of	269

Did this incident	occur during a jour	ney to of f	orm work or du	uring an ordinary re	cess bre	ak at work?	Yes	□ No
INJURY/ILLNES	S DETAILS - who wa	s injured?	W 25 V	John Hall		19.0) iii	0 0 0 0
Provide a detail Had hando to MOVE,	lled description of the	e injury o a Pal disc	illness (i.e. Fra hit ch olowata	ctured right ankle tollow e hand h	ord o	school oval)	ai)	n e mable
* The injured Per	rson's Details (select	one box g	only)	,				
(✓ please tick)	□ Staff	Øs	tudent 🗆	Other person				
Surname: s.47(3)(b	o) - Contrary to Publ		Given Nan	s.47(3)(b) - Contrary	to Public Ir	ntere		e of other Person Client Contractor
Suburb:				Postco	ode:		0 1	Parent Visitor Volunteer Other
Base location of DET Staff role at	n one person was injured injured staff membe time of injury/illnes odge a workcover c	er or stude s (i.e. Tea aim for th	ent or other per cher, admin offic is incident?	son: Vasity	College	er Secondy		ach person involved.) ₩ ⁵ V ⊆
	/ Injury – Fatality (Cla Injury – Non Fatality (ss A)	☐ Work Cause	ed Injury (Class A) cal Illness (Class P)	□ Bodil	y Injury (Class B	lece	ss Claim (Class C) Class C)
Bodil	y Location (main inju				f Injury/I	liness (main loju	iry) -	select one
☐ Face ☐ Head ☐ Eyes ☐ Ears ☐ Nose ☐ Tooth/Teeth ☐ Neck ☐ Arms ☐ Elbows ☐ Shoulders	☐ Hands ☐ Wrists ☐ Back ☐ Mouth ☐ Chest ☐ Fingers ☐ Abdomen/Stomach ☐ Hips ☐ Legs ☐ Groin Area		ratory System al Organs nological	☐ Ache/Pain ☐ Cut/Laceration ☐ Amputation ☐ Bite/Sting ☐ Bruise/Crush ☐ Dislocation ☐ Sprain/Strain ☐ Burn/Scald ☐ Fracture	☐ Hear ☐ Psyc ☐ Aller ☐ Skin ☐ Irritatior ☐ Heat ☐ Poisc ☐ Resp	n//Dermatitis /Cold Stress oning		☐ Weld Flash ☐ Eye Disorder ☐ Foreign Body ☐ Head Injury ☐ Internal Injury ☐ Heart or Circulatory Condition ☐ Other
			- Co-Co-Connection		K-B-lude a	CONTROL DO NAME OF		
☐ Vibration ☐ Struck by fallin☐ Noise	ull or striking against obje g or moving object nplosion (pressure val	ct	☐ Repetitive r	ffort - single event eat/cold)	following	☐ Animal or ins ☐ Biological ☐ Psychologics ☐ Vehicle ☐ Other		
- X S	A SHIP THE SERVICE OF	Contributi	ng Fector / Age	ency - select one of	the follow	ing		TOTAL PROPERTY.
☐ Non-powered t	I fixed plant achinery rnment) e) oment, tools and appli	ances	☐ Chemicals	jects (eg.projectors, vironment ronment encies		□ Needlestick □ Fire/explosic □ Electricity □ Radiation/Ar □ Stress/Traur □ Temperature □ Other	on rc Fla ma e	ash
				ct one of the followin				-
☐ Admin Genera ☐ Chemical use ☐ Computer worl ☐ Curriculum Pra ☐ Curriculum The ☐ Playground Du ☐ Equipment Usa	k ac eory uty		First Aid Lifting/Manual ha Movement arour Grounds care Play (supervised Restraining a stu	nd the worksite d/unsupervised)	000	Sports Travel to/from th Excursions/field Work General Other		
Name of person of	completing form:	Su	san S	as heres	1111	Date:	4	[11/11
Signature:	1. 1	enre	>	Job title:	aculit	TO MILL	ra	ger

Incident Record		
*Required Fields		
Incident ID (generated on save) INC-7007		Entered By Meatchem, Francesca Lucinda, s 47(3)(Female, C Teacher Aide, Varsity College
Incident Status Signed Off and Closed Status		
Reporting Details		
* Reported Date 04/11/11		Reported Time (24 hour HH:MM) 14:29
Reported by Staff DREDGE, Helen Ann, , Female, Contractor, Varsity College		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	g. QLD) Other Person Pos
Other Person Phone Number		Other Person Employer
Reported To		
Incident Details		
* Incident Date 04/11/11		Incident Time (24 hour HH:MM)
		Departmental Incident Location.
04/11/11 If the Incident occurred at a Departmental location, If the Incident occurred at a Non-Departmental loca * Departmental Incident Location or Base Location		Departmental Incident Location.
04/11/11 If the Incident occurred at a Departmental location, If the Incident occurred at a Non-Departmental loca * Departmental Incident Location or Base Location Varsity College		Departmental Incident Location.
04/11/11 If the Incident occurred at a Departmental location, If the Incident occurred at a Non-Departmental loca * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Pararde		Departmental Incident Location.
04/11/11 If the Incident occurred at a Departmental location, If the Incident occurred at a Non-Departmental loca * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1		Departmental Incident Location.
O4/11/11 If the Incident occurred at a Departmental location, If the Incident occurred at a Non-Departmental location *Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Pararde Actual Incident Address 2 * Suburb	* State (eg. QLD)	Departmental Incident Location. ation and complete the Non-Departmental Incident
04/11/11 If the Incident occurred at a Departmental location, If the Incident occurred at a Non-Departmental loca * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Pararde Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident 2 broken fingers Detailed Description of Incident	* State (eg. QLD)	Departmental Incident Location. ation and complete the Non-Departmental Inciden
04/11/11 If the Incident occurred at a Departmental location, If the Incident occurred at a Non-Departmental loca* * Departmental Incident Location or Base Location Varsity College Non-Departmental Incident Location * Actual Incident Address 1 198 Varsity Pararde Actual Incident Address 2 * Suburb Varsity Lakes * Summary of Incident 2 broken fingers	* State (eg. QLD)	Departmental Incident Location. ation and complete the Non-Departmental Inciden

Related Hazards Date Hazard Reported	Hazard ID	Hazard Location	Hazard Category	Hazard Description
No Records	No Records	Na Records	No Records	No Records
Supervising Officer			Click here for	help selecting Supervising Office
Thomas, Lisa Dawn, s.47(3)(bF	emale, Prncpl Advisor, South I	East One		
lected Workplace Health an	d Safety Depresentative			
Hodges, Craig Wayne, s 47(3)(Worker, Varsity Co	lege	
Evacuation Details				
Did an evacuation occur?				
Yes No				
Did a lockdown occur?				
Yes No				
Locations Involved				
		Location No Records		
		No Records		
ncident Types				
Select one or more Inciden	it Types		Click here for	r help selecting Incident Types
Injury Illness	2.11			
Security Threat				
Motor Vehicle				
Electrical				
Fire				
Environmental				
Property/Plant/Equi	inment			
Near Miss	princing			
i ivedi (11155				
Was this a Dangerous Incide	nt as defined under Legisla	ation?	Click here for	r definition of Dangerous Inciden
c Yes No				
SAVE THIS PAGE AND PROGI	RESS TO THE NEXT TAB/S	TO COMPLETE TH	E DETAILS FOR ALL INC	IDENT TYPES SELECTED.
	ST 26 VA VAND STEEL STEEL DE			
Injury/Illness				
Control Control				
Injury/Illness Injury/Illness ID	Description			Student Name
	ent had hands above head - hit by ball, be	roke 2 fingers.	s.47(3)(b) - Cor	ntrary to Public Interest
Submit Incident Record for Review				
To submit this Incident Record, p	please tick the box below and	click Save		
Submit Incident Record for	r review?			
Yes No				
103 110				
Victoria Confession				
Incident Review				
Review Incident Classification				
Incident Classification (gene	rated on save)			
f this is a Psychological Illno Yes No	ess, is the Incident notifial	ole to Workplace	Health and Safety Queer	nsland (WHSQ)?
Click here for Information or	n Incident Classifications a	nd WHSO notifies	ition requirements	
The state of an offing control	and the state of t	This y hourica		
Review and Provide Actions				

* Immediate actions	reviewed?				
« Yes ~ No					
* Have any further ac	ctions been undertak	en?			
∩ Yes € No					
Details of Further Act	tions				
Further Actions Unde		F 100 100	6.7	2	C F
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgement	t and Notifications				
			ated in this Incid	ient, you must consult yo	ur supervisor for advi
escalate the Incident INCIDENT RECORD D					
Escalate to Human Re					
		cident details of notifial	ale Incidents wil	l automatically be forwar	ded to:
Workplace Health Electrical Safety Of	and Safety Queensla		ne incidents wil	automatically be forwar	ded to:
Is legal action anticip					
r Yes∘ No	, decar				
An Officer in Charge Incident select these		notified about the Incide	ent. If there are	other employees within t	he Department that I
Additional People to					
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Assign Investigator					
* Investigation requi	red?				
Click here for a list of	trained Health and S	Safety Investigators			
Person Responsible f					
Reasons for Not Inve	stigating				
Sport incident. Injury r	not serious				
File Attachments					
File Attachment					
Attached No Reco		File Type No Records		No Records	File Up
Actions					
Actions					
	e Date Records	Action ID No Records		Action Title No Records	
Case Notes					
Case Notes					
Date of N No Reco		Person Making Note Na Records		Who was Spoken To No Records	

Health and Safety Incident – SMS Data Entry Form (Effective version 2007.1 SMS release)

Injury/Illness Details Sun	nmary	5 50		7.5				
Date: 30/ 11./ / 1990 Was any person injured	Time: 2:45	incide	pm nt? (Yes) / N	No (if "no" -	only comple	ete form if incide	ent was a	a dangerous event)
. Injured Person's De	etails	,	0					
(√ please tick)	☐ Staff Member	00/	School Student		0 0	Other Person e.g.	voluntee	
Given Name: s.47(3)(b) -	Cont	Surname:	s.47(3)(b) - C	Contrary		EQ ID (if know	n):	
	Address:							tion with school:
Further information if the	Suburb:			7.77			Company of the Compan	Parent
person was an *other person* - leave blank if	Dharry			Post Code:	al essencial of			/isitor /olunteer
staff or student	Phone:			Why on scho	ooi property:			Other:
		- 3.	on was injure/ill					
2. First Person Inform	ed of the Incident -	Details	(who was the fi	rst person in	formed of the	incident?)		
n product doing	□ Staff Member		School Student			Other Person (e.g		er)
Given Name: DARRE	N	Surname:	RACKE	MANI	J	EQID (if know	n):	
	Address:						Associa	tion with school:
Further information if the person was an "other	Cubuchi							Parent Public
person"- leave blank if staff or student	Suburb:			Post Code:			9 90000000	/isitor
/ / dissert	Phone:			Why on scho	ool property:			/olunteer Other:
Location - Where the	Incident Occurred							Juier.
Location: SCHOOL				Name of the	facility (if know	wn);		
. What Happened?					-			
(consider the activity, what happened and why). Recommended Contr	ol Strategies to Prev	ent Recui		DATORY	N THE			
To be completed in consulta REWINDER					or Principal/O			
Incident Information								
Activity (√ please tick) – wha □ Admin General	t was the activity at the tim Playground Duty		lent? fting/Manual Hand	dlina	☐ Play – s	uponijeod	(103)	□ Excursion/Trip
☐ Camp ☐ Chemicals/Poisons ☐ Computer Work ☐ Curriculum Prac ☐ Curriculum Theory	☐ Equipment Usage ☐ Maintenance ☐ First Aid ☑ School Activity ☐ Assisting Student	□ M □ M □ G	eeting overnent Around : rounds Care on-School Activity	School	□ Play – u □ Lesson □ Restrain □ Sport	nsupervised Prep/Cleanup ing Student		☐ Tuckshop ☐ Unauthorised Activity ☐ Work General ☐ Other:
Cause (√ please tick) – what		14	21.40					
☐ Caught In / Between ☐ Contact with	☐ Exposure to Object Falling/Flying ☐ Person Falling		ifting/Handling Repetitive Moveme Running/Jumping	nt	☐ Walking	g On / In by / or against		Other.
Severity V please tick)	☐ Minor (first aid / no time lost		oderate (needs medical	cal care) Serie		Serious (> 4 days away /permanent injug/damage)		□ fatal
reatment Required	□Nil		rst Aid (on site by		Doctor	Out Patients		☐ Hospitalisation
√ please tick) f Hospitalised – what is the	name of the hospital?	ROB	taff/ambulance of	SPISAL	(me	dical treatment)		(overnight stay or longer)
Who provided first aid? (nar	Service and the service of the servi			27H				
f first aid -					2.020	I and the same	T0	0. 7.75
what first aid was provided?			AND CLO	1000	FORED		TROL	BLEEDING
Possible number of days at	The Street of the Party	0		Service and the service of	ber of days a	psem	C)
Possible WorkCover Claim? Is a claim for compensation	CHARLEST TO SHOW A TRANSPORT OF THE PARTY OF	Yes	s /No	Is legal acti	gal Action – on against th likely/pendin			Yes No

□ Amputation □ Bite/Sting □ Bruise/Crush □ Bump/Knock □ Bump/Scald □ Concussion □	Injury/Illness		A STATE OF THE STA	Location o	on Body
□ Amputation □ Bite/Sting □ Bruise/Crush □ Bump/Knock □ Bump/Scald □ Concussion □	Cut/Laceration	☐ Poisoning	₩ Head	☐ Chest	☐ Leg(s)
□ Bite/Sting □ □ Bruise/Crush □ □ Bump/Knock □ □ Burn/Scald □ □ Concussion □	Dislocation	☐ Respiratory	☐ Face	☐ Shoulder(s)	☐ Knee(s)
Bruise/Crush Bump/Knock Bump/Scald Concussion	Fracture	☐ Sprain/Strain	☐ Eye(s)	☐ Arm(s)	☐ Ankle(s)
□ Bump/Knock □ □ Burn/Scald □ □ Concussion □					
☐ Burn/Scald ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Headache	☐ Stress Reaction	□ Nose	☐ Elbow(s)	☐ Foot/Feel
☐ Concussion ☐	Hearing Loss	Unconscious	☐ Mouth	□ Wrist(s)	☐ Toe(s)
	Infection/Disease	Unspecified	☐ Tooth/Teeth	☐ Hand(s)	□ Skin
	Irritation/Allergy	Other:	☐ Ear(s)	☐ Finger(s)	□ Respiratory System
- Cumulative	Nausea		□ Neck	☐ Stomach	☐ Internal
	Vausca		FO. 10 E 231		☐ Stress Related
			☐ Back Upper	☐ Hip(s)	
			☐ Back Lower	☐ Groin	Other:
Emergency Contact Deta	ils				
Has the injured person's		1			
emergency contact been	0.19	Yes Yes			□ No
notified?	(please	complete contact details	(ple	ase complete - "re	eason not contacted" below)
mergency Contact:	First Name:	complete contact decano	Surname:	asc complete 1	Dason not contacted below
mergency conduct.	s.47(3)(b)	- Contrary to Pub	s.4	7(3)(b) - Contrary	/ to Public
hone No:			25.11		
			Date:30/11	JIO Tim	e: 2.50pm
"no" - reason not notified:					
		Wards of the st			
Was the injury/illness cau					
	☐ Parent	☐ Visitor		Student o Primar	
Aggressor?	☐ Member of I	Public 🗆 Volunte	er	o Secon	dary
	□ Staff	□ Other		o SEU/S	EDU/Special
THE PARTY OF THE P					
ype of Confrontation	☐ Physical	□ Verbal	D 8	oth Physical and Ve	erbal
Hazard Information – I	MANDATORY (if n	ecessary seek assista	nce from school WHSO	to determine the	hazard)
Vhat was the primary hazard th	at caused the inciden	t?			-
And the second second second	CONTRACTOR OF THE		e al contractor		
Contributing Hazard Category (I /am wlaucianian	- N D-		- Dellation (Am F)
Animal/Insect		t (eg. playground)	o Non Powered Too		o Radiation / Arc Flash
Blood / Body Substance	o Fire / Expl	osion	o Person/People		o Virus / Disease
Building Fixtures	o Floor / Gro	ound	o Stairs/Steps		o Water / Pool
Built Environment	Foreign O	bject (eg. splinter)	o Stress / Trauma		o Working / Learning
Electricity / Gas	o Furniture	-jose (-g. spenner)	o Sunburn / UV Rad	istion	Environment
		/Finnell		dilon	
Electrical Appliance	o Machinery		o Temperature		00
Environmental Factors	o Machinery	(Mobile)	o Travel		
ssociated Equipment?	53/47		When was the haza	ind identified?	Date://
			COLOROGIA	CHAMPET'S	Time:am/pm
The identified the Hazard?	PROJ.				
. Details of Witnesses (if any	y)				
	Staff Member	School Stude	nt 🗆	Other Person e.g.	volunteer
Details if "Staff" or "Student"					
Given Name:		Surname:		EQ ID (if knows	n):
-					
1.					
1	Address:				Association with school:
Further information if the					☐ Parent
Further information if the	Suburb:				☐ Public
person was an "other			Post Code:		☐ Visitor
person was an "other person"- leave blank if	Phone:		Why on school property	r .	□ Volunteer
person was an "other	1 INTING		Tiny of solidor property		Other:
person was an "other person" - leave blank if	toonno elecci	lete their details on anoti	ner form and attach to this	one.	
person was an "other person" - leave blank if staff or student	ulesses blease comb	A state of around	To and and on to the		
person was an "other person" - leave blank if staff or student	ulesses please comp	_	Dat	e: 1/12/10	
person was an "other person"- leave blank if staff or student If there are other significant wi	~				
person was an "other person"- leave blank if staff or student If there are other significant will signature of person completing for the signature of person completing for t	~	Inh title		Schola !	
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person was an "other person"- leave blank if staff or student If there are other significant will signature of person completing for Name: Further Actions:	orm: QBL Racheman			School.	Lance de la constant
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person was an "other person" - leave blank if staff or student If there are other significant wi Signature of person completing for Name: Further Actions: Consult the school	orm: 252 Rawleemann Workplace Health and	l Safety Officer (WHSO) o	on hazard details and the		
person was an "other person"- leave blank if staff or student If there are other significant wire signature of person completing for Name: Consult the school provide to data entre	Workplace Health and	l Safety Officer (WHSO) o	on hazard details and the into SMS – Workplace He	alth and Safety Mod	dule.
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person was an "other person" - leave blank if staff or student If there are other significant wi Signature of person completing for Name: Consult the school Provide to data entry Enter the details fro	Workplace Health and y form to school adm this form into SMS acipal/Officer-in-Charge	I Safety Officer (WHSO) of inistration for data entry to produce a Health and ge signs the second page	on hazard details and the into SMS – Workplace He Safety Incident Report fo	alth and Safety Mod recording and not	dule.
person was an "other person"- leave blank if staff or student If there are other significant wi Signature of person completing for Name: Consult the school Provide to data entry Enter the details fro Ensure that the Prin Notify via fax as ins	Workplace Health and y form to school adm m this form into SMS icipal/Officer-in-Charg tructed in the fax hea	I Safety Officer (WHSO) of inistration for data entry to produce a Health and ge signs the second page der of the SMS generated	on hazard details and the into SMS – Workplace He Safety Incident Report for the state of the safety Incident Safety Incide	alth and Safety Mod recording and not ent Report	dule. ification purposes,
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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:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 5562 4844

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

Address: VARSITY COLLEGE (1759) - Education Queensland

PO BOX 2685

BURLEIGH MDC QLD 4220

Workplace Registration. No: W237550

Location No: Number of Staff 1759 200

Name of WHSO:

NEIL BLACKBEARD

Telephone:

Principal/Officer in Charge: JEFF DAVIS

Incident Details:

Event Identification:

771

Description of Incident:

s.47(3)(b) - Contrary to. HIT IN HEAD BY OBJECT

Date of Incident:

30/11/2010

Time of Incident:

14:45

Facility:

GROU; GROUNDS

Exact location of incident:

SENIOR OVAL

Detailed Description of incident:

OBJECT (POSSIBLY) A ROCK WAS THROWN THROUGH THE AIR AND HIT THE STUDENT

IN THE HEAD

Details of III/Injured Person

Name: LUJ:

Address:

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

Gender:

ID No: Type/Association: s.47(3)(b

Student

Phone:

s.47(3)(b) - Contr

Staff Designation:

Employee No:

Emerg. Contact Rel: FATHER

Treatment Required:

Doctor / Ambulance / Out-patients

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

Hospital:

ICE AND CLOTH OFFERED TO CONTROL

First Aid Treatment Given:

Emergency Contact Notified:

Given by: WENDY CHRISTINE FIRTH

Cause of Incident:

Object Falling/Flying

BLEEDING

Activity at time of incident: School activity/function

Severity:

Moderate (eg needs medical care)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

Wedne सिना अक्रिकारिका 340/5/3026 - Varsity College - Document 247 of 269007.1 AccRptNotFax

02:37 PM

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event:

771

s.47(3)(b) - Contrary to P

HIT IN HEAD BY OBJECT

Principal / Officer in Charge

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

Injury/Illness Details:					
Nature of Injury/Illness		Part of Body A	ffected		
Cut / Laceration / Bleeding		Head			
Ache / Pain / Discomfort					
Possible Number of Days Lost: 0		Possible Work	Cover Claim:	No	
Actual Number of Days Lost: 0		Possible Legal	Action:	No	
Organisations Contacted:					
Organisation		Notes			
Ambulance				PRECAUTION D. TAKEN TO F	DUE TO HEAD ROBINA
Contributing Hazards:					
Category Type	2	Hazard Descrip	otion		
Reporting:					
Incident initially reported to:	DARREN GRANT RA	CKEMANN	Association:	S	taff
Witnesses:					
Name	<u>ID</u>	Type	1	Association	
Recommended Controls: F	REMINDER OF RULES I	N CLASS AND	ON ASSEMBI	LY	
I endorse that this is a true ar	nd accurate account of	The incident.			
Signature:	1305			Date:	2/3/11

Health and Safety Incident – SMS Data Entry Form (Effective version 2007.1 SMS release)

. Injured Person's		am/om	No (if "n	o" – only complete	form if incide	ent was a dangerous ev	
. IIIIuieu Feison S		is incident.	180 111 11	o – only complete	TOTTI II IIIGIU	erii was a dangerous evi	
(√ please tick)	□ Staff Member	School Stu	dent	□ Other Pe	erson e.g. volu	nteer	
Given Name: s.47(3)(b)	- Con St	s.47(3)(I	o) - Contrary to F	Public Inte EQ II	(if known):		
	Address:				Ass	ociation with school: Parent	
Further information if	Suburb:	Suburb:					
the person was an "other person"- leave			Post Code:	of source his		Visitor	
blank if staff or student	Phone:		Why on scho	ooi property:	0	Volunteer Other	
	If more than on	e person was inju	re/ill complete the	details on another	form		
	rmed of the Incident – D Staff Member	etails (who w		n informed of the i		unteer)	
Given Name: CRA	T.C. Si	urname: Ho	DGES	EQ II	(if known):		
		, , ,					
Further information if	Address:				Ass	ociation with school. Parent	
the person was an "other person"- leave	Suburb:				- a	11.70(4)160	
blank if staff or student	Phone:		Post Code: Why on sch	nol property		Visitor Volunteer	
/	Filone.		VVIIV OII SCIII	ool property.	0	7. 7.300, 3000	
	the Incident Occurred						
Location: SPOR	2T3 OUA	_	Name of the	facility (if known);	VARSI	ty School	
To be completed in cons	ultation with the school Workpla	ice Health and Safe		RY	Acres Address		
			ety Officer (WHSO		icer-in-Charge	E.	
5. Incident Informatio			ety Officer (WHSO				
Activity (N please tick) — Admin General Camp Chemicals/Poisons Computer Work Curriculum Prac	what was the activity at the time Playground Duty Equipment Usage Maintenance First Aid School Activity		al Handling round School	□ Play – supervis □ Play – unsuper □ Lesson Prep/C □ Restraining Str	eed vised leanup ident	□ Excursion/Trip □ Tuckshop	
Activity (N please tick) — Admin General Camp Chemicals/Poisons Computer Work Curriculum Prac Curriculum Theory Cause (N please tick) —w	what was the activity at the time Playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student hat caused the injury?	of the incident? Lifting/Manua Meeting Movement A Grounds Car	al Handling round School e Activity	Play – supervis Play – unsuper Lesson Prep/O Restraining Str	red vised leanup ident School	□ Excursion/Trip □ Tuckshop □ Unauthorised Activit □ Work General □ Other:	
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Activity (N please tick) — Admin General Camp Chemicals/Poisons Computer Work Curriculum Prac Curriculum Theory Cause (N please tick) — w Cause (N please tick) — w Cought In / Between Contact with One Prace Severity (N please tick) Treatment Required (N please tick) If Hospitalised — what is hospital? Who provided first aid?	what was the activity at the time Playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student hat caused the injury? Exposure to Object Falling/Flying Person Falling Minor (first aid / no time lost) Nil (none / not applicable) the name of the	e of the incident? □ Lifting/Manua □ Meeting □ Movement Ai □ Grounds Car □ Non-School / □ Lifting/Handi □ Repetitive M □ Running/Jun Moderate (needs m	al Handling round School e Activity ing overnent nping edical care)	□ Play - supervis □ Play - unsuper □ Lesson Prep/C □ Restraining Str □ Sport □ Travel to/from □ Stepping On / □ Walking □ Struck by / or □ Serious (> 4 days away / injury/damage) □ Doctor / Out I	sed vised leanup ident School In against learnanent Patients learnent)	Excursion/Trip Tuckshop Unauthorised Activit Work General Other: Other: Hospitalisation	
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Bruspe/Crush Headache Stress Reaction Nobe Elbow(s) Fool(Feet Dumps/sould Mustal Mus				
Bump/Knock Heaning Loss Unconscious Mouth Wrist(s) Total(s) Sum State Indicator/Biosase Unconscious Mouth Hand(s) State Stat				
Burn/Scale		1/777475/1/5		
Concussion Imation/Alergy Other Respiratory System Respirato				
Cumulative Nause Nause Back Upper Highty Stress Ralead Back Upper Highty Hight				
Emergency Contact Details Has the injured person's emergency Contact Details Has the injured person's emergency Contact Details Has the injured person's emergency Contact Details First Name Is 47(3)(b) - Contrary to Surname S.47(3)(b) - Contrary to Public Interest Parent P				
Back Lower Groin Other	☐ Cumulative ☐	Nausea		□ Internal
Emergency Contact Details Has the injury elements (please complete on the contact details) Emergency Contact Deen (please complete on the contact details) Emergency Contact Deen (please complete on the contact details) First Name (please contact details) First Name (please complete on the contact details) First Name (please condact details) First Name (please condact details)	0.00	in lared	□ Back Upper □ Hip(s)	□ Stress Related
Has tipe injured person's person and the property of the prope	Droken	Wrist.	□ Back Lower □ Groin	Other
emergency contact been (please complete contact details) (please complete - "reason not contacted" be Emergency Contact: First Name (s.47(3)(b) - Contrary to Surmane (s.47(3)(b) - Contrary to Public Interest (s.47(3)(b) - Contrary (s.47(3)(b) - Contrary to Public Interest (s.47(3)(b) - Contrary (s.47(
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Emergency Contact: First Name S.47(3)(b) - Contrary to Public Interest Sumame S			Y 20	
Sara				
Phone No.			Surname s.47(3)(b) - Contr	ary to Public Interest
Date 2.71.00.10 Time: 2-/9	DAL	47(0)(1) 0 1 1 5 1 1 1		
Mas the injury/fillness caused by a confrontation or aggressive act? Yes No		s.47(3)(b) - Contrary to Public Interes	- 27.10.10	2-10
Was the injury/illness caused by a confrontation or aggressive act? Yes / No Parent Visitor Stident Primary Secondary Scondary Staff Other Student Other Scondary Staff Other Oth	The state of the s		Date: 4.7.10	ime: 1-19
Aggressor? Parent Volunteer Stroffent Primary Secondary Secondary	f "no" - reason not notified:			
Aggressor? Member of Public Other SEU/SEDUISpecial	Was the injury/illness ca	aused by a confrontation or aggressive	act? Yes (No)	
Aggressor? Member of Public Volunteer Secundary SEU/SEDUISpecial Type of Controntation Physical Verbal Both Physical and Verbal 10. Hazard Information - MANDATORY (if necessary seek assistance from school WHSO to determine the hazard) What was the primary hazard that caused the incident? Contributing Hazard Category (\(^{\text{Polar person}}\) please tick) O Animal/Insect C Equipment (eg. playground) O Non Powered Tool O Radiation / Arc Flash O Bloid / Body Substance C Fire / Explosion O Person/People O Virus / Diseases O Bloid / Body Substance O Fire / Explosion O Person/People O Virus / Diseases O Bloid Flatures O Floor / Ground O Stein/Steps O Water / Pool O Build Environment O Foreign Object (eg. splinter) O Stress / Traume O Virus / Diseases O Electrical Appliance O Machinery (Fixed) O Travel O Stress / Traume O Electrical Appliance O Machinery (Mobile) O Travel Who Identified the Hazard? Time:	The state of the state of the state of			Bry
Staff	Aggressor?	☐ Member of Public ☐ Volunteer		
Type of Confrontation				
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o Built Environment o Electricity / Gas o Sunbum / UV Radiation o Sunbum / UV Radiation o Temperature o Travel Sasociated Equipment? When was the hazard identified? Date:	o Blood / Body Substance		o Person/People	o Virus / Disease
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o Electrical Appliance o Environmental Factors o Machinery (Mobile) o Travel Associated Equipment? When was the hazard identified? Date:	o Electricity / Gas		o Sunburn / UV Radiation	
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1. Details of Witnesses (if any) (650"		Time:am/pm
Staff Member School Student Other Person e.g. volunteer	Who identified the Hazard?	211		
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Further information if the person was an "other person"- leave blank if staff or student Parent Public Post Code: Visitor Volunteer Other	Details if "Staff" or "Student"	,		
Further information if the person was an "other person"-leave blank if staff or student Parent Public Post Code: Public Visitor Volunteer Other	Given Name: s.47(3)(b) - Cor	ntrary Surname: s.47(3)(b) - C	Contrary to Publ EQ ID (if kno	wn):
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Signature of person completing form: Name: CRAFC HODGES Job title: Job title: VOIT WORLDER Further Actions: Consult the school Workplace Health and Safety Officer (WHSO) on hazard details and the recommended control strategies. Provide to data entry form to school administration for data entry into SMS – Workplace Health and Safety Module, Enter the details from this form into SMS to produce a Health and Safety Incident Report for recording and notification purposes Ensure that the Principal/Officer-in-Charge signs the second page.		Thoric.	Tilly on surious property.	
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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:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 5562 4844

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

VARSITY COLLEGE (1759) - Education Queensland Address:

Workplace Registration. No: W237550

PO BOX 2685

Location No:

1759

Number of Staff

200

BURLEIGH MDC QLD 4220

Name of WHSO:

NEIL BLACKBEARD

Telephone:

Principal/Officer in Charge: JEFF DAVIS

Incident Details:

Event Identification:

758

Description of Incident:

s.47(3)(b) - Contrary to P

FELL ON ARM PLAYING SPORT

Date of Incident:

27/10/2010

Time of Incident:

14:10

Facility:

GROU; GROUNDS

Exact location of incident:

SPORTS OVAL SENIOR CAMPUS

Detailed Description of incident:

s.47(3)(b) - Contrary to Pul. PLAYING TOUCH FOOTBALL COLLIDED WITH ANOTHER STUDENT

AND FELL ONTO ARM

Details of III/Injured Person

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

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

M

ID No:

s.47(3)(b)

Type/Association:

Student

Phone:

s.47(3)(b) - Contr

Staff Designation:

Employee No:

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

Emerg. Contact Rel: FATHER

Treatment Required:

Emergency Contact Notified:

Hospital

Hospital: ROBINA HOSPITAL

First Aid Treatment Given: REST ICE ELEVATION

Given by: WENDY CHRISTINE FIRTH

Cause of Incident:

Contact With

Activity at time of incident:

Sport

Severity:

Moderate (eg needs medical care)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

Page 2

Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Event: 758 s.47(3)(b) - Contrary to Public FELL ON ARM PLAYING SPORT

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

Injury/Illness Details:			
Nature of Injury/Illness		Part of Body Affected	
Fracture		Wrist(s)	
Ache / Pain / Discomfort			
Possible Number of Days Lost:		Possible WorkCover Claim:	No
Actual Number of Days Lost:		Possible Legal Action:	No
Organisations Contacte	d:		
Organisation		Notes	
Contributing Hazards:			
Category	Туре	Hazard Description	
Donastina			
Reporting:	001101100000	************	0.0
Incident initially reported to:	CRAIG HODGES	Association:	Staff
Witnesses:			
Name	<u>ID</u>	Type	Association
s.47(3)(b) - Contrary to Public In	terest	Student	
CRAIG HODGES	HODGCR	Staff	
Recommended Controls	s: NIL.		
A war at any plant for	2 M 2 10		
endorse that this is a true	e and accurate account of	the incident.	
	9 .		
Signature:	& Heiser		Date: 29/10/10

Health and Safety Incident – SMS Data Entry Form (Effective version 2007.1 SMS release)

Injury/Illness Details Summ	lary			31	to Both a set of books
ate: 20, 10, 10	Time: 1410	am/nm			
			No (if "r	no" – only complete form if	incident was a dangerous even
Injured Person's Deta		/	V 135 (n s		
(√ please tick)	Staff Member	School Stud	ent	☐ Other Person e.	g, volunteer
Given Name: s.47(3)(b) - C	ontrary	Surname: s.47(3)(b) - Contrar	EQ ID (if know	
	Address:				Association with school:
Further information if	Suburb:				□ Public
the person was an "other person"- leave			Post Code:	- American Artifecture	☐ Visitor ☐ Volunteer
blank if staff or student	Phone:		Why on sch	ool property:	□ Other:
	If more than or	ne person was injure	/ill complete the	e details on another form	
2. First Person Informed	d of the Incident - I	Details (who was	the first perso	n informed of the incident	?)
(√ please tick)	Staff Member	☐ School Stud		□ Other Person (e	
n				FO.15 (V)	
Given Name: Jame	5	Surname: 61	ace	EQ ID (if kno	wn):
Further information if	Address:				Association with school:
the person was an	Suburb:		-		□ Parent □ Public
"other person"- leave blank if staff or student	Gucora		Post Code:		□ Visitor
	Phone:	Why on school pro		iool property:	□ Volunteer □ Other:
Location - Where the In	ncident Occurred		-		
		1	Name of the	e facility (if known): Vars	.1
5000	01 000	7/	10000000	Vars	ity College
incident (consider the activity,	s.47(3)(b) - Contra	was pla	y Tode	9 199 9	ame & tripi
Detailed description of incident (consider the activity, what happened and why). Recommended Control To be completed in consultation.	over and the land	ed on	MANDATOR	de. (Arm)
incident (consider the activity, what happened and why). Recommended Control To be completed in consultation	I Strategies to Prevon with the school Workp	ent Recurrence -	MANDATOR Officer (WHSO	RY) and/or Principal/Officer-in-C	Charge.
ncident (consider the activity, what happened and why). Recommended Control To be completed in consultation	I Strategies to Prevon with the school Workpi	rent Recurrence -	- MANDATOR Officer (WHSO	RY) and/or Principal/Officer-in-C)
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Recommended Control To be completed in consultation Activity (N please tick) – what we have a completed in consultation Activity (N please tick) – what we have a completed in consultation Activity (N please tick) – what we have a completed in consultation	I Strategies to Prevon with the school Workpool Meas to Was the activity at the time	rent Recurrence - lace Health and Safety was we wanted to be a continued to the incident?	- MANDATOR y Officer (WHSO	Play – supervised Play – unsupervised Lesson Prep/Cleanup	Charge Care. Re
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. Injury / Illiness Details	Injury/Illness	Committee Co.			Location o	on Body
THE RESIDENCE OF THE PARTY OF T	Cut/Laceration	☐ Poisoning	□ Hea	ıd f	Chest	□ Leg(s)
	Dislocation	☐ Respiratory	□ Fac		Shoulder(s)	☐ Knee(s)
	Fracture	☐ Sprain/Strain	□ Eve		Arm(s)	☐ Ankle(s)
			□ Nos	7X	Control of the second	☐ Foot/Feet
	Headache					
	Hearing Loss	□ Unconscious	1			
	Infection/Disease	☐ Unspecified	1		Hand(s)	□ Skin
	Irritation/Allergy	Other	□ Ear		Finger(s)	☐ Respiratory System
□ Cumulative □	Nausea		□ Nec		Stomach	□ Internal
				CONTRACT CONTRACT	Hip(s)	☐ Stress Related
			□ Bac	k Lower C	Groin Groin	□ Other
Emergency Contact De	tails					
Has the injured person's	112	/				
emergency contact been		Yes Yes				□ No
notified?	(please	complete contact details)		(please	eason not contacted" below)	
Emergency Contact:	First Name:			Surname:		
And the second second				2.41.41.41		
			_			
Phone No:	in the second			Date:	Ti	me:
If "no" - reason not notified:	N					
and the second of the second of the	14		_	-	1	
Was the injury/illness ca	aused by a confr	ontation or aggressiv	re act?	Yes / No)	
and the second transfer to the	□ Parent	□ Visitor		☐ Stud		ry
Aggressor?	☐ Member of		er		o Secon	
The state of the s	□ Staff	□ Other				SEDU/Special
	Dian.	- 51151			0.020	3220,0200,0
Type of Confrontation	□ Physical	□ Verbal		☐ Both	Physical and V	/erbal
The state of the s	- / mysical	40,00			(injuissitaria)	0100
10. Hazard Information -	MANDATORY (f noracean, cook accie	tance fro	m school WHS	O to determin	ne the hazard)
What was the primary hazard			turiuo iro	m concor virio	e to determin	TO THE HEAD OF
and Sales the Coult Name	Tille Die Syn Light	40-101 2554 104 A 11				
Contributing Hazard Category	(v please tick)	The state of the s	5 (= 1		100	
o Animal/Insect		nt (eg. playground)	o No	n Powered Tool		o Radiation / Arc Flash
o Blood / Body Substance	o Fire / Exp	plosion		son/People		o Virus / Disease
o Building Fixtures	o Floor / G	round	o Sta	irs/Steps		o Water / Pool
o Built Environment		Object (eg. splinter)		ess / Trauma		o Working / Learning
o Electricity / Gas	o Furniture			nburn / UV Radia	ion	Environment
o Electrical Appliance	o Machinei	y (Fixed)		mperature		0
o Environmental Factors	o Machiner	y (Mobile)	o Tra			
Associated Equipment?	NI	A		n was the hazard	didentified?	Date:
To Land the Character and Character Character Str.		1	25.30	St. A. Berry	1 4 4 4	Time:am/pm
Who identified the Hazard?	N	19				
1. Details of Witnesses (if a	any)	2				
(√ please tick) □	Staff Member	School Studer	nt		Other Person e.d	volunteer
Details if "Staff" or "Student		_ 00,100,01000	0			, 123,123
Given Name:		Surname:			EQ ID (if know	vn):
		Galliamo.				
	Address:					Association with school:
Further information if						□ Parent
the person was an	Suburb:					□ Public
"other person"- leave blank if staff or student	7.77.77		Post Cod	ec		□ Visitor
blank il stali bi student	Phone:			school property:		□ Volunteer
	i neosi			conseq property.		□ Other
If there are other significant	witnesses please co	mplete their details on ar	nother for	m and attach to	this one.	
		1		o and anequal	Date: 20/10	
Signature of person completing	o form:	Jan /			Date: 120//	0/10
	Grate	Job	title:	Teach		<i>,</i> —
			-			
Further Actions:						
	Workplace Health	and Safety Officer (WHSC) on haza	rd details and th	e recommende	ed control strategies.
		dministration for data en				
		MS to produce a Health a				
		arge signs the second pa		2000	A Marian San San San San San San San San San S	
		neader of the SMS genera		h and Safety Inc	ident Report	
						ool WHSO for their information.
		Safety Incident Report to				The state of the s
o Note: a copy of a	student incident r	eport may be provided t	o the par	ent/caregiver or	request throu	igh the Principal. Details of ot
		es should be obscured)	- man			S. Tie Livingham Sarana Of Or
parties (e.g.	outer Student's name					

Page 1

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:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 5562 4844

Education Queensland

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

Address: VARSITY COLLEGE (1759) - Education Queensland

PO BOX 2685

BURLEIGH MDC QLD 4220

Workplace Registration, No:

W237550

Location No:

1759

Number of Staff

200

Name of WHSO:

NEIL BLACKBEARD

Telephone:

Principal/Officer in Charge:

JEFF DAVIS

Incident Details:

Event Identification:

760

Description of Incident:

s.47(3)(b) - Contrary

Date of Incident:

20/10/2010

Time of Incident:

14:10

Facility:

OFF, OFF CAMPUS

Exact location of incident:

PARK OVAL

Detailed Description of incident:

s.47(3)(b) - Contrar - PLAYING A GAME OF TAG AND TRIPPED OVER ANOTHER STUDENT'S

FOOT AND FELL LANDING ON SIDE

Details of III/Injured Person

Name:

_ JB:

Address:

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

Gender:

M

ID No:

s.47(3)(b)Student

Type/Association:

Phone:

s.47(3)(b) - Cont

Staff Designation:

Employee No:

Emerg. Contact Rel: MOTHER

Emergency Contact Notified:

s.47(3)(b) - Contrary to Pub Doctor / Ambulance / Out-patients

Hospital:

Given by: WENDY CHRISTINE FIRTH

Treatment Required:

Cause of Incident:

First Aid Treatment Given:

REST, ICE

Person Falling

Activity at time of incident:

Sport

Severity:

Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor

(for Injury / Work Caused Illness / Dangerous Event)

Event: 760

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

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

Injury/Illness Details:								
Nature of Injury/Illness			Part of Body Affected					
Ache / Pain / Discomfort Fracture Ache / Pain / Discomfort			Arm(s)					
			Arm(s)					
Possible Number of Days Lost:		Possib	ole WorkCover Claim:	No				
Actual Number of Days Lost:		Possib	ole Legal Action:	No				
Organisations Contact	ed:							
Organisation		Notes						
Contributing Hazards:								
Category	Type	Hazar	d Description					
Reporting:								
Incident initially reported to:		JAMES KIRKHAM GRACE	Association		Staff			
Witnesses:								
Name		<u>ID</u>	Type	Association				
JAMES KIRKHAM GRACE		GRACJA	Staff					

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

Signature:

Recommended Controls: NIL

Date:

15, 11, 2010

(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:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 5562 4844

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

Address: VARSITY COLLEGE (1759) - Education Queensland

PO BOX 2685

BURLEIGH MDC QLD 4220

Workplace Registration, No:

W237550

Location No:

1759

Number of Staff

200

Name of WHSO:

NEIL BLACKBEARD

Telephone:

Principal/Officer in Charge:

JEFF DAVIS

Incident Details:

Event Identification:

760

Description of Incident:

s.47(3)(b) - Contrary

Date of Incident:

20/10/2010

Time of Incident:

14:10

Facility:

OFF; OFF CAMPUS

Exact location of incident:

PARK OVAL

Detailed Description of incident:

s.47(3)(b) - Contrat. PLAYING A GAME OF TAG AND TRIPPED OVER ANOTHER STUDENT'S

FOOT AND FELL LANDING ON SIDE

Details of III/Injured Person

Name:

OB: Address:

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

Gender: M ID No:

s.47(3)(b)

Phone:

Student

s.47(3)(b) - Contr

Staff Designation:

Type/Association:

Employee No:

Emerg. Contact Rel: MOTHER

Given by. WENDY CHRISTINE FIRTH

Treatment Required:

Emergency Contact Notified:

Doctor / Ambulance / Out-patients

s.47(3)(b) - Contrary to Pub

Hospital:

First Aid Treatment Given:

REST. ICE

Cause of Incident:

Person Falling

Activity at time of incident:

Sport

Severity:

Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor

(for Injury / Work Caused Illness / Dangerous Event)

760 Event:

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

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

Injury/Illness Details:							
Nature of Injury/Illness	Part	of Body Affected					
Ache / Pain / Discomfort	Arm	Arm(s)					
Fracture	Arm	(s)					
Ache / Pain / Discomfort							
Possible Number of Days Lost:	Poss	ible WorkCover Claim:	No				
Actual Number of Days Lost:	Poss	ible Legal Action:	No				
Organisations Contacted:							
Organisation	Note	<u>s</u>					
Contributing Hazards:							
Category Type	Haza	ard Description					
Reporting:							
Incident initially reported to:	AMES KIRKHAM GRACE	Association:		Staff			
Witnesses:							
Name	<u>ID</u>	Type	Association				
JAMES KIRKHAM GRACE	GRACJA	Staff					
Recommended Controls: NIL							

15, 11, 2010

Signature:

Health and Safety Incident - SMS Data Entry Form

Injury/Illness Details Su	ımmanı				-	100
		110				
ate: 21.16.113		40 ampm				
		this incident? Yes	No (if	"no" – only complete form	if incide	nt was a dangerous even
. <u>Injured Person's D</u> (√ please tick)	Details Staff Member	School Stud	fent	☐ Other Person	e.g. volun	teer
Given Name: s.47(3)(b)	- Cont	Surname: s.47(3)(b)) - Contrary to	PuH EQ ID (if kn	own): s 4	17(3)(b) - Contrary to Pu
5 (5)(5)	Address:	3.47 (J)(b)) Contrary to	Tub		ciation with school:
Further information if					_ □	Parent
the person was an	Suburb:		Post Code:			Public Visitor
"other person"- leave blank if staff or student	Phone:		Why on so	hool property:	00	Volunteer Other:
	If more than med of the Incident - Staff Member		s the first pers	he details on another form on informed of the incider Other Person	nt?)	nteer)
Given Name: AN	NE	Surname: FER	RIS	EQ ID (if kr	iown):	s.47(3)(b) - Contrary to F
Further information if	Address				1.25	ciation with school:
the person was an "other person"- leave	Suburb:		-			Parent Public
blank if staff or student	Dhara		Post Code:	Earl accord		Visitor Volunteer
	Phone:		vvny on so	hool property;	0	Other:
	ne Incident Occurred		1 1000 40	1 30 761		
Location:	hool C	1.101	Name of the	ne facility (if known):		
201	1001	Nal				
. What Happened? Detailed description of incident (consider the activity)			no vi	base Ckic sible cau	kba se	II) on over
. What Happened? Detailed description of incident (consider the activity what happened and why). Recommended Con	student turned trol Strategies to Pre	running ankle = event Recurrence -	MANDATO	RY		ll) on over
What Happened? Detailed description of incident (consider the activity what happened and why). Recommended Con	student turned trol Strategies to Pre	running ankle = event Recurrence -	MANDATO			ll) on over for durning
What Happened? Detailed description of incident (consider the activity what happened and why). Recommended Con	student turned trol Strategies to Pre	running ankle = event Recurrence -	MANDATO	RY		ll) on ove
. What Happened? Detailed description of incident (consider the activity what happened and why). Recommended Con To be completed in consults. Incident Information	strol Strategies to President with the school Work	ankle - event Recurrence - kplace Health and Safety	MANDATO	RY		ll) on ove
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. Injury / Illiness Details	laiun/Illinoss	Location	on Rody	
☐ Ache/Pain ☐	Injury/Illness			
	Cut/Laceration		□ Leg(s)	
- andreament	Dislocation Respiratory	☐ Face ☐ Shoulder(s)		
	Fracture Sprain/Strain	☐ Eye(s) ☐ Arm(s)	Ankle(s)	
☐ Bruise/Crush ☐	Headache Stress Reaction	☐ Nose ☐ Elbow(s)	☐ Foot/Feet	
□ Bump/Knock □	Hearing Loss 🔲 Unconscious	☐ Mouth ☐ Wrist(s)	☐ Toe(s)	
	Infection/Disease Unspecified	☐ Tooth/Teeth ☐ Hand(s)	□ Skin	
□ Concussion □		□ Ear(s) □ Finger(s)	☐ Respiratory System	
□ Cumulative □	Nausea	□ Neck □ Stomach	□ Internal	
		☐ Back Upper ☐ Hip(s)	□ Stress Related	
		☐ Back Lower ☐ Groin	Other	
Emergency Contact De	etails			
Has the injured person's	~		15 12	
emergency contact been			□ No	
notified?	(please complete contact details)		reason not contacted" below)	
mergency Contact:	First S.47(3)(b) - Contrary to Pub	Surname: s.47(3)(b) - C	Contrary to Publ	
	5.47(3)(b) - Contrary to Pub			
Phone No:	s.47(3)(b) - Contrary to Public Interest	211	~ ~~	
		Date:21,6,10	Time: 2-50	
"no" - reason not notified:	1.7			
Nas the injury/illness o	caused by a confrontation or aggressiv	ve act? Yes / No		
rus tile injuryiminess t	Parent D Visitor	Student o Prima	arv	
Aggregate 2				
aggressor?				
	□ Staff □ Other	o SEU	/SEDU/Special	
10.	- 60 de 1		Waster	
ype of Confrontation	☐ Physical ☐ Verbal	☐ Both Physical and	verbal	
411		and the second and the second	on contain the	
	 MANDATORY (if necessary seek assist 	tance from school WHSO to determ	ine the hazard)	
that was the primary hazard	d that caused the incident?			
Mary Mary Mary Mary Mary	Sanda de la companya del companya de la companya de la companya del companya de la companya de l			
Contributing Hazard Categor				
Animal/Insect	o Equipment (eg. playground)	o Non Powered Tool	o Radiation / Arc Flash	
Blood / Body Substance	o Fire / Explosion	o Person/People	o Virus / Disease	
Building Fixtures	o Floor / Ground	o Stairs/Steps	o Water / Pool	
Built Environment	o Foreign Object (eg. splinter)	o Stress / Trauma	o Working / Learning	
Electricity / Gas	o Furniture	o Sunburn / UV Radiation	Environment	
Electrical Appliance	o Machinery (Fixed)	o Temperature	0	
Environmental Factors	o Machinery (Mobile)	o Travel	Date://	
The state of the s	o Macrillery (Mobile)			
ssociated Equipment?	NIL	When was the hazard identified?	Time:am/pm	
Vho identified the Hazard?			Time composition all pill	
nio identined the nazardi				
. Details of Witnesses (if				
(√ please tick)	Staff Member School Studen	nt Other Person e.	.g. volunteer	
Details if "Staff" or "Studen			9	
Given Name:	Surname:	EQID (if kno	wn)	
Oliver (valide	Sulhanie.	EQ ID (II KIIC	MOD.	
	Address:		Association with school:	
Further information if			☐ Parent	
the person was an	Suburb:		☐ Public	
"other person"- leave blank if staff or student	1	Post Code:	□ Visitor	
Didnik ii stali Ur Studelit	Phone:	Why on school property:	□ Volunteer	
	1 none.	Trily on action property.	Other:	
If there are other cignifican	nt witnesses please complete their details on an	nother form and attach to this and	1 = 2,000	
in there are other significant	withesses please complete their details on an	other form and attach to this one.	/	
Diameters of somes seculation	a service	bitle: 7EACI+ER	9,10	
Signature of person completing		Date:		
Name: A/	NNE FERRIS Jobi	title: TEACHER		
200000000				
Further Actions:				
o Consult the scho	ool Workplace Health and Safety Officer (WHSO) on hazard details and the recommend	led control strategies.	
	entry form to school administration for data ent			
	from this form into SMS to produce a Health ar			
	Principal/Officer-in-Charge signs the second pa		and nothing don purposes.	
Ensure that the F	instructed in the few hander of the Otto	ye.		
Notify via fax as i	instructed in the fax header of the SMS general	teu meaith and Safety Incident Report		
			nool WHSO for their information	
 Provide a copy of Note: a copy of 	al SMS Health and Safety Incident Report on file of the SMS Health and Safety Incident Report to a <u>student</u> incident report may be provided to	the injured person for their records.		

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: The record does not specify an injury or illness for this person

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

Fax to:

SCHOOL COPY

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

VARSITY COLLEGE (1759) - Education Queensland

Workplace Registration, No: W237550

PO BOX 2685

Location No:

1759 200

BURLEIGH MDC QLD 4220

Number of Staff
Name of WHSO:

ANDREW MARK ROGERS

Telephone:

Principal/Officer in Charge:

JEFF DAVIS

Incident Details:

725

Event Identification: Description of Incident:

s.47(3)(b) - Contrai

Date of Incident:

21/06/2010

Time of Incident:

14:40

Facility:

VS; VARSITY SECONDARY

Exact location of incident:

SCHOOL OVAL

Detailed Description of incident:

STUDENT RUNNING TO BASE (KICKBALL) ON OVAL - TURNED ANKLE - NO VISIBLE

CAUSE FOR TURNING ANKLE

Drigils of III/Injured Person

DOB:

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

Gender: F

ID No:

s.47(3)(b) - Co

Type/Association:

Student

Phone:

s.47(3)(b) - Contrary

Staff Designation:

Employee No:

Emerg. Contact Rel:

Treatment Required:

First Aid on site (staff/ambulance)

Hospital:

First Aid Treatment Given:

Emergency Contact Notified:

ICE/ELEVATION OF LAG

s.47(3)(b) - Contrary to P

Given by: ANNE MAREE FERRIS

Cause of Incident:

Running/Jumping

Activity at time of incident:

Sport

one Opon

Severity:

Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor

Health and Safety Incident – SMS Data Entry Form (Effective version 2007.1 SMS release)



ate: 4.1.6.1.11	J ~ -				
		35)		We say or
		of this incident? (Yes	/ No (if"	no" – only complete form	if incident was a dangerous ever
. Injured Person's D		/			5 TATALONS
"	□ Staff Member	School Stud	- "	☐ Other Person 6	
Given Name s.47(3)(b) - 0	Contrary to	Surname: s.47(3)(b)) - Coi	EQ ID (if kn	own);
	Address:				Association with school:
Further information if	Suburb:				☐ Parent☐ Public
the person was an "other person"- leave	X		Post Code:		□ Visitor
blank if staff or student	Phone:		Why on sch	nool property:	□ Volunteer □ Other:
	If more tha	n one person was injure	/ill complete th	ne details on another form	
2. First Person Inform	med of the Incident	- Details (who was	the first perso	on informed of the incider	nt?)
II. Francis and	Staff Member	□ School Stud	ent	□ Other Person	'e.g. volunteer)
Given Name: Trace		Surname: Stee	in	EQ ID (if kn	own) s.47(3)(b) - Contrary to
Irace	6	ORC	re		,
Further information if	Address:				Association with school:
the person was an	Suburb:				Parent Public
"other person"- leave blank if staff or student	Suburb.		Post Code:		□ Visitor
	Phone:		Why on sci	hool property:	☐ Volunteer☐ Other:
Location - Where th	e Incident Occurre	d			Outer-
Location: 5 ch 201		-	Name of th	e facility (if known):	1
	Oval			DVG	1
What Happened? Detailed description of	Total advanta			Literate shir	tent during a
incident (consider the activi	I WO STUCK	mis ware in	aning x	7 166 61 3166	court in a
	14. 0 06	Troture the	Fina	One studen	t has burned
what happened and why).	game of s.47(3)(b) - Con	Capture the	Flag	One studen	t has bumped ,
	s.47(3)(b) - Con	with theirs	Fing Lowlde MANDATO	one studen	t has bumped . re trying to 'tag'.
. Recommended Con	trol Strategies to Pi	revent Recurrence -	MANDATO	One studen or as they we RY)) and/or Principal/Officer-in	
. Recommended Con	trol Strategies to Pi	revent Recurrence -	MANDATO	RY	
Recommended Con	trol Strategies to Pi	revent Recurrence -	MANDATO	RY	
Recommended Con	trol Strategies to Pi	revent Recurrence -	MANDATO	RY	
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Recommended Con To be completed in consul	trol Strategies to Pi tation with the school Wo	revent Recurrence – rkplace Health and Safety	MANDATO	RY	
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	Injury/Illness				Location of	on Body	
☐ Ache/Pain ☐ (Cut/Laceration	☐ Poisoning		1 Head	□ Chest	☐ Leg(s)	
☐ Amputation ☐ I	Dislocation	□ Respiratory	1	1 Face	☐ Shoulder(s)	☐ Knee(s)	
	Fracture	☐ Sprain/Strain		Eye(s)	☐ Arm(s)	☐ Ankle(s)	
	Headache	☐ Stress Reac		Nose	☐ Elbow(s)	□ Foot/Feet	
				Mouth			
	Hearing Loss	Unconscious	_		□ Wrist(s)	☐ Toe(s)	
	Infection/Disease	 Unspecified 	. 15	1 Tooth/Teeth	□ Hand(s)	□ Skin	
☐ Concussion ☐ I	Irritation/Allergy	Other B 100	ac E	1 Ear(s)	☐ Finger(s)	□ Respiratory System	
☐ Cumulative ☐ /	Nausea	no	0 1	☐ Neck	☐ Stomach	☐ Internal	
		7.0	50	Back Upper	☐ Hip(s)	□ Stress Related	
			10	Back Lower	☐ Groin	□ Other:	
Emergency Contact Det	aile						
Has the injured person's	ans						
emergency contact been	□ Yes			□ No			
notified?	(please complete contact details)		Inle	nna namulata Har			
111441111111		e complete contact	details)			eason not contacted" below)	
mergency Contact:	First Name:) - Contrary to Pub	bl	Surname:	s.47(3)(b) - Co	on	
hone No:		ontrary to Public Ir			-		
10-(15)16-76				Date: 4.1.	6)10 Ti	me: 2-45 pm	
"no" - reason not notified:							
Nae the injunvillages ca	used by a conf	rontation or ago	roccivo a	ct? Yes /	No		
Vas the injury/illness ca	Parent		Visitor		Student o Prima	rv	
aggressor?	□ Member o		Volunteer	-	o Secon		
AAI caani i	□ Staff	5. V	Other			SEDU/Special	
	n Sign	ш	Other		0 250/3	DEDO/Opecial	
ype of Confrontation	□ Physical	D .	Verbal	0	Both Physical and V	'erbal	
	- 17/5/50				- Committee of		
0. Hazard Information -	MANDATORY	(if necessary seel	k assistani	ce from school V	VHSO to determin	ne the hazard)	
hat was the primary hazard t							
ontributing Hazard Category							
Animal/Insect		ont (on planes of		o Non Powered To	anl	a Budiation / And Flori	
		ent (eg. playground)			Jul	o Radiation / Arc Flash	
Blood / Body Substance	o Fire / Ex	William Committee		o Person/People		o Virus / Disease	
Building Fixtures	o Floor / C	202200		o Stairs/Steps		o Water / Pool	
Built Environment		Object (eg. splinter)		o Stress / Trauma		o Working / Learning	
Electricity / Gas	o Furnitur			o Sunbum / UV Ra	adiation	Environment	
The state of the s		ery (Fixed)		o Temperature		0	
	Appliance o Machinery (Fixed) o Temper			o Travel			
Electrical Appliance		The state of the s		When was the hazard identified? Date://			
Electrical Appliance Environmental Factors		ery (Mobile)	When wa		zard identified?	Date://	
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(for Injury / Work Caused Illness / Dangerous Event)

Page 1



Fax Notification of: Injury

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

Fax to:

SCHOOL COPY

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

VARSITY COLLEGE (1759) - Education Queensland Address:

PO BOX 2685

Workplace Registration. No. W237550

Location No:

1759

Number of Staff

200

BURLEIGH MDC QLD 4220.

Name of WHSO:

ANDREW MARK ROGERS

Telephone:

Address:

Principal/Officer in Charge: JEFF DAVIS

Incident Details:

Event Identification: 717

s.47(3)(b) - Contrary to Description of Incident:

Date of Incident; Time of Incident: 4/06/2010

Facility: VS: VARSITY SECONDARY

Exact location of incident: SCHOOL OVAL

Detailed Description of incident:

TWO STUDENTS WERE RUNNING TO TAG ANOTHER STUDENT DURING A GAME OF

CAPTURE THE FLAG. ONE STUDENT HAS BUMPED INTO S.47(3)(b) - C WITH THEIR

SHOULDER AS THEY WERE TRYING TO TAG

Details of III/Injured Person

s.47(3)(b) - Contrary to Public Int le: DOB:

Gender:

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

ID No:

s.47(3)(b)

Type/Association: Student

Given by: TRACEE LEE STEELE

14:35

Phone:

Hospital:

Staff Designation: Employee No:

Emergency Contact Notified: s.47(3)(b) - Contra Emerg. Contact Rel:

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

TOWELS AND ICE ONCE BLEEDING

STOPPED

Cause of Incident: Contact With

Activity at time of incident: School activity/function

Severity: Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor Confrontation Type

(for Injury / Work Caused Illness / Dangerous Event)

Event: 717

s.47(3)(b) - Contrary to Put

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

Injury/Illness Detai	ls:				
Nature of Injury/Illness		Pe	art of Body Affected		
BLOOD NOSE			ose		
Possible Number of Days	Lost:	Po	ossible WorkCover Claim:	No	
Actual Number of Days L	ost:	Po	ossible Legal Action:	No	
Organisations Con	itacted:				
Organisation		No	otes		
atributing Hazar	rds:				
Category	<u>Type</u>	Ha	azard Description		
Reporting:					
Incident initially reported to	to: TRA	CEE LEE STEELE	Association:		Staff
Witnesses:					
Name		<u>ID</u>	Type	Association	
Recommended Co	ntrols: N/A				
			and the second		
I endorse that this is	a true and acc	urate account of the			

Health and Safety Incident – SMS Data Entry Form (Effective version 2007.1 SMS release)

Date: 171 201	10 Time: 9.	20 am	pm					arc -
Vas any person injure	ed or ill as a result of	this incide	nt? Yes	No (if "no	" – only co	mplete form if	incident	was a dangerous ever
. Injured Person's I	Details	/						
(√ please tick)	□ Staff Member	Z Sc	thool Student		0 0	ther Person e.g	7	r
Given Name s.47(3)(b) -		Surname:	s.47(3)(b) -	Contrary to F		EQ ID (if know		
	Address:							ion with school: arent
Further information if	Suburb:						□ P	ublic
the person was an "other person"- leave	Phone:			Post Code: Why on school	l proporty:			sitor olunteer
blank if staff or student	/ Friorie.			Willy Oil School	n property.			ther:
	If more than	one person v	ras injure/ill	complete the	details on a	nother form		
2. First Person Infor (√ please tick)	rmed of the Incident - Staff Member		(who was the chool Student	from the party of the same		of the incident Other Person (e.		er)
Given Name:	JA.	Surname: (MITC	HELL		EQ ID (if know	wn):	
	THE STATE OF THE S						I America	too water outside
Further information if	Address						10110-0-010-0	ion with school: arent
the person was an "other person"- leave	Suburb:							ublic
blank if staff or student	Phone:			Post Code: Why on school	ol property:			isitor olunteer
/				7.10 ×0.48.44	o property.		□ 0	ther:
3. Location – Where the	ne Incident Occurred				-41. ## V			
Location: SCH	OOL OVAL			Name of the f	acility (if kno	own):	NAR	
I. What Happened?				1				
Detailed description of incident (consider the activ what happened and why).	ity. a was ve	oming c	J#9 +	he ball	a+ th	en Sha	Pell	ne that bi
	ntrol Strategies to Predultation with the school World	kplace Health	rrence – M and Safety Of	IANDATORY fficer (WHSO) a	nd/or Princ	ipal/Officer-in-C		
				et al	LTIV	nes		
3. Incident Information	n			et al	L TIV	Nes		:
	what was the activity at the t		dent?					
		☐ Lifting ☐ Meet ☐ Move	dent? g/Manual Har	ndling I School	□ Play – s □ Play – u □ Lesson □ Restrair □ Sport		1	☐ Excursion/Trip☐ Tuckshop☐ Unauthorised Activity☐ Work General☐ Other:
Activity (\sqrt{please tick}) - v	what was the activity at the to Playground Duty Playground Duty Equipment Usage Maintenance First Aid School Activity Assisting Student hat caused the injury?	□ Liftin □ Meet □ Move □ Grou □ Non-	dent? g/Manual Har ing ement Around nds Care School Activit	ndling I School	□ Play – s □ Play – u □ Lesson □ Restrain □ Sport □ Travel to	upervised insupervised Prep/Cleanup ing Student o/from School	1	☐ Tuckshop ☐ Unauthorised Activity ☐ Work General ☐ Other:
Activity (v please tick) – v Admin General Camp Chemicals/Poisons Computer Work Curriculum Prac Curriculum Theory	what was the activity at the to Playground Duty Playground Usage Maintenance First Aid School Activity Assisting Student	☐ Liftin☐ Meet☐ Move☐ Grou☐ Non-☐	dent? g/Manual Har ing ement Around nds Care	ndling I School ty	□ Play – s □ Play – u □ Lesson □ Restrain □ Sport □ Travel to □ Steppin □ Walking	upervised insupervised Prep/Cleanup ing Student o/from School		☐ Tuckshop ☐ Unauthorised Activity ☐ Work General ☐ Other:
Activity (√ please tick) – w ☐ Admin General ☐ Camp ☐ Chemicals/Poisons ☐ Computer Work ☐ Curriculum Prac ☐ Curriculum Theory Cause (√ please tick) – w ☐ Caught In / Between	what was the activity at the to Playground Duty	☐ Liftin ☐ Meet ☐ Move ☐ Grou ☐ Non-	dent? g/Manual Har ing ement Around nds Care School Activit ng/Handling etitive Movem	ndling I School ty	□ Play – s □ Play – u □ Lesson □ Restrair □ Sport □ Travel to □ Steppir □ Walking □ Struck □ Serious	upervised Insupervised Prep/Cleanup Ining Student Ining On / Ining		☐ Tuckshop ☐ Unauthorised Activity ☐ Work General ☐ Other:
Activity (\sqrt{please tick}) - v	what was the activity at the to Playground Duty	☐ Lifting☐ Meet☐ Move☐ Grou☐ Non-☐ Liftin☐ Rep☐ Run☐ (r	dent? g/Manual Har ing ment Around nds Care School Activit ng/Handling etitive Movem ning/Jumping erate	ndling I School ty nent al care)	□ Play – s □ Play – u □ Lesson □ Restrain □ Sport □ Travel to □ Steppin □ Walking □ Struck □ Serious (> 4 days a injury/dama	upervised Insupervised Prep/Cleanup Ining Student Ining On / Ining	it	☐ Tuckshop☐ Unauthorised Activity☐ Work General☐ Other:☐ ☐ Other:☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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Injury / Illness Details	Injury/Illness		Location	on Body
□ Amputation □ Bite/Sting □ Bruise/Crush □ Bump/Knock □ Bum/Scald □ Concussion □	Cut/Laceration Dislocation Fracture Headache Hearing Loss Infection/Disease	Respiratory	Head □ Chest Face □ Shoulder(s Eye(s) □ Arm(s) Nose □ Elbow(s) Mouth □ Wrist(s) Tooth/Teeth □ Hand(s) Ear(s) □ Finger(s) Neck □ Stomach Back Upper □ Hip(s) Back Lower □ Groin	☐ Leg(s)
Emergency Contact De	tails		1	
Has the injured person's emergency contact been notified?	☐ Yes (please complete contact details		(nlessa complete – "	□ No reason not contacted" below)
Emergency Contact:	First Name: s.47(3)(b		Surname: s.47(3)(b) - C	
Phone No:			Date: 19.15.2010	Time: 9.30
f "no" - reason not notified:			Date: Millionity in	1 50
Was the injury/illness ca	used by a confrontati	on or aggressive ac	? Yes No	
Aggressor?	☐ Parent ☐ Member of Public ☐ Staff	☐ Visitor	Student o Prim	
Type of Confrontation	□ Physical	□ Verbal	☐ Both Physical and	Verbal
o Animal/Insect o Blood / Body Substance o Building Fixtures o Built Environment o Electricity / Gas o Electrical Appliance o Environmental Factors Associated Equipment?	o Equipment (eg. o Fire / Explosion o Floor / Ground o Foreign Object (o Furniture o Machinery (Fixe o Machinery (Mob	eg. splinter) co	Non Powered Tool Person/People Stairs/Steps Stress / Trauma Sunburn / UV Radiation Temperature Travel When was the hazard identified?	o Radiation / Arc Flash o Virus / Disease o Water / Pool o Working / Learning Environment Date:/
Who identified the Hazard?		1-		Timeani/piii
I. Details of Witnesses (if a (√ please tick) ☐ Details if "Staff" or "Student Given Name: s.47(3)(b) - Co	Staff Member	School Student ame: s.47(3)(b) - Cont		Association with school Parent Public
blank if staff or student	Phone:		Code: v on school property:	☐ Visitor ☐ Volunteer ☐ Other:
Signature of person completing Name: Consult the school	g form: MIN	Job title:	form and attach to this one. Date: 19 /S	

(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 COPY

CC:

From:

VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

Address: VARSITY COLLEGE (1759) - Education Queensland Workplace Registration. No: W237550

PO BOX 2685

Location No:

1759

Number of Staff

200

BURLEIGH MDC QLD 4220

Name of WHSO:

ANDREW MARK ROGERS

Telephone

Principal/Officer in Charge: JEFF DAVIS

Incident Details:

Event Identification: 710

Description of Incident:

s.47(3)(b) - Contrary tpLAYING TOUCH FELL OVER

Date of Incident:

19/05/2010

Time of Incident:

09:20

Facility:

Address:

GROU; GROUNDS OVAL

Exact location of incident:

OVAL

Detailed Description of incident:

s.47(3)(b) - Contrary t PLAYING TOUCH FOOTBALL (WITHOUT KNEE BRACE) RUNNING WITH

THE BALL AND THEN SHE FELL OVER AND FELT HER KNEE WEAKEN

Details of III/Injured Person

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

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

s.47(3)(b) - Contrary to F

s.47(3)(b) -ID No:

Student

Phone:

Staff Designation:

Type/Association:

Employee No:

Emerg. Contact Rel: UNCLE

Treatment Required:

Emergency Contact Notified:

First Aid on site (staff/ambulance)

Hospital

First Aid Treatment Given: REMOVED PRESSURE FROM LEG AND

s.47(3)(b) - Contrary

Given by: LIANA NICOLE MITCHELL

APPLIED ICE

Cause of Incident: Activity at time of incident: Curriculum (Practical)

Repetitive Movement

Severity:

Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 710

s.47(3)(b) - Contrary to PPLAYING TOUCH FELL OVER

Person: s.47(3)(b) - Contrary to DAWN SPOONER

Injury/Illness Details:			
Nature of Injury/Illness		Part of Body Affected	
Ache / Pain / Discomfort		Knee(s)	
Ache / Pain / Discomfort			
Possible Number of Days Lost:		Possible WorkCover Claim:	No
Actual Number of Days Lost:			No
Organisations Contacted:			
Organisation		Notes	
t tributing Hazards:			
Category Typ	<u>oe</u>	Hazard Description	
Reporting:			
Incident initially reported to:	LIANA NICOLE MITC	HELL Association:	Staff
Witnesses:			
Name	<u>ID</u>	Type	Association
s.47(3)(b) - Contrary to Public Intere	est	Student	
Recommended Controls:	STUDENT TO WEAR KN	EEBRACE AT ALL TIMES	
I endorse that this is a true a	and accurate account of	f the incident.	
District Control of the Control of t	αU		
Signature:	FAH		Date: 21/5/10
Prin	cipal / Officer in Charge		