

# 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

INC-30203  
INS-28117

**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): 3:30pm

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: Adam	Surname: Darragh	EQ ID (if known): s.47(3)(b) - Contrary	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public Interest			
Suburb: s.47(3)(b) - Contrary to Public Interest	Postcode: s.47(3)(b) - Contrary		
Phone: (M) s.47(3)(b) - Contrary (W) s.47(3)(b) - Contrary (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 Varsity Sports Hall

Departmental Location/Base Location Varsity College	Name of Facility Sports Hall
Actual Incident Address: (Street Address of any non-DET location) Assembly Drive, Varsity Lakes	

\* Summary/Description of Incident:

Student fell to the floor whilst running backwards during a warm-up activity landing on her right wrist.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name) Adam Darragh + Steve Harriott				
If First Aid - what first aid was provided? Ice packs applied, supportive sling applied				

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, HOSSES, 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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness <input type="checkbox"/> Electrical <input type="checkbox"/> Security Threat	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire <input type="checkbox"/> Environmental	<input type="checkbox"/> Property/Plant/Equipment <input type="checkbox"/> Near Miss
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Did this incident occur during a journey to or from 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.

\* The injured Person's Details (select one box only)

(✓ please tick) ☐ Staff ☐ Student ☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contrary to Public Interest	Given Name: s.47(3)(b) - Contrary to Public Interest	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public Interest	Postcode: s.47(3)(b) - Contrary to Public Interest	
Suburb: s.47(3)(b) - Contrary to Public Interest		

(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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
|   |  | <input type="checkbox"/> Minor Injury or Incident (Class C)       |

Bodily Location (main injury) – select one			Nature of Injury/Illness (main injury) – select one		
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input checked="" type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	<input type="checkbox"/> Hips	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Legs	<input type="checkbox"/> Psychological Condition	<input checked="" type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____		<input type="checkbox"/> Puncture/Needlestick	

**Cause of Injury/Illness – select one of the following**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Slip, Trip or Fall               | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input type="checkbox"/> Contact with, or striking against object    | <input type="checkbox"/> Muscular effort – single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration                                   | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input type="checkbox"/> Struck by falling or moving object          | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise                                       | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation) | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency – select one of the following**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                   | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input type="checkbox"/> Outdoor environment                         | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input checked="" type="checkbox"/> Indoor environment               | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                     | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input type="checkbox"/> Human agencies                              | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg. playground)  | <input type="checkbox"/> Biological agent                            | <input type="checkbox"/> Other _____         |

**Activity – select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                      | <input checked="" type="checkbox"/> Sports            |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling        | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite   | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                   | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students         |   |
| <input type="checkbox"/> Equipment Usage   |   |   |

Name of person completing form: Adam Darragh Date: 14/2/13

Signature: [Signature] Job title: TEACHER



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-31173

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

07/02/13

## Reported Time (24 hour HH:MM)

10:52

## Reported by Staff

Dowker, Bree Jasmine, s.47(3)(f) Female, OneSchool Role, 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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

07/02/13

## Incident Time (24 hour HH:MM)

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

Assembly Drive

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4226

## \* Summary of Incident

Sprained ankle

## Detailed Description of Incident

s.47(3)(b) was walking down the stairwell and she tripped on the top step and fell down the rest of the stairs on her stomach.

## Immediate Action Taken



Foot elevation and ice

**Related Hazards**

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

**\* Supervising Officer**[Click here for help selecting Supervising Officer](#)Dowker, Bree Jasmine, s.47(3)(b) 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 College**Evacuation Details**

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No**Locations Involved**Location  
No Records**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☐ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.**

Injury/Illness

**Injury/Illness**Injury/Illness ID  
INJ-29005

Description

Student walking down stairwell and she tripped on the top step and fell down the rest of the stairs on her stomach.

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**If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?**☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### 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



# OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

INC-31182  
INS-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 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

Submitted

## 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: Bree	Surname: DOWKER	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: c/o Varsity College			
Suburb:		Postcode:	
Phone: (M)	(W)	(H)	
Other person Employer:			

**Reported to:** Susan Szekeres  
(who was the first person informed of the incident, if known?)

## INCIDENT DETAILS

\* **Date of Incident:** 21/2/13 \* **Time incident Occurred:** (24 hour hh:mm) 2:55pm (14:55)

\* **Location of Incident:** Where the Incident occurred Playground

Departmental Location/Base Location	Name of Facility
Actual Incident Address: (Street Address of any non-DET location)	

\* **Summary/Description of Incident:**

A student (s.47(3)(b) - Contrary to Public Interest) was struck by another student who fell off the swing.

\* **Immediate Action Taken:**

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
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 individual 'sub form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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)

Left elbow, ribs and leg

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person

Surname:	s.47(3)(b) - Contrary	Given Name:	s.47(3)(b) - Contrary to P	Type of other Person
Address:				<input type="checkbox"/> Client
Suburb:				<input type="checkbox"/> Contractor
				<input type="checkbox"/> Parent
				<input type="checkbox"/> Visitor
				<input type="checkbox"/> Volunteer
				<input type="checkbox"/> 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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury - Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury - Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
|   |  | <input type="checkbox"/> Minor Injury or Incident (Class C)       |

Bodily Location (main injury) - select one			Nature of Injury/Illness (main injury) - select one		
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input checked="" type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input checked="" type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	Abdomen/Stomach	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input checked="" type="checkbox"/> Elbows	<input type="checkbox"/> Hips	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other
<input type="checkbox"/> Shoulders	<input checked="" type="checkbox"/> Legs	Condition		<input type="checkbox"/> Puncture/Needlestick	
	<input type="checkbox"/> Groin Area	<input checked="" type="checkbox"/> Other Ribs			

**Cause of Injury/Illness - select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Slip, Trip or Fall                            | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input type="checkbox"/> Contact with, or striking against object      | <input type="checkbox"/> Muscular effort - single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration                                     | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input checked="" type="checkbox"/> Struck by falling or moving object | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise   | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Explosion or implosion (pressure variation)   | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency - select one of the following**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                   | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input checked="" type="checkbox"/> Outdoor environment              | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                          | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                     | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input type="checkbox"/> Human agencies                              | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg. playground)  | <input type="checkbox"/> Biological agent                            | <input type="checkbox"/> Other               |

**Activity - select one of the following**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                      | <input type="checkbox"/> Sports                        |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling        | <input type="checkbox"/> Travel to/from the workplace  |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite   | <input type="checkbox"/> Excursions/field trips        |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                   | <input type="checkbox"/> Work General                  |
| <input type="checkbox"/> Curriculum Theory | <input type="checkbox"/> Play (supervised/unsupervised) | <input checked="" type="checkbox"/> Other After school |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students         |  |
| <input type="checkbox"/> Equipment Usage   |   |  |

Name of person completing form:

Bree Dowker

Date:

21/2/13

Signature:

*[Signature]*

Job title:

PE teacher



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-31182

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

21/02/13

## Reported Time (24 hour HH:MM)

15:00

## Reported by Staff

Dowker, Bree Jasmine, s.47(3)(f) Female, OneSchool Role, 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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

21/02/13

## Incident Time (24 hour HH:MM)

15:00

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Assembly Drive

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

Qld

## Post Code

4226

## \* Summary of Incident

Student hurt his left elbow, ribs and leg.

## Detailed Description of Incident

s.47(3) was struck accidentally by another student who fell off the swing.

## Immediate Action Taken



Unsure as there is no details on the H&S incident form. Details on One School that Susan Szekeres rang the Uncle to pick s.47(3) up as dad was not answering his phone.

**Related Hazards**

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

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

Dowker, Bree Jasmine, s.47(3) 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

**Evacuation Details**

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☐ Yes ☒ No

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

**Injury/Illness****Injury/Illness**

Injury/Illness ID  
INJ-29014

Description  
Student was struck accidentally by another student who fell off the swing.

Student Name

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

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☐ No

Incident Review

**Review Incident Classification****Incident Classification (generated on save)**

C - Investigation is Optional

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

☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### 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



# 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: 8/3/13 Reported Time (24Hour HH:mm): 12:00pm

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick)

☒ Staff

☐ Student

☐ Other person

Given Name:

DARREN

Surname:

RACKEMANN

EQ ID (if known):

Address:

Suburb:

Postcode:

Phone: (M)

(W)

(H)

Other person Employer:

Type of other Person

☐ Client

☐ Contractor

☐ Parent

☐ Visitor

☐ Volunteer

☐ Other

Reported to:

(who was the first person informed of the incident, if known?)

## INCIDENT DETAILS

\* Date of Incident: 8/3/13 \* Time incident Occurred: (24 hour hh:mm) 11:00am

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location

VARSITY COLLEGE SENIOR CAMPUS

Name of Facility

SCHOOL HALL / OVAL

Actual Incident Address: (Street Address of any non-DET location)

\* Summary/Description of Incident:

Female parent who was visiting, slipped and fell down several stairs and injured her arm.

\* Immediate Action Taken:

☐ Nil - (Returned to work/class) ☒ First Aid (on site by staff) ☐ Ambulance attended ☐ Doctor/Out Patients (medical treatment) ☐ Hospitalisation

Who provided First Aid? (name)

Darren Rackemann

If First Aid - what first aid was provided?

Ice pack

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 individual sub-form for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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

☐ Electrical

☐ Security Threat

☐ Motor Vehicle

☐ Environmental

☐ Property/Plant/Equipment

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Did this incident occur during a journey to or from 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)

Female parent who was visiting, slipped and fell down several stairs.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☐ Student

☒ Other person

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

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

Address:

Suburb:

Postcode:

Type of other Person

☐ Client

☐ Contractor

☒ Parent

☒ Visitor

☐ 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: SCHOOL HALL/OVAL

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): DEPUTY PRINCIPAL

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**

☐ 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/Feet

☐ Toes

☐ Ankles

☐ Skin

☐ Respiratory System

☐ Internal Organs

☐ Spine

☐ Psychological

Condition

☐ Other

**Nature of Injury/Illness (main injury) – select one**

☐ Ache/Pain

☐ Cut/Laceration

☐ Amputation

☐ Bite/Sting

☐ Bruise/Crush

☐ Dislocation

☒ Sprain/Strain

☐ Burn/Scald

☐ Fracture

☐ Infection/Disease

☐ Hearing Loss/Deafness

☐ Psychological Stress

☐ Allergy

☐ Skin

Irritation/Dermatitis

☐ Heat/Cold Stress

☐ Poisoning

☐ Respiratory

☐ Puncture/Needlestick

☐ Weld Flash

☐ Eye Disorder

☐ Foreign Body

☐ Head Injury

☐ Internal Injury

☐ Heart or

Circulatory

Condition

☐ Other

**Cause of Injury/Illness – 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

☐ Animal or insect

☐ Biological

☐ Psychological

☐ Vehicle

☐ Other

**Contributing Factor / Agency – 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 Objects (eg. projectors, splinters)

☒ Outdoor environment

☐ Indoor environment

☐ Animals

☐ Human agencies

☐ Biological agent

☐ Needlestick

☐ Fire/explosion

☐ Electricity

☐ Radiation/Arc Flash

☐ Stress/Trauma

☐ Temperature

☐ Other

**Activity – select one of the following**

☐ Admin General

☐ Chemical use

☐ Computer work

☐ Curriculum Prac

☐ Curriculum Theory

☐ Playground Duty

☐ Equipment Usage

☐ First Aid

☐ Lifting/Manual handling

☐ Movement around the worksite

☐ Grounds care

☐ Play (supervised/unsupervised)

☐ Restraining a students

☐ Sports

☐ Travel to/from the workplace

☐ Excursions/field trips

☐ Work General

☒ Other Cultural event.

Name of person completing form: Darren Rockemann

Date: 18/3/13

Signature: [Signature]

Job title:

Deputy Principal



## Incident

Incident Record

**\*Required Fields****Incident ID (generated on save)**

INC-42711

**Entered By**Meatchem, Francesca Lucinda, s.47(3)(b) Female, O  
Teacher Aide, Varsity College**Incident Status**

Submitted

**Reporting Details****\* Reported Date**

08/03/13

**Reported Time (24 hour HH:MM)**

12:35

**Reported by Staff**Rackemann, Darren Grant, s.47(3)(b) Male, DP-Secondary, OneSchool  
Role, 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 Post****Other Person Phone Number****Other Person Employer****Reported To****Incident Details****\* Incident Date**

08/03/13

**Incident Time (24 hour HH:MM)**

11:00

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

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

**\* Departmental Incident Location or Base Location**

Varsity College

**Non-Departmental Incident Location****\* Actual Incident Address 1**

Varsity Parade

**Actual Incident Address 2****\* Suburb**

Varsity Lakes

**\* State (eg. QLD)**

Qld

**Post Code**

4227

**\* Summary of Incident**

Woman injured her wrist

**Detailed Description of Incident**

Female parent who was visiting the school s.47(3)(b) - Cont slipped and fell down several stairs and injured her arm. This was on the stairs outside the school hall.

**Immediate Action Taken**



Ice pack given

**Related Hazards**

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

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

Rackemann, Darren Grant, s.47(3)(b) Male, DP-Secondary, OneSchool Role, Varsity College

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☐ Yes ☒ No

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name	Staff Name
<b>Sub-Process</b>			
Injury/Illness			

COMPLETE DETAILS ON EACH TAB AND PROGRESS THROUGH THE TABS FOR ALL INCIDENT TYPES SELECTED. YOU MUST THEN PROCEED TO THE "SUBMIT INCIDENT FOR REVIEW" TAB AND COMPLETION OF AN ACTION IF REQUIRED.

Injury/Illness 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

Minor Injury or Incident (Class C)

[Click here for information on Incident Classifications and WHSQ notification](#)**Staff Injured or Ill**

Staff Injured or Ill

Staff Role at Time of Injury/Illness

Role ID	Title of Role	Occupation Group	Description
No Records	No Records	No Records	No

Base Location of Staff



## Student Injured or Ill

Student Injured or Ill

Base Location of Student

## Other Injured or Ill Person

Other Injured or Ill Person

s.47(3)(b)

Type of Other Person

Parent

Base Location of Other Person

Varsity College

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

## Injury Details

## Bodily Injuries

Bodily Location

Nature of Injury/Illness

☒ Sub-Process  
Bodily Injury

\* Bodily Location

Wrists

If Other Bodily Location, please specify

\* Nature of Injury/Illness

Sprain/Strain

If Other Nature of Injury/Illness, please specify

\* Cause of Injury/Illness

Slip, Trip or Fall

If Other Cause of Injury/Illness, please specify

\* Contributing Factor/Agency

Outdoor environment

If Other Contributing Factor/Agency, please specify

\* Activity

Other

If Other Activity, please specify

Cultural event

\* Initial Response

First Aid

Name of Hospital

Comments

Do you want to lodge a WorkCover claim?

☐ Yes ☒ No

## First Aid Details

Either link an existing first aid record, or complete the fields below if first aid was administered

## Related First Aid

Student Name

First Aid Date

Location First Aid Administered

Reason for First Aid/Comments

No Records

No Records

No Records

No Records

First Aid administered by staff

Rackemann, Darren Grant, s.47 Male, DP-Secondary, OneSchool Role, Varsity College

First Aid administered by student

First Aid administered by other

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

First Aid Types

Ice/Cold Pack

If Other, please specify

First Aid Details

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☐ No

Incident Review

Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

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

☐ Yes ☐ No

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

Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

Details of Further Actions

Further Actions Undertaken By

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

Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☒Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No



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



Left student

## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-37856

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

11/06/13

## Reported Time (24 hour HH:MM)

14:45

## Reported by Staff

Meatchem, Francesca Lucinda, s.47(3)(f) 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 State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

11/06/13

## Incident Time (24 hour HH:MM)

14:45

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

198 Varsity College

## Actual Incident Address 2

## \* Suburb

Varsity College

## \* State (eg. QLD)

Qld

## Post Code

4427

## \* Summary of Incident

Banged forehead

## Detailed Description of Incident

s.47(banged his forehead when playing sports. He collided with other students.

## Immediate Action Taken



Ice and phoned Mum to pick up as he was going to ride his bike.

#### Related Hazards

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

#### \* Supervising Officer

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

O'Brien, Stephen John, s.47(3)(f) Male, Head of Campus, OneSchool Role, Varsity College

#### Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

#### Locations Involved

Location  
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

#### Injury/Illness

Injury/Illness ID  
INJ-35144

Description

s.47 banged his forehead with another student/s while playing sport.

Student Name

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

Submit Incident Record for Review

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


\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional 

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

☒ Yes ☒ No



### Review and Provide Actions

☐ Yes ☐ No

☐ Yes ☐ No

--	--

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

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

### Actions

### Actions

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

### Case Notes

### Case Notes

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



## Incident

Incident Record

**\*Required Fields****Incident ID (generated on save)**

INC-38462

**Entered By**Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College**Incident Status**

Submitted

**Reporting Details****\* Reported Date**

19/06/13

**Reported Time (24 hour HH:MM)**

10:15

**Reported by Staff**Mitchell, Liana Nicole, s.47(3)(f) 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 (eg. QLD)****Other Person Post****Other Person Phone Number****Other Person Employer****Reported To****Incident Details****\* Incident Date**

19/06/13

**Incident Time (24 hour HH:MM)**

10:15

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

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

**\* Departmental Incident Location or Base Location**

Varsity College

**Non-Departmental Incident Location****\* Actual Incident Address 1**

198 Varsity Parade

**Actual Incident Address 2****\* Suburb**

Varsity Lakes

**\* State (eg. QLD)**

QLD

**Post Code**

4227

**\* Summary of Incident**

Hurt left arm

**Detailed Description of Incident**

s.47(3)(b) jumped to avoid a ball and then fell to the ground placing her hand out to stop her fall.

**Immediate Action Taken**



Checked for sweeping and mobility. Ice

#### Related Hazards

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

#### \* Supervising Officer

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

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 College

#### Evacuation Details

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

#### Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-35673	Student jumped to avoid a ball and then fell to the ground placing her hand out to stop her fall.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

#### Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

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

☒ Yes ☒ No



### Review and Provide Actions

☐ Yes ☐ No

☐ Yes ☐ No

### Details of Further Actions

Downloaded from <http://ajph.org/> on November 10, 2014

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

### Escalate to Human Resources?

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

☐ Yes ☐ No

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

### Additional People to Notify

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

### Actions

## Actions

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

### Case Notes

### Case Notes

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







Ice and elevation

**Related Hazards**

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

**\* Supervising Officer**[Click here for help selecting Supervising Officer](#)King, Timothy Arnold, s.47(3)(l), Male, OneSchool Role, Snr-Maths/Sci, Varsity College**Elected Workplace Health and Safety Representative**Hodges, Craig Wayne, s.47(3)(l) Male, OneSchool Role, Youth Worker, Varsity College**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No**Locations Involved**

Location
No Records

**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☒ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.**

Injury/Illness

**Injury/Illness**Injury/Illness ID  
INJ-37423

Description

s.47 was playing touch rugby and fell awkwardly and hurt his left knee.

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

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

---

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

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



## OFFLINE HEALTH AND SAFETY INCIDENT

This form should be used in accordance

HLS-PR-005: Health &amp; 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: 7/8/13 Reported Time (24Hour HH:mm): 10:30am

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick)

☒ Staff☐ Student☐ Other person

Given Name:

Murray

Surname:

Goodwin

EQ ID (if known):

Type of other Person

☐ Client☐ Contractor☐ Parent☐ Visitor☐ Volunteer☐ Other

Address:

Suburb:

Postcode:

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

Oval - Secondary Campus

Actual Incident Address: (Street Address of any non-DET location)

\* Summary/Description of Incident:

Popped Knee

\* Immediate Action Taken:

☐ Nil - (Returned to work/class)
 ☐ First Aid (on site by staff)
 ☒ Ambulance attended
 ☐ Doctor/Out Patients (medical treatment)
 ☐ Hospitalisation

\* provided First Aid? (name)

Murray Goodwin

If First Aid - what first aid was provided?

chair positioned to support knee

Was a hazard identified as a result of the incident:

☐ Yes (please provide hazard details below) ☐ No

(&lt;New hazards can be entered online into MyHR WHS Solution via 'enter new hazard')

\*Supervising Officer:

Tim King / 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)

(&lt;In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details)

Elected Workplace Health &amp; Safety Representative:

(WHSR if location has one)

Craig Hodges

## 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 individual question to answer.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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
 ☐ Electrical
 ☐ Security Threat
 ☐ Motor Vehicle
 ☐ Fire
 ☐ Environmental
 ☐ Property/Plant/Equipment
 ☐ Near Miss



Did this incident occur during a journey to or from 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)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contrary to	Given: s.47(3)(b) - Contrary to Public In	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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**

<input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)	<input type="checkbox"/> Work Caused Injury (Class A)	<input type="checkbox"/> Bodily Injury (Class B)
<input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A)	<input type="checkbox"/> Psychological Illness (Class P)	<input type="checkbox"/> Workcover Journey/Recess Claim (Class C)
<input checked="" type="checkbox"/> Minor Injury or Incident (Class C)		

Bodily Location (main injury) – select one			Nature of Injury/illness (main injury) – select one		
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input checked="" type="checkbox"/> Knees	<input checked="" type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	Abdomen/Stomach	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Hips	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Legs	Condition		<input type="checkbox"/> Puncture/ Needlestick	
	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____			

**Cause of Injury/illness – select one of the following**

<input checked="" type="checkbox"/> Slip, Trip or Fall	<input type="checkbox"/> Repetitive movement	<input type="checkbox"/> Animal or insect
<input type="checkbox"/> Contact with, or striking against object	<input checked="" type="checkbox"/> Muscular effort – single event	<input type="checkbox"/> Biological
<input type="checkbox"/> Vibration	<input type="checkbox"/> Electricity	<input type="checkbox"/> Psychological
<input type="checkbox"/> Struck by falling or moving object	<input type="checkbox"/> Thermal (heat/cold)	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Noise	<input type="checkbox"/> Radiation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Chemical/Substance	

**Contributing Factor / Agency – select one of the following**

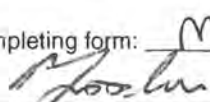
<input type="checkbox"/> Machinery and fixed plant	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Needlestick
<input type="checkbox"/> Mobile plant/machinery	<input type="checkbox"/> Foreign Objects (eg.projectors, splinters)	<input type="checkbox"/> Fire/explosion
<input type="checkbox"/> Vehicle (Government)	<input type="checkbox"/> Outdoor environment	<input type="checkbox"/> Electricity
<input type="checkbox"/> Vehicle (Private)	<input checked="" type="checkbox"/> Indoor environment	<input type="checkbox"/> Radiation/Arc Flash
<input type="checkbox"/> Powered equipment, tools and appliances	<input type="checkbox"/> Animals	<input type="checkbox"/> Stress/Trauma
<input type="checkbox"/> Non-powered tools	<input type="checkbox"/> Human agencies	<input type="checkbox"/> Temperature
<input type="checkbox"/> Non-powered equipment (eg.playground)	<input type="checkbox"/> Biological agent	<input type="checkbox"/> Other _____

**Activity – select one of the following**

<input type="checkbox"/> Admin General	<input type="checkbox"/> First Aid	<input checked="" type="checkbox"/> Sports
<input type="checkbox"/> Chemical use	<input type="checkbox"/> Lifting/Manual handling	<input type="checkbox"/> Travel to/from the workplace
<input type="checkbox"/> Computer work	<input type="checkbox"/> Movement around the worksite	<input type="checkbox"/> Excursions/field trips
<input checked="" type="checkbox"/> Curriculum Prac	<input type="checkbox"/> Grounds care	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Play (supervised/unsupervised)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Restraining a students	
<input type="checkbox"/> Equipment Usage		

Name of person completing form: Murray Goodwin

Date: 7/8/13

Signature: 

Job title: TEACHER





# Incident Report

Varsity College



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

Name: \_\_\_\_\_

Parent Phone No.: \_\_\_\_\_

Form Class: \_\_\_\_\_ Date: 7/8/13

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

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

### Description of incident :

The school futsal team was engaged in the Wednesday morning session. s.47(3)(b) - Contrary to was dribbling the ball, attempted to make a sharp turn, and in the process put his knee out. s.47(3)(b) - Contrary to stood with knee out until a chair was positioned to support the knee. Contact was then made with ~~the~~ Administration who contacted parents and ambulance staff.

### Other Students involved:

Futsal Team

### Action Taken by Teacher

Clear area, call for support. Rest <sup>↑</sup> or alone <sup>↑</sup>  
Ambulance called as well as both parents,  
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



## Incident

Incident Record

## \* Required Fields

Incident ID (generated on save)

INC-41458

Entered By

Meatchem, Francesca Lucinda, [s.47(3)] Female, O  
Teacher Aide, Varsity College

Incident Status

Submitted

## Reporting Details

\* Reported Date

07/08/13

Reported Time (24 hour HH:MM)

10:30

Reported by Staff

Goodwin, Murray Patrick, [s.47(3)] Male, OneSchool Role, 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 Person State (eg. QLD)

Other Person Post

Other Person Phone Number

Other Person Employer

Reported To

## Incident Details

\* Incident Date

07/08/13

Incident Time (24 hour HH:MM)

10:30

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

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

\* Departmental Incident Location or Base Location

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 morning session. [s.47(3)] was dribbling the ball and attempted to make a sharp turn and in the process put his knee out. [s.47(3)] stood with knee out until a chair was positioned to support the knee. contact was then made with middle admin who contacted parents and ambulance staff.



## Immediate Action Taken

Refer to above.

## 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](#)Harriott, Stephen Ronald, s.47(3)( Male, HOD-Prac Arts, 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?

☒ Yes ☐ No

Did a lockdown occur?

☒ Yes ☐ No

## Locations Involved

Location
No Records

## Incident Types

Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☒ Yes ☐ No

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

Injury/Illness

## Injury/Illness

Injury/Illness ID	Description	Student Name	Staff Name
-------------------	-------------	--------------	------------

☒ Sub-Process  
Injury/Illness

COMPLETE DETAILS ON EACH TAB AND PROGRESS THROUGH THE TABS FOR ALL INCIDENT TYPES SELECTED. YOU MUST THEN PROCEED TO THE "SUBMIT INCIDENT FOR REVIEW" TAB AND COMPLE AN ACTION IF REQUIRED.

Injury/Illness ID (generated on save)  
[NJ-38412]

## Detailed Description of Injury/Illness

Popped knee in HPE doing futsal. Knee positioned with a chair until help arrived.

Injury/Illness Classification  
Minor Injury or Incident (Class C)[Click here for information on Incident Classifications and WHSQ notification](#)

## Staff Injured or Ill

Staff Injured or Ill

Staff Role at Time of Injury/Illness

Role ID	Title of Role	Occupation Group	Descr
No Records	No Records	No Records	No

Base Location of Staff



## Student Injured or Ill

Student Injured or Ill

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

Base Location of Student

Varsity College

## Other Injured or Ill Person

Other Injured or Ill Person

Type of Other Person

Base Location 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

## Injury Details

Bodily Injuries

Bodily Location

Nature of Injury/Illness

Sul-Process

Bodily Injury

Bodily Location

Knees

Nature of Injury/Illness

Ache/Pain

If Other Bodily Location, please specify

If Other Nature of Injury/Illness, please specify

\* Cause of Injury/Illness

Muscular effort - single event

If Other Cause of Injury/Illness, please specify

Contributing Factor/Agency

Indoor environment

If Other Contributing Factor/Agency, please specify

Activity

Sport

If Other Activity, please specify

\* Initial Response

Ambulance

Name of Hospital

Comments

Susan Szekeres could not get hold of Mum or Dad. Someone contacted the sister and she went to the sports hall and meet the grandmother who then went in the ambulance with s.47(3)

Do you want to lodge a WorkCover claim?

☐ Yes ☒ No

## First Aid Details

Either link an existing first aid record, or complete the fields below if first aid was administered

Related First Aid

Student Name

No Records

First Aid Date

No Records

Location First Aid Administered

No Records

Reason for First Aid/Comments

No Records

First Aid administered by staff

Goodwin, Murray Patrick s.47(3) Male, OneSchool Role, Tch-General, Varsity College

First Aid administered by student

First Aid administered by other

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

First Aid Types

Elevation

Monitor (awaiting medical care (eg ambulance))

If Other, please specify

First Aid Details

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☐ No

Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

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

☐ Yes ☒ No

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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☒ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☒

Escalate to Human Resources? ☒

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

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

Is legal action anticipated?



☐ Yes ☒ No

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

**Additional People to Notify**

Surname	Given Names	Employee ID#	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records

Actions

**Actions**

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

Case Notes

**Case Notes**

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



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-42303

## Entered By

Firth, Wendy Christine, s 47(3)(f) Female, OneSchool Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

23/08/13

## Reported Time (24 hour HH:MM)

08:17

## Reported by Staff

Bassini, Giovanna Maria, s 47(3)(f) Female, OneSchool Role, Snr-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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

21/08/13

## Incident Time (24 hour HH:MM)

13:45

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

198 Varsity Parade

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

Qld

## Post Code

4227

## \* Summary of Incident

s.47(f) collided with another student and cracked her tooth

## Detailed Description of Incident

s.47(f) collided with another student and cracked her tooth

## Immediate Action Taken



first aid

**Related Hazards**

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

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

Williams, Russell Colin, s.47(3)(f) Male, HOD-Middle School, OneSchool Role, Varsity College

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☐ Yes ☒ No

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description
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

\* Submit Incident Record for review?

☒ Yes ☐ No

Incident Review

**Review Incident Classification**

Incident Classification (generated on save)

C - Investigation is Optional

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

☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

---

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### 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



INC-11775

## OFFLINE HEALTH AND SAFETY INCIDENT REPORT FORM

This form should be used in accordance with DET Policy:

HLS-PR-005: Health &amp; 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: 21/2/12 Reported Time (24Hour HH:mm): 1:45pm

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: SUSAN	Surname: SZEKEVES	EQ ID: s.47(3)(b) - Contrary to Pub	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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: 21/2/12 \* Time incident Occurred: (24 hour hh:mm) 1:45pm

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location: VARSITY COLLEGE Secondary CAMUS	Name of Facility: Multi-Purpose Courts
Actual Incident Address: (Street Address of any non-DET location) Assembly Drive Varsity Lakes	

\* Summary/Description of Incident:

Playing soccer on multi-purpose courts. Had arm by side & ball was kicked & went straight into wrist. Very painful. Nurse examined injury. No swelling visible.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name): Susan Szekeves				
If First Aid - what first aid was provided? Ice.				

Was a hazard identified as a result of the incident: ☒ Yes (please provide hazard details below) ☐ No

(&lt; 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)

(&lt; In the MyHR WHS Solution the supervising officer selected will be notified by email to review the incident details)

Elected Workplace Health &amp; Safety Representative: CRAIG HADGES

(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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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)

Went to Robina Hospital. Diagnosed with compound fracture of wrist.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contrary to Public	Given Name: s.47(3)(b) - C	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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: Varsity College Secondary Campus

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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury - Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury - Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

**Bodily Location (main injury) - select one**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Face<br><input type="checkbox"/> Head<br><input type="checkbox"/> Eyes<br><input type="checkbox"/> Ears<br><input type="checkbox"/> Nose<br><input type="checkbox"/> Tooth/Teeth<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Arms<br><input type="checkbox"/> Elbows<br><input type="checkbox"/> Shoulders | <input type="checkbox"/> Hands<br><input checked="" type="checkbox"/> Wrists<br><input type="checkbox"/> Back<br><input type="checkbox"/> Mouth<br><input type="checkbox"/> Chest<br><input type="checkbox"/> Fingers<br><input type="checkbox"/> Abdomen/Stomach<br><input type="checkbox"/> Hips<br><input type="checkbox"/> Legs<br><input type="checkbox"/> Groin Area | <input type="checkbox"/> Knees<br><input type="checkbox"/> Foot/Feet<br><input type="checkbox"/> Toes<br><input type="checkbox"/> Ankles<br><input type="checkbox"/> Skin<br><input type="checkbox"/> Respiratory System<br><input type="checkbox"/> Internal Organs<br><input type="checkbox"/> Spine<br><input type="checkbox"/> Psychological Condition<br><input type="checkbox"/> Other _____ |
|--|--|--|

**Nature of Injury/Illness (main injury) - select one**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Ache/Pain<br><input type="checkbox"/> Cut/Laceration<br><input type="checkbox"/> Amputation<br><input type="checkbox"/> Bite/Sting<br><input type="checkbox"/> Bruise/Crush<br><input type="checkbox"/> Dislocation<br><input type="checkbox"/> Sprain/Strain<br><input type="checkbox"/> Burn/Scald<br><input type="checkbox"/> Fracture | <input type="checkbox"/> Infection/Disease<br><input type="checkbox"/> Hearing Loss/Deafness<br><input type="checkbox"/> Psychological Stress<br><input type="checkbox"/> Allergy<br><input type="checkbox"/> Skin Irritation/Dermatitis<br><input type="checkbox"/> Heat/Cold Stress<br><input type="checkbox"/> Poisoning<br><input type="checkbox"/> Respiratory<br><input type="checkbox"/> Puncture/Needlestick | <input type="checkbox"/> Weld Flash<br><input type="checkbox"/> Eye Disorder<br><input type="checkbox"/> Foreign Body<br><input type="checkbox"/> Head Injury<br><input type="checkbox"/> Internal Injury<br><input type="checkbox"/> Heart or Circulatory Condition<br><input type="checkbox"/> Other _____ |
|---|--|--|

**Cause of Injury/Illness - select one of the following**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Slip, Trip or Fall<br><input type="checkbox"/> Contact with, or striking against object<br><input type="checkbox"/> Vibration<br><input checked="" type="checkbox"/> Struck by falling or moving object<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Explosion or implosion (pressure variation) | <input type="checkbox"/> Repetitive movement<br><input type="checkbox"/> Muscular effort - single event<br><input type="checkbox"/> Electricity<br><input type="checkbox"/> Thermal (heat/cold)<br><input type="checkbox"/> Radiation<br><input type="checkbox"/> Chemical/Substance | <input type="checkbox"/> Animal or insect<br><input type="checkbox"/> Biological<br><input type="checkbox"/> Psychological<br><input type="checkbox"/> Vehicle<br><input type="checkbox"/> Other _____ |
|--|--|--|

**Contributing Factor / Agency - select one of the following**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Machinery and fixed plant<br><input type="checkbox"/> Mobile plant/machinery<br><input type="checkbox"/> Vehicle (Government)<br><input type="checkbox"/> Vehicle (Private)<br><input type="checkbox"/> Powered equipment, tools and appliances<br><input type="checkbox"/> Non-powered tools<br><input type="checkbox"/> Non-powered equipment (eg. playground) | <input type="checkbox"/> Chemicals<br><input type="checkbox"/> Foreign Objects (eg. projectors, splinters)<br><input checked="" type="checkbox"/> Outdoor environment<br><input type="checkbox"/> Indoor environment<br><input type="checkbox"/> Animals<br><input type="checkbox"/> Human agencies<br><input type="checkbox"/> Biological agent | <input type="checkbox"/> Needlestick<br><input type="checkbox"/> Fire/explosion<br><input type="checkbox"/> Electricity<br><input type="checkbox"/> Radiation/Arc Flash<br><input type="checkbox"/> Stress/Trauma<br><input type="checkbox"/> Temperature<br><input type="checkbox"/> Other _____ |
|---|--|---|

**Activity - select one of the following**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Admin General<br><input type="checkbox"/> Chemical use<br><input type="checkbox"/> Computer work<br><input type="checkbox"/> Curriculum Prac<br><input type="checkbox"/> Curriculum Theory<br><input type="checkbox"/> Playground Duty<br><input type="checkbox"/> Equipment Usage | <input type="checkbox"/> First Aid<br><input type="checkbox"/> Lifting/Manual handling<br><input type="checkbox"/> Movement around the worksite<br><input type="checkbox"/> Grounds care<br><input checked="" type="checkbox"/> Play (supervised/unsupervised)<br><input type="checkbox"/> Restraining a students | <input type="checkbox"/> Sports<br><input type="checkbox"/> Travel to/from the workplace<br><input type="checkbox"/> Excursions/field trips<br><input type="checkbox"/> Work General<br><input type="checkbox"/> Other _____ |
|---|---|--|

Name of person completing form:

Susan Seehres

Date:

21/2/12

Signature:

S. Seehres

Job title:

Facilities Manager



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-11775

## Entered By

Meatchem, Francesca Lucinda, s 47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Signed Off and Closed

## Reporting Details

## \* Reported Date

21/02/12

## Reported Time (24 hour HH:MM)

14:24

## Reported by Staff

Szekeres, Susan, s 47(3)(f) Female, Adm Officer, OneSchool Role,  
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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

Szekeres, Susan, s 47(3)(f) Female, Adm Officer, OneSchool Role, Varsity College

## Incident Details

## \* Incident Date

21/02/12

## Incident Time (24 hour HH:MM)

13:45

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Assembly Drive

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

Qld

## Post Code

4226

## \* Summary of Incident

Student hurt wrist

## Detailed Description of Incident

s.47(3)(b) - Contr was playing soccer on the multi-purpose courts. Had arm by his side and the ball was kicked and went straight into his wrist.  
very painful for him. School nurse examined, no visible swelling.

## Immediate Action Taken



Parent phoned and child seated to rest.

#### Related Hazards

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

#### \* Supervising Officer

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

Szekeres, Susan, s.47(3)(b) Female, Adm Officer, OneSchool Role, Varsity College

#### Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☐ Yes ☒ No

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

Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-10766	Student playing soccer, arm by side, ball kicked, went straight into wrist - very painful, no visible swelling	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☐ No

Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

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

☐ Yes ☒ No



### Review and Provide Actions

☒ Yes ☐ No

☐ Yes ☒ No

## no further action

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

☐ Yes ☒ No

### Additional People to Notify

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

Assign Investigator

☐ Yes ☐ No

Person Responsible for Investigation

Not required

File Attachments

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

### Actions

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

### Case Notes

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



# 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: 6/3/12 Reported Time (24Hour HH:mm): 15:00

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick)

☒ Staff

☐ Student

☐ Other person

Given Name:

GIOVANNA

Surname:

BASSINI

EQ ID (if known):

Address:

VARSITY COLLEGE MIDDLE SCHOOL

Suburb:

Postcode:

Phone: (M)

(W)

(H)

Other person Employer:

Type of other Person

- ☐ Client  
☐ Contractor  
☐ Parent  
☐ Visitor  
☐ Volunteer  
☐ Other

Reported to:

(who was the first person informed of the incident, if known?)

\* Date of Incident: 6/3/12 \* Time incident Occurred: (24 hour hh:mm) 2:55pm

\* Location of Incident: Where the Incident occurred

Oval - Varsity Senior Campus

Departmental Location/Base Location

Name of Facility

Actual Incident Address: (Street Address of any non-DET location)

\* Summary/Description of Incident:

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

Slipped on the grass and fell on her shoulder

\* Immediate Action Taken:

☐ Nil -

(Returned to work/class)

☒ First Aid

(on site by staff)

☐ Ambulance attended

☐ Doctor/Out Patients

(medical treatment)

☐ Hospitalisation

Who provided First Aid? (name)

Craig Hodges, Wendy Firth

If First Aid - what first aid was provided?

ICED

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)

Did an evacuation occur?

☐ Yes

☒ No

Did a lockdown occur?

☐ Yes

☒ No

Location/s involved:

**INSTRUCTIONS:** Select one or more Incident Types – however if the incident is 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

☐ Electrical

☐ Security Threat

☐ Motor Vehicle

☐ Fire

☐ Environmental

☐ Property/Plant/Equipment

☐ Near Miss

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Did this incident occur during a journey to or from 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)

fall on school oval - collarbone injury

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contra	Given Name: s.47(3)(b) - Contrary to Public	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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

<input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)	<input type="checkbox"/> Work Caused Injury (Class A)	<input type="checkbox"/> Bodily Injury (Class B)
<input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A)	<input type="checkbox"/> Psychological Illness (Class P)	<input type="checkbox"/> Workcover Journey/Recess Claim (Class C)
		<input checked="" type="checkbox"/> Minor Injury or Incident (Class C)

<input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Tooth/Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Elbows <input checked="" type="checkbox"/> Shoulders	<input type="checkbox"/> Hands <input type="checkbox"/> Wrists <input type="checkbox"/> Back <input type="checkbox"/> Mouth <input type="checkbox"/> Chest <input type="checkbox"/> Fingers <input type="checkbox"/> Abdomen/Stomach <input type="checkbox"/> Hips <input type="checkbox"/> Legs <input type="checkbox"/> Groin Area	<input type="checkbox"/> Knees <input type="checkbox"/> Foot/Feet <input type="checkbox"/> Toes <input type="checkbox"/> Ankles <input type="checkbox"/> Skin <input type="checkbox"/> Respiratory System <input type="checkbox"/> Internal Organs <input type="checkbox"/> Spine <input type="checkbox"/> Psychological Condition <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Ache/Pain <input type="checkbox"/> Cut/Laceration <input type="checkbox"/> Amputation <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Bruise/Crush <input type="checkbox"/> Dislocation <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Burn/Scald <input type="checkbox"/> Fracture	<input type="checkbox"/> Infection/Disease <input type="checkbox"/> Hearing Loss/Deafness <input type="checkbox"/> Psychological Stress <input type="checkbox"/> Allergy <input type="checkbox"/> Skin Irritation/Dermatitis <input type="checkbox"/> Heat/Cold Stress <input type="checkbox"/> Poisoning <input type="checkbox"/> Respiratory <input type="checkbox"/> Puncture/Needlestick	<input type="checkbox"/> Weld Flash <input type="checkbox"/> Eye Disorder <input type="checkbox"/> Foreign Body <input type="checkbox"/> Head Injury <input type="checkbox"/> Internal Injury <input type="checkbox"/> Heart or Circulatory Condition <input type="checkbox"/> Other _____
---	---	--	---	--	--

<input checked="" type="checkbox"/> Slip, Trip or Fall <input type="checkbox"/> Contact with, or striking against object <input type="checkbox"/> Vibration <input type="checkbox"/> Struck by falling or moving object <input type="checkbox"/> Noise <input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Repetitive movement <input type="checkbox"/> Muscular effort – single event <input type="checkbox"/> Electricity <input type="checkbox"/> Thermal (heat/cold) <input type="checkbox"/> Radiation <input type="checkbox"/> Chemical/Substance	<input type="checkbox"/> Animal or insect <input type="checkbox"/> Biological <input type="checkbox"/> Psychological <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____
--	--	--

<input type="checkbox"/> Machinery and fixed plant <input type="checkbox"/> Mobile plant/machinery <input type="checkbox"/> Vehicle (Government) <input type="checkbox"/> Vehicle (Private) <input type="checkbox"/> Powered equipment, tools and appliances <input type="checkbox"/> Non-powered tools <input type="checkbox"/> Non-powered equipment (eg. playground)	<input type="checkbox"/> Chemicals <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) <input checked="" type="checkbox"/> Outdoor environment <input type="checkbox"/> Indoor environment <input type="checkbox"/> Animals <input type="checkbox"/> Human agencies <input type="checkbox"/> Biological agent	<input type="checkbox"/> Needlestick <input type="checkbox"/> Fire/explosion <input type="checkbox"/> Electricity <input type="checkbox"/> Radiation/Arc Flash <input type="checkbox"/> Stress/Trauma <input type="checkbox"/> Temperature <input type="checkbox"/> Other _____
---	--	---

<input type="checkbox"/> Admin General <input type="checkbox"/> Chemical use <input type="checkbox"/> Computer work <input type="checkbox"/> Curriculum Prac <input type="checkbox"/> Curriculum Theory <input type="checkbox"/> Playground Duty <input type="checkbox"/> Equipment Usage	<input type="checkbox"/> First Aid <input type="checkbox"/> Lifting/Manual handling <input type="checkbox"/> Movement around the worksite <input type="checkbox"/> Grounds care <input checked="" type="checkbox"/> Play (supervised/unsupervised) <input type="checkbox"/> Restraining a students	<input type="checkbox"/> Sports <input type="checkbox"/> Travel to/from the workplace <input type="checkbox"/> Excursions/field trips <input type="checkbox"/> Work General <input type="checkbox"/> Other _____
---	---	--

Name of person completing form: Giovanna Bassini

Date: 6/3/12

Signature: Giovanna Bassini

Job title: teacher



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)*, *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

## PERSONAL DETAILS

\* **Date Reported:** 6/3/12 **Reported Time (24Hour HH:mm):** 15:00

\* **Reported by:** - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: <b>GIOVANNA</b>	Surname: <b>BASSINI</b>	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: <b>VARSITY COLLEGE MIDDLE</b>			
Suburb: <b>SCHOOL</b>		Postcode:	
Phone: (M)	(W)	(H)	
Other person Employer:			



**Reported to:**  
Who was the first person informed of the incident, if known?

\* **Date of Incident:** 6/3/12 \* **Time incident Occurred:** (24 hour hh:mm) 2:55pm

\* **Location of Incident:** Where the Incident occurred **Oval - Varsity Senior Campus**

Departmental Location/Base Location	Name of Facility
Actual Incident Address: (Street Address of any non-DET location)	

\* **Summary/Description of Incident:**

s.47(3)(b) - Contrary to Public Order  
**Slipped on the grass and fell on her shoulder**

\* **Immediate Action Taken:**

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		<b>Craig Hodges, Wendy Firth</b>		
First Aid - what first aid was provided?		<b>ICED</b>		

**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)

**Did an evacuation occur?** ☐ Yes ☒ No **Did a lockdown occur?** ☐ Yes ☒ No

**Location/s involved:**

**INSTRUCTIONS:** Select one or more Incident Types – however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat		

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Did this incident occur during a journey to or from 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)

fall on school oval - collarbone injury

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contrary to Public	Given Name: s.47(3)(b) - Contrary to Public	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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

<input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)	<input type="checkbox"/> Work Caused Injury (Class A)	<input type="checkbox"/> Bodily Injury (Class B)
<input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A)	<input type="checkbox"/> Psychological Illness (Class P)	<input type="checkbox"/> Workcover Journey/Recess Claim (Class C, <input type="checkbox"/> Minor Injury or Incident (Class C)

<input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Tooth/Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Elbows <input checked="" type="checkbox"/> Shoulders	<input type="checkbox"/> Hands <input type="checkbox"/> Wrists <input type="checkbox"/> Back <input type="checkbox"/> Mouth <input type="checkbox"/> Chest <input type="checkbox"/> Fingers <input type="checkbox"/> Abdomen/Stomach <input type="checkbox"/> Hips <input type="checkbox"/> Legs <input type="checkbox"/> Groin Area	<input type="checkbox"/> Knees <input type="checkbox"/> Foot/Feet <input type="checkbox"/> Toes <input type="checkbox"/> Ankles <input type="checkbox"/> Skin <input type="checkbox"/> Respiratory System <input type="checkbox"/> Internal Organs <input type="checkbox"/> Spine <input type="checkbox"/> Psychological Condition <input type="checkbox"/> Other _____	<input type="checkbox"/> Ache/Pain <input type="checkbox"/> Cut/Laceration <input type="checkbox"/> Amputation <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Bruise/Crush <input type="checkbox"/> Dislocation <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Burn/Scald <input type="checkbox"/> Fracture	<input type="checkbox"/> Infection/Disease <input type="checkbox"/> Hearing Loss/Deafness <input type="checkbox"/> Psychological Stress <input type="checkbox"/> Allergy <input type="checkbox"/> Skin <input type="checkbox"/> Irritation/Dermatitis <input type="checkbox"/> Heat/Cold Stress <input type="checkbox"/> Poisoning <input type="checkbox"/> Respiratory <input type="checkbox"/> Puncture/ Needlestick	<input type="checkbox"/> Weld Flash <input type="checkbox"/> Eye Disorder <input type="checkbox"/> Foreign Body <input type="checkbox"/> Head Injury <input type="checkbox"/> Internal Injury <input type="checkbox"/> Heart or Circulatory Condition <input type="checkbox"/> Other _____
---	---	--	--	---	--

<input checked="" type="checkbox"/> Slip, Trip or Fall <input type="checkbox"/> Contact with, or striking against object <input type="checkbox"/> Vibration <input type="checkbox"/> Struck by falling or moving object <input type="checkbox"/> Noise <input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Repetitive movement <input type="checkbox"/> Muscular effort – single event <input type="checkbox"/> Electricity <input type="checkbox"/> Thermal (heat/cold) <input type="checkbox"/> Radiation <input type="checkbox"/> Chemical/Substance	<input type="checkbox"/> Animal or insect <input type="checkbox"/> Biological <input type="checkbox"/> Psychological <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____
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<input type="checkbox"/> Machinery and fixed plant <input type="checkbox"/> Mobile plant/machinery <input type="checkbox"/> Vehicle (Government) <input type="checkbox"/> Vehicle (Private) <input type="checkbox"/> Powered equipment, tools and appliances <input type="checkbox"/> Non-powered tools <input type="checkbox"/> Non-powered equipment (eg.playground)	<input type="checkbox"/> Chemicals <input type="checkbox"/> Foreign Objects (eg.projectors, splinters) <input checked="" type="checkbox"/> Outdoor environment <input type="checkbox"/> Indoor environment <input type="checkbox"/> Animals <input type="checkbox"/> Human agencies <input type="checkbox"/> Biological agent	<input type="checkbox"/> Needlestick <input type="checkbox"/> Fire/explosion <input type="checkbox"/> Electricity <input type="checkbox"/> Radiation/Arc Flash <input type="checkbox"/> Stress/Trauma <input type="checkbox"/> Temperature <input type="checkbox"/> Other _____
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<input type="checkbox"/> Admin General <input type="checkbox"/> Chemical use <input type="checkbox"/> Computer work <input type="checkbox"/> Curriculum Prac <input type="checkbox"/> Curriculum Theory <input type="checkbox"/> Playground Duty <input type="checkbox"/> Equipment Usage	<input type="checkbox"/> First Aid <input type="checkbox"/> Lifting/Manual handling <input type="checkbox"/> Movement around the worksite <input type="checkbox"/> Grounds care <input checked="" type="checkbox"/> Play (supervised/unsupervised) <input type="checkbox"/> Restraining a students	<input type="checkbox"/> Sports <input type="checkbox"/> Travel to/from the workplace <input type="checkbox"/> Excursions/field trips <input type="checkbox"/> Work General <input type="checkbox"/> Other _____
---	---	--

Name of person completing form: Giovanna Bassini Date: 6/5/12

Signature: [Signature] Job title: teacher



## Incident

Incident Record		
<b>*Required Fields</b>		
<b>Incident ID (generated on save)</b> INC-18209	<b>Entered By</b> Meatchem, Francesca Lucinda, s 47(3)( Female, O Teacher Aide, Varsity College	
<b>Incident Status</b> Submitted		
<b>Reporting Details</b>		
<b>* Reported Date</b> 06/03/12	<b>Reported Time (24 hour HH:MM)</b> 03:00	
<b>Reported by Staff</b> Bassini, Giovanna Maria, s 47(3)( Female, OneSchool Role, Snr- General, Varsity College	<b>Reported by Student</b>	
<b>Reported by Other Person</b>	<b>Type of Other Person</b>	
<b>Other Person Address 1</b>		
<b>Other Person Address 2</b>		
<b>Other Person Suburb</b>	<b>Other Person State (eg. QLD)</b>	<b>Other Person Post</b>
<b>Other Person Phone Number</b>	<b>Other Person Employer</b>	
<b>Reported To</b> Bassini, Giovanna Maria, s 47(3)( Female, OneSchool Role, Snr-General, Varsity College		
<b>Incident Details</b>		
<b>* Incident Date</b> 06/03/12	<b>Incident Time (24 hour HH:MM)</b> 02:55	
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		
<b>* Departmental Incident Location or Base Location</b> Varsity College		
<b>Non-Departmental Incident Location</b>		
<b>* Actual Incident Address 1</b> Varsity College Middle School		
<b>Actual Incident Address 2</b> Assembly Drive		
<b>* Suburb</b> Varsity Lakes	<b>* State (eg. QLD)</b> QLD	<b>Post Code</b> 4226
<b>* Summary of Incident</b> Collarbone injury		
<b>Detailed Description of Incident</b> Student slipped on the grass and fell on her shoulder		
<b>Immediate Action Taken</b>		







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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### 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



# 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**

<b>REPORTING DETAILS</b>	
* <b>Date Reported:</b> 08/03/2012	* <b>Reported Time (24Hour HH:mm):</b> 13:30
* <b>Reported by:</b> - (NOTE at least one 'reported by' field must be populated)	
(✓ please tick)	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other person
Given Name: CALLUM	Surname: AGIUS
EQ ID (if known):	
Address: s.47(3)(b) - Contrary to Public Interest	
Suburb: s.47(3)(b) - Contrary to Public Interest	Postcode: s.47(3)(b) - C
Phone: (M) s.47(3)(b) - Contrary to Public Interest	(W) s.47(3)(b) - Contrary to Public Interest (H) s.47(3)(b) - Contrary to Public Interest
Other person Employer: -	
<b>ENTERED</b> DATE: BY:	
Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	

Reported to:  
(who was the first person informed of the incident, if known?)

<b>INCIDENT DETAILS</b>	
* <b>Date of Incident:</b> 08/03/2012	* <b>Time incident Occurred:</b> (24 hour hh:mm) 12:45
* <b>Location of Incident:</b> Where the Incident occurred VARSITY COLLEGE SCHOOL OVAL	
Departmental Location/Base Location VARSITY COLLEGE	Name of Facility SCHOOL OVAL
Actual Incident Address: (Street Address of any non-DET location)	

\* **Summary/Description of Incident:**  
DURING A RUGBY LEAGUE TRAINING SESSION s.47(3)(b) - Contrary to Public Interest RECEIVED A BLOW TO THE HEAD AS A RESULT OF A HEAD CLASH WITH ANOTHER STUDENT.

* <b>Immediate Action Taken:</b>				
<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input checked="" type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		ROBINA HOSPITAL		
First Aid - what first aid was provided?		HAYDEN SUTHERLAND MICHELE PERRONE		
		RECOVERY POSITION		

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:** CALLUM AGIUS - CRAIG HODGES  
(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)

<b>EVACUATION DETAILS</b>	
Did an evacuation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did a lockdown occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location/s involved:	

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	



Did this incident occur during a journey to or from 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)

BLEEDING FROM THE MOUTH / HEAD INJURY / SEIZURE AS A RESULT OF A HEAD CLASH. ~~DATA~~

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname:	s.47(3)(b) - Contrary to Pu	Given Name:	s.47(3)(b) - Contrary	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:	s.47(3)(b) - Contrary to Public Interest			
Suburb:	s.47(3)(b) - Contrary to Public Interest	Postcode:	s.47(3)(b) - Con	

(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: 1759 VARSITY COLLEGE

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): TEACHER + YOUTH WORKER

Do you want to lodge a workcover claim for this incident? ☐ Yes ☐ No

<input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)	<input type="checkbox"/> Work Caused Injury (Class A)	<input type="checkbox"/> Bodily Injury (Class B)
<input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A)	<input type="checkbox"/> Psychological Illness (Class P)	<input type="checkbox"/> Workcover Journey/Recess Claim (Class C)
		<input type="checkbox"/> Minor Injury or Incident (Class C)

<input checked="" type="checkbox"/> Face <input checked="" type="checkbox"/> Head <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Tooth/Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Elbows <input type="checkbox"/> Shoulders	<input type="checkbox"/> Hands <input type="checkbox"/> Wrists <input type="checkbox"/> Back <input type="checkbox"/> Mouth <input type="checkbox"/> Chest <input type="checkbox"/> Fingers <input type="checkbox"/> Abdomen/Stomach <input type="checkbox"/> Hips <input type="checkbox"/> Legs <input type="checkbox"/> Groin Area	<input type="checkbox"/> Knees <input type="checkbox"/> Foot/Feet <input type="checkbox"/> Toes <input type="checkbox"/> Ankles <input type="checkbox"/> Skin <input type="checkbox"/> Respiratory System <input type="checkbox"/> Internal Organs <input type="checkbox"/> Spine <input type="checkbox"/> Psychological Condition <input type="checkbox"/> Other _____	<input type="checkbox"/> Ache/Pain <input type="checkbox"/> Cut/Laceration <input type="checkbox"/> Amputation <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Bruise/Crush <input type="checkbox"/> Dislocation <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Burn/Scald <input type="checkbox"/> Fracture	<input type="checkbox"/> Infection/Disease <input type="checkbox"/> Hearing Loss/Deafness <input type="checkbox"/> Psychological Stress <input type="checkbox"/> Allergy <input type="checkbox"/> Irritation/Dermatitis <input type="checkbox"/> Heat/Cold Stress <input type="checkbox"/> Poisoning <input type="checkbox"/> Respiratory <input type="checkbox"/> Puncture/Needlestick	<input type="checkbox"/> Weld Flash <input type="checkbox"/> Eye Disorder <input type="checkbox"/> Foreign Body <input type="checkbox"/> Head Injury <input type="checkbox"/> Internal Injury <input type="checkbox"/> Heart or Circulatory Condition <input type="checkbox"/> Other _____
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<input checked="" type="checkbox"/> Slip, Trip or Fall <input checked="" type="checkbox"/> Contact with, or striking against object <input type="checkbox"/> Vibration <input type="checkbox"/> Struck by falling or moving object <input type="checkbox"/> Noise <input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Repetitive movement <input type="checkbox"/> Muscular effort – single event <input type="checkbox"/> Electricity <input type="checkbox"/> Thermal (heat/cold) <input type="checkbox"/> Radiation <input type="checkbox"/> Chemical/Substance	<input type="checkbox"/> Animal or insect <input type="checkbox"/> Biological <input type="checkbox"/> Psychological <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____
---	--	--

<input type="checkbox"/> Machinery and fixed plant <input type="checkbox"/> Mobile plant/machinery <input type="checkbox"/> Vehicle (Government) <input type="checkbox"/> Vehicle (Private) <input type="checkbox"/> Powered equipment, tools and appliances <input type="checkbox"/> Non-powered tools <input type="checkbox"/> Non-powered equipment (eg. playground)	<input type="checkbox"/> Chemicals <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) <input type="checkbox"/> Outdoor environment <input type="checkbox"/> Indoor environment <input type="checkbox"/> Animals <input type="checkbox"/> Human agencies <input type="checkbox"/> Biological agent	<input type="checkbox"/> Needlestick <input type="checkbox"/> Fire/explosion <input type="checkbox"/> Electricity <input type="checkbox"/> Radiation/Arc Flash <input type="checkbox"/> Stress/Trauma <input type="checkbox"/> Temperature <input type="checkbox"/> Other _____
---	---	---

<input type="checkbox"/> Admin General <input type="checkbox"/> Chemical use <input type="checkbox"/> Computer work <input type="checkbox"/> Curriculum Prac <input type="checkbox"/> Curriculum Theory <input type="checkbox"/> Playground Duty <input type="checkbox"/> Equipment Usage	<input type="checkbox"/> First Aid <input type="checkbox"/> Lifting/Manual handling <input type="checkbox"/> Movement around the worksite <input type="checkbox"/> Grounds care <input type="checkbox"/> Play (supervised/unsupervised) <input type="checkbox"/> Restraining a students	<input checked="" type="checkbox"/> Sports <input type="checkbox"/> Travel to/from the workplace <input type="checkbox"/> Excursions/field trips <input type="checkbox"/> Work General <input checked="" type="checkbox"/> Other TRAINING
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Name of person completing form: ALLUM AGUS

Date: 08/03/2012

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

Job title: \_\_\_\_\_



### Incident Record

<https://myhr-rtr.data.ald.gov.au/GDPR/EE/LATE/laf/print.asp?title=Incident> 28/08/2013



Called ambulance, placed in recovery position

#### Related Hazards

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

#### \* Supervising Officer

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

Agius, Callum Samuel, s.47(3)(f) Male, OneSchool Role, Snr-Maths/Sci, Varsity College

#### Elected Workplace Health and Safety Representative

Blackbeard, Neil, s.47(3)(f) Male, OneSchool Role, Tch-Manual Arts, Varsity College

#### Evacuation Details

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

#### Injury/Illness

Injury/Illness ID  
INJ-13079

Description

Bleeding from the mouth, head injury, seizure as a result of a head clash.

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

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

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



# 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: 16/3/12 Reported Time (24Hour HH:mm): 1:20pm

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: SAM	Surname: FOWLER	EQ ID (if known): s.47(3)(b) - Contrary to Pub	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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: 16/3/12 \* Time incident Occurred: (24 hour hh:mm) 1:20pm

\* Location of Incident: Where the Incident occurred Hall

Departmental Location/Base Location	Name of Facility: Sports Hall
Actual Incident Address: (Street Address of any non-DET location)	

\* Summary/Description of Incident:

s.47(3)(b) - + another student were going for a soccer ball kicked when they collided with each other. Both students sustained injuries. Ice was administered immediately and further medical advice was given.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name): Sam Fowler				
If First Aid - what first aid was provided? ice, observation				

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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is considered a 'Near Miss' no other selection can be made. If 'Property/Plant/Equipment' or 'Fire' or 'Environmental' 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.

<input checked="" type="checkbox"/> Injury/Illness <input type="checkbox"/> Electrical <input type="checkbox"/> Security Threat	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire <input type="checkbox"/> Environmental	<input type="checkbox"/> Property/Plant/Equipment <input type="checkbox"/> Near Miss
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RTI application 340/5/3026 - Varsity College - Document 55 of 269



Did this incident occur during a journey to or from 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 injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: <b>s.47(3)(b) - Contrary</b>	Given Name: <b>s.47(3)(b) - Contrary</b>	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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: HPE Hall

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Teacher

Do you want to lodge a workcover claim for this incident? ☐ Yes ☒ No

**INJURY/ILLNESS CLASSIFICATION – Select one of the following**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

Bodily Location (main injury) – select one			Nature of Injury/Illness (main injury) – select one		
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input checked="" type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input checked="" type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	<input type="checkbox"/> Hips	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Legs	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Condition		<input type="checkbox"/> Puncture/Needlestick	
		<input type="checkbox"/> Other _____			

**Cause of Injury/Illness – select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Slip, Trip or Fall                                  | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input checked="" type="checkbox"/> Contact with, or striking against object | <input type="checkbox"/> Muscular effort – single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration   | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input type="checkbox"/> Struck by falling or moving object                  | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise   | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation)         | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency – select one of the following**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                  | <input type="checkbox"/> Needlestick                             |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg.projectors, splinters) | <input type="checkbox"/> Fire/explosion                          |
| <input type="checkbox"/> Vehicle (Government)                    | <input type="checkbox"/> Outdoor environment                        | <input type="checkbox"/> Electricity                             |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                         | <input type="checkbox"/> Radiation/Arc Flash                     |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                    | <input type="checkbox"/> Stress/Trauma                           |
| <input type="checkbox"/> Non-powered tools                       | <input checked="" type="checkbox"/> Human agencies                  | <input type="checkbox"/> Temperature                             |
| <input type="checkbox"/> Non-powered equipment (eg.playground)   | <input type="checkbox"/> Biological agent                           | <input checked="" type="checkbox"/> Other <u>Another student</u> |

**Activity – select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                      | <input checked="" type="checkbox"/> Sports            |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling        | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite   | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                   | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students         |   |
| <input type="checkbox"/> Equipment Usage   |   |   |

Name of person completing form: Sam Fowler

Date: 22-3-12

Signature: [Signature]

Job title: PE Teacher



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-18446

## Entered By

Meatchem, Francesca Lucinda, s 47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted ☒

## Reporting Details

## \* Reported Date

16/03/12

## Reported Time (24 hour HH:MM)

01:20

## Reported by Staff

Fowler, Samuel Keith, s 47(3)(f) 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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

16/03/12

## Incident Time (24 hour HH:MM)

01:20

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

Assembly Drive

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4227

## \* Summary of Incident

Students collided

## Detailed Description of Incident

s.47 and another student were going for a soccer ball when they collided with each other. Both students banged their ankles.

## Immediate Action Taken

Ice was given and further medical advice



**Related Hazards**

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

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

Gardner, Cheryl Elizabeth, s 47(3)(f) Female, Bus Serv Manager, OneSchool Role, Varsity College

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s 47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No**Locations Involved**

Location
No Records

**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☒ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.****Injury/Illness****Injury/Illness**

Injury/Illness ID  
INJ-17127

**Description**

Students going for a soccer ball, collided with each other. Both students banged their ankles.

**Student Name**

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

Submit Incident Record for Review

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

**\* Submit Incident Record for review?**☒ Yes ☒ No**Incident Review****Review Incident Classification****Incident Classification (generated on save)**

C - Investigation is Optional

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

☒ Yes ☒ No[Click here for Information on Incident Classifications and WHSQ notification requirements](#)



## Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

## Details of Further Actions

## Further Actions Undertaken By

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

## Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

## Additional People to Notify

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

## Actions

## Actions

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

## Case Notes

## Case Notes

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




## Incident

Incident Record

**\*Required Fields****Incident ID (generated on save)**

INC-13616

**Entered By**Firth, Wendy Christine, s 47(3) Female, OneSchool  
Alde, Varsity College**Incident Status**Submitted 

## Reporting Details

**\* Reported Date**

01/05/12

**Reported Time (24 hour HH:MM)**

13:45

**Reported by Staff**Sutherland, Haydn, s 47(3) Male, OneSchool Role, 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 Person State (eg. QLD)****Other Person Post****Other Person Phone Number****Other Person Employer****Reported To**

## Incident Details

**\* Incident Date**

01/05/12

**Incident Time (24 hour HH:MM)**

13:45

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

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

**\* Departmental Incident Location or Base Location**

Varsity College

**Non-Departmental Incident Location****\* Actual Incident Address 1**

198 Varsity Parade

**Actual Incident Address 2****\* Suburb**

Varsity Lakes

**\* State (eg. QLD)**

Qld

**Post Code**

4227

**\* Summary of Incident**

Tackled by another student

**Detailed Description of Incident**

Tackled by another student, hit head on concrete

**Immediate Action Taken**



Ice, legs elevated, ice on back of head

**Related Hazards**

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

**\* Supervising Officer**[Click here for help selecting Supervising Officer](#)Sutherland, Haydn, s.47(3)(f) Male, OneSchool Role, Tch-General, Varsity College**Elected Workplace Health and Safety Representative**Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College**Evacuation Details**

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No**Locations Involved**

Location
Varsity College

**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☐ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.**

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
INJ-1245E	Hit back of head on concrete	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

**\* Submit Incident Record for review?**☒ Yes ☐ No

Incident Review

**Review Incident Classification****Incident Classification (generated on save)**C - Investigation is Optional ☒

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

☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☒ Yes ☐ No

#### Details of Further Actions

Increase monitoring of orange quad for similar behaviour and prevent where possible

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☒

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No

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

#### Person Responsible for Investigation

#### Reasons for Not Investigating

File Attachments

#### File Attachment

Attached File	File Type	Date Loaded	File Uploader
No Records	No Records	No Records	No

Actions

#### Actions

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

Case Notes

#### Case Notes

Date of Note	Person Making Note	Who was Spoken To
*****	*****	*****







# 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 (24-Hour HH:mm):**

\* **Reported by:** - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☒ Student ☐ Other person

Given Name: s.47(3)(b) - Contra JOHN	Surname: s.47(3)(b) - Contra AIELLO	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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:** 31/5/12 \* **Time incident Occurred:** (24 hour hh:mm) 14.35

\* **Location of Incident:** Where the Incident occurred

Departmental Location/Base Location SPORTS HALL	Name of Facility HPE
Actual Incident Address: (Street Address of any non-DET location) VARSITY COLLEGE MIDDLE / HIGH SENIOR CAMPUS	

\* **Summary/Description of Incident:**

Student received a ball to the forehead while playing dodge ball.

\* **Immediate Action Taken:**

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		JOHN AIELLO		
If First Aid - what first aid was provided?		ICE TO FOREHEAD / COLD WATER TO FACE.		

**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 individual sub-form for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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 forehead has given him a head-ache. He feels a bit dizzy and eyes are a bit sore.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contrary	Given Name: s.47(3)(b) - Contrary	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury - Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury - Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

**Bodily Location (main injury) - select one**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Face<br><input checked="" type="checkbox"/> Head<br><input type="checkbox"/> Eyes<br><input type="checkbox"/> Ears<br><input type="checkbox"/> Nose<br><input type="checkbox"/> Tooth/Teeth<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Arms<br><input type="checkbox"/> Elbows<br><input type="checkbox"/> Shoulders | <input type="checkbox"/> Hands<br><input type="checkbox"/> Wrists<br><input type="checkbox"/> Back<br><input type="checkbox"/> Mouth<br><input type="checkbox"/> Chest<br><input type="checkbox"/> Fingers<br><input type="checkbox"/> Abdomen/Stomach<br><input type="checkbox"/> Hips<br><input type="checkbox"/> Legs<br><input type="checkbox"/> Groin Area | <input type="checkbox"/> Knees<br><input type="checkbox"/> Foot/Feet<br><input type="checkbox"/> Toes<br><input type="checkbox"/> Ankles<br><input type="checkbox"/> Skin<br><input type="checkbox"/> Respiratory System<br><input type="checkbox"/> Internal Organs<br><input type="checkbox"/> Spine<br><input type="checkbox"/> Psychological Condition<br><input type="checkbox"/> Other _____ |
|---|---|--|

**Nature of Injury/Illness (main injury) - select one**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Ache/Pain<br><input type="checkbox"/> Cut/Laceration<br><input type="checkbox"/> Amputation<br><input type="checkbox"/> Bite/Sting<br><input type="checkbox"/> Bruise/Crush<br><input type="checkbox"/> Dislocation<br><input type="checkbox"/> Sprain/Strain<br><input type="checkbox"/> Burn/Scald<br><input type="checkbox"/> Fracture | <input type="checkbox"/> Infection/Disease<br><input type="checkbox"/> Hearing Loss/Deafness<br><input type="checkbox"/> Psychological Stress<br><input type="checkbox"/> Allergy<br><input type="checkbox"/> Skin Irritation/Dermatitis<br><input type="checkbox"/> Heat/Cold Stress<br><input type="checkbox"/> Poisoning<br><input type="checkbox"/> Respiratory<br><input type="checkbox"/> Puncture/Needlestick | <input type="checkbox"/> Weld Flash<br><input type="checkbox"/> Eye Disorder<br><input type="checkbox"/> Foreign Body<br><input type="checkbox"/> Head Injury<br><input type="checkbox"/> Internal Injury<br><input type="checkbox"/> Heart or Circulatory Condition<br><input type="checkbox"/> Other _____ |
|---|--|--|

**Cause of Injury/Illness - select one of the following**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Slip, Trip or Fall<br><input type="checkbox"/> Contact with, or striking against object<br><input type="checkbox"/> Vibration<br><input checked="" type="checkbox"/> Struck by falling or moving object<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Explosion or implosion (pressure variation) | <input type="checkbox"/> Repetitive movement<br><input type="checkbox"/> Muscular effort - single event<br><input type="checkbox"/> Electricity<br><input type="checkbox"/> Thermal (heat/cold)<br><input type="checkbox"/> Radiation<br><input type="checkbox"/> Chemical/Substance | <input type="checkbox"/> Animal or insect<br><input type="checkbox"/> Biological<br><input type="checkbox"/> Psychological<br><input type="checkbox"/> Vehicle<br><input type="checkbox"/> Other _____ |
|--|--|--|

**Contributing Factor / Agency - select one of the following**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Machinery and fixed plant<br><input type="checkbox"/> Mobile plant/machinery<br><input type="checkbox"/> Vehicle (Government)<br><input type="checkbox"/> Vehicle (Private)<br><input type="checkbox"/> Powered equipment, tools and appliances<br><input type="checkbox"/> Non-powered tools<br><input type="checkbox"/> Non-powered equipment (eg. playground) | <input type="checkbox"/> Chemicals<br><input type="checkbox"/> Foreign Objects (eg. projectors, splinters)<br><input checked="" type="checkbox"/> Outdoor environment<br><input type="checkbox"/> Indoor environment<br><input type="checkbox"/> Animals<br><input type="checkbox"/> Human agencies<br><input type="checkbox"/> Biological agent | <input type="checkbox"/> Needlestick<br><input type="checkbox"/> Fire/explosion<br><input type="checkbox"/> Electricity<br><input type="checkbox"/> Radiation/Arc Flash<br><input type="checkbox"/> Stress/Trauma<br><input type="checkbox"/> Temperature<br><input type="checkbox"/> Other <u>DODGE BALL</u> |
|---|--|---|

**Activity - select one of the following**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Admin General<br><input type="checkbox"/> Chemical use<br><input type="checkbox"/> Computer work<br><input type="checkbox"/> Curriculum Prac<br><input type="checkbox"/> Curriculum Theory<br><input type="checkbox"/> Playground Duty<br><input type="checkbox"/> Equipment Usage | <input type="checkbox"/> First Aid<br><input type="checkbox"/> Lifting/Manual handling<br><input type="checkbox"/> Movement around the worksite<br><input type="checkbox"/> Grounds care<br><input checked="" type="checkbox"/> Play (supervised/unsupervised)<br><input type="checkbox"/> Restraining a students | <input type="checkbox"/> Sports<br><input type="checkbox"/> Travel to/from the workplace<br><input type="checkbox"/> Excursions/field trips<br><input type="checkbox"/> Work General<br><input type="checkbox"/> Other _____ |
|---|---|--|

Name of person completing form: John Avello

Date: 31/5/12

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

Job title: TEACHER

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## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-16354

## Entered By

Meatchem, Francesca Lucinda, s 47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

04/06/12

## Reported Time (24 hour HH:MM)

14:26

## Reported by Staff

Aiello, John Angelo, s 47(3)(f) Male, OneSchool Role, 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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

31/05/12

## Incident Time (24 hour HH:MM)

14:35

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity college middle/senior campus

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4226

## \* Summary of Incident

Student hit in head with ball

## Detailed Description of Incident

Student received a ball to the forehead while playing dodgeball.

## Immediate Action Taken



Ice to forehead/cold water to face

**Related Hazards**

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

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

Aiello, John Angelo, s.47(3)(b) Male, 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 College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID  
INJ-19861

Description  
Student received a ball to forehead while playing dodgeball.

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

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### Actions

##### Actions

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

#### Case Notes

##### Case Notes

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



## Incident

Incident Record		
<b>*Required Fields</b>		
<b>Incident ID (generated on save)</b> INC-17642	<b>Entered By</b> Meatchem, Francesca Lucinda, s.47(3)(f) Female, O Teacher Aide, Varsity College	
<b>Incident Status</b> Submitted		
<b>Reporting Details</b>		
<b>* Reported Date</b> 08/06/12	<b>Reported Time (24 hour HH:MM)</b> 14:47	
<b>Reported by Staff</b> Baddeley, Catherine Elizabeth, s.47(3)(f) Female, OneSchool Role, Snr- General, Varsity College	<b>Reported by Student</b>	
<b>Reported by Other Person</b>	<b>Type of Other Person</b>	
<b>Other Person Address 1</b>		
<b>Other Person Address 2</b>		
<b>Other Person Suburb</b>	<b>Other Person State (eg. QLD)</b>	<b>Other Person Post</b>
<b>Other Person Phone Number</b>	<b>Other Person Employer</b>	
<b>Reported To</b>		
<b>Incident Details</b>		
<b>* Incident Date</b> 08/06/12	<b>Incident Time (24 hour HH:MM)</b>	
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		
<b>* Departmental Incident Location or Base Location</b> Varsity College		
<b>Non-Departmental Incident Location</b>		
<b>* Actual Incident Address 1</b> 198 Varsity Parade		
<b>Actual Incident Address 2</b>		
<b>* Suburb</b> Varsity Lakes	<b>* State (eg. QLD)</b> QLD	<b>Post Code</b> 4226
<b>* Summary of Incident</b> Student kicked in leg		
<b>Detailed Description of Incident</b> s.47(3)(f) was kicked by another player in the attempt to kick the ball, s.47(3)(f) felt a crack when it occurred, he was carried from the pitch as he was unable to put pressure or move his leg. He was given ice and parents were called.		
<b>Immediate Action Taken</b>		



Brought to middle office and ice applied to injury

#### Related Hazards

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

#### \* Supervising Officer

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

Szekeres, Susan, s.47(3)(f) Female, Adm Officer, OneSchool Role, Varsity College

#### Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(f), Male, OneSchool Role, Youth Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☐ Yes ☒ No

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

Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-16358	Student accidentally kicked by another player, felt a crack (knee), carried from pitch, unable to put pressure or move his leg.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Publi</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☐ No

Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required ☒

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

☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### 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



8NJ-16150  
3NC-17433

# ONLINE 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 Jm

**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:** 15/6/12

**Reported Time (24Hour HH:mm):** 11:15

\* **Reported by:** - (NOTE at least one 'reported by' field must be populated)

(✓ please tick)

☒ Staff

☐ Student

☐ Other person

Given Name:

STEPHEN

Surname:

O'BRIEN

EQ ID (if known):

Type of other Person

☐ Client

☐ Contractor

☐ Parent

☐ Visitor

☐ Volunteer

☐ Other

Address:

Suburb:

Postcode:

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:** 15/6/12

\* **Time incident Occurred:** (24 hour hh:mm)

11:15

\* **Location of Incident:** Where the Incident occurred

Departmental Location/Base Location

VARSITY COLLEGE

Name of Facility

GCCC PLAYGROUND

Actual Incident Address: (Street Address of any non-DET location)

VARSITY COLLEGE, ASSEMBLY DRIVE, VARSITY LAKES @ 4227

\* **Summary/Description of Incident:**

Student fell off swing, landing on left shoulder  
has bruising & strained her collarbone.

\* **Immediate Action Taken:**

☐ Nil -

(Returned to work/class)

☒ First Aid

(on site by staff)

☐ Ambulance attended

☐ Doctor/Out Patients

(medical treatment)

☐ Hospitalisation

Who provided First Aid? (name)

Monitoring and assessment of injury

If First Aid - what first aid was provided?

Stephen O'Brien & Craig Hodges

**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')

Continual review of processes for safe use of new playground

\* **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)

CRAIG HODGES

## 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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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

☐ Electrical

☐ Security Threat

☐ Motor Vehicle

☐ Fire

☐ Environmental

☐ Property/Plant/Equipment

☐ Near Miss

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Did this incident occur during a journey to or from 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 reported pain in left shoulder. Parents took student to doctor*

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: **s.47(3)(b) - Contran**

Given Name: **s.47(3)(b) - Contrary**

Type of other Person

Address:

☐ Client

☐ Contractor

☐ Parent

☐ Visitor

☐ Volunteer

☐ Other

Suburb:

Postcode:

(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: *Varsity College - Secondary Campus*

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): *N/A*

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**

☐ 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

☐ 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

☐ Arms

☐ Abdomen/Stomach

☐ Spine

☐ Burn/Scald

☐ Poisoning

☐ Condition

☐ Elbows

☐ Hips

☐ Psychological

☐ Fracture

☐ Respiratory

☐ Other \_\_\_\_\_

☒ 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

☐ Contact with, or striking against object

☐ Muscular effort – single event

☐ Biological

☐ Vibration

☐ Electricity

☐ Psychological

☐ 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

☐ 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

☐ Curriculum Theory

☒ Play (supervised/unsupervised)

☐ Other \_\_\_\_\_

☐ Playground Duty

☐ Restraining a students

☐ Equipment Usage

Name of person completing form: *STEPHEN O'BRIEN*

Date: *15/6/12*

Signature: *[Signature]*

Job title: *PRINCIPAL MIDOCK*



## Incident

Incident Record

## \*Required Fields


## Incident ID (generated on save)

INC-17433

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted 

## Reporting Details

## \* Reported Date

18/06/12

## Reported Time (24 hour HH:MM)

15:54

## Reported by Staff

O'Brien, Stephen John, s.47(3)(f) Male, Head of Campus, OneSchool  
Role, 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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

15/06/12

## Incident Time (24 hour HH:MM)

11:15

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Assembly Drive

## Actual Incident Address 2

## \* Suburb

varsity Lakes

## \* State (eg. QLD)

Qld

## Post Code

4226

## \* Summary of Incident

Possible broken collarbone

## Detailed Description of Incident

Student fell off swing landing on left shoulder. She has bruising and has strained her collarbone.

## Immediate Action Taken



Phoned parents and Mum came to collect and took her to the doctors. She was not moved and was monitored by Craig Hodges and Stephen O'Brien

#### Related Hazards

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

#### \* Supervising Officer

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

Szekeres, Susan, s.47(3)(f) Female, Adm Officer, OneSchool Role, Varsity College

#### Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☐ Yes ☒ No

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

#### Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-16150	Student fell off swing landing on left shoulder. She has bruising and has strained her collarbone.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☐ No

#### Incident Review

#### Review Incident Classification

#### Incident Classification (generated on save)

B - Investigation is Required

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

☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### 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



# 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:** 19/6/12 **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: s.47(3)(b) - Contra	Surname: s.47(3)(b) - Contra	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public Interest			
Suburb: s.47(3)(b) - Contrary to	Postcode: s.47(3)(b) - C		
Phone: (M) (W) (H) s.47(3)(b) - Contrary to			
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 School Oval	Name of Facility Varsity College
Actual Incident Address: (Street Address of any non-DET location) Assembly drive Varsity Lakes	

\* **Summary/Description of Incident:**

My leg got kicked upwards while playing soccer so now i've got ~~some~~ sprained toes.

\* **Immediate Action Taken:**

<input type="checkbox"/> Nil - (Returned to work/class)	<input type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input checked="" type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name) Susan Szeh?				
If First Aid - what first aid was provided? Ice				

**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:**

Cheryll Gardner  
(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)  
Craig Hodges

## 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 individual sub-form for completion

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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)

Sprained toes after being kicked on the school oval  
Went to doctors - 1 toe sprained

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contra	Given Name: s.47(3)(b) - C	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public Interest		
Suburb: s.47(3)(b) - Contrary	Postcode: s.47(3)(b) - Con	

(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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury - Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury - Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

**Bodily Location (main injury) - select one**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Face        | <input type="checkbox"/> Hands           | <input type="checkbox"/> Knees              |
| <input type="checkbox"/> Head        | <input type="checkbox"/> Wrists          | <input type="checkbox"/> Foot/Feet          |
| <input type="checkbox"/> Eyes        | <input type="checkbox"/> Back            | <input checked="" type="checkbox"/> Toes    |
| <input type="checkbox"/> Ears        | <input type="checkbox"/> Mouth           | <input type="checkbox"/> Ankles             |
| <input type="checkbox"/> Nose        | <input type="checkbox"/> Chest           | <input type="checkbox"/> Skin               |
| <input type="checkbox"/> Tooth/Teeth | <input type="checkbox"/> Fingers         | <input type="checkbox"/> Respiratory System |
| <input type="checkbox"/> Neck        | <input type="checkbox"/>                 | <input type="checkbox"/> Internal Organs    |
| <input type="checkbox"/> Arms        | <input type="checkbox"/> Abdomen/Stomach | <input type="checkbox"/> Spine              |
| <input type="checkbox"/> Elbows      | <input type="checkbox"/> Hips            | <input type="checkbox"/> Psychological      |
| <input type="checkbox"/> Shoulders   | <input type="checkbox"/> Legs            | <input type="checkbox"/> Condition          |
|                                      | <input type="checkbox"/> Groin Area      | <input type="checkbox"/> Other _____        |

**Nature of Injury/Illness (main injury) - select one**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ache/Pain                | <input type="checkbox"/> Infection/Disease     | <input type="checkbox"/> Weld Flash      |
| <input type="checkbox"/> Cut/Laceration           | <input type="checkbox"/> Hearing Loss/Deafness | <input type="checkbox"/> Eye Disorder    |
| <input type="checkbox"/> Amputation               | <input type="checkbox"/> Psychological Stress  | <input type="checkbox"/> Foreign Body    |
| <input type="checkbox"/> Bite/Sting               | <input type="checkbox"/> Allergy               | <input type="checkbox"/> Head Injury     |
| <input type="checkbox"/> Bruise/Crush             | <input type="checkbox"/> Skin                  | <input type="checkbox"/> Internal Injury |
| <input type="checkbox"/> Dislocation              | <input type="checkbox"/> Irritation/Dermatitis | <input type="checkbox"/> Heart or        |
| <input checked="" type="checkbox"/> Sprain/Strain | <input type="checkbox"/> Heat/Cold Stress      | <input type="checkbox"/> Circulatory     |
| <input type="checkbox"/> Burn/Scald               | <input type="checkbox"/> Poisoning             | <input type="checkbox"/> Condition       |
| <input type="checkbox"/> Fracture                 | <input type="checkbox"/> Respiratory           | <input type="checkbox"/> Other _____     |
|   | <input type="checkbox"/> Puncture/Needlestick  |  |

**Cause of Injury/Illness - select one of the following**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Slip, Trip or Fall                          | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect                |
| <input checked="" type="checkbox"/> Contact with, or striking against object    | <input type="checkbox"/> Muscular effort - single event | <input type="checkbox"/> Biological                      |
| <input type="checkbox"/> Vibration  | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological                   |
| <input type="checkbox"/> Struck by falling or moving object                     | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle                         |
| <input type="checkbox"/> Noise  | <input type="checkbox"/> Radiation                      | <input checked="" type="checkbox"/> Other Kicked my foot |
| <input checked="" type="checkbox"/> Explosion or implosion (pressure variation) | <input type="checkbox"/> Chemical/Substance             |  |

**Contributing Factor / Agency - select one of the following**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                   | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input type="checkbox"/> Outdoor environment                         | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                          | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                     | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input checked="" type="checkbox"/> Human agencies                   | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg. playground)  | <input type="checkbox"/> Biological agent                            | <input type="checkbox"/> Other _____         |

**Activity - select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                      | <input checked="" type="checkbox"/> Sports            |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling        | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite   | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                   | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students         |   |
| <input type="checkbox"/> Equipment Usage   |   |   |

Name of person completing form: s.47(3)(b) - Contrary to Public Interest

Date: 19/06/12

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

Job title: \_\_\_\_\_



## Incident

Incident Record

## \*Required Fields

Incident ID (generated on save)

INC-18188

Entered By

Meatchem, Francesca Lucinda, s.47(3)(b) Female, O  
Teacher Aide, Varsity College

Incident Status

Submitted

## Reporting Details

\* Reported Date

19/06/12

Reported Time (24 hour HH:MM)

13:43

Reported by Staff

Reported by Student

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

Reported by Other Person

Type of Other Person

Other Person Address 1

Other Person Address 2

Other Person Suburb

Other Person State (eg. QLD)

Other Person Post

Other Person Phone Number

Other Person Employer

Reported To

## Incident Details

\* Incident Date

19/06/12

Incident Time (24 hour HH:MM)

02:30

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

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

\* Departmental Incident Location or Base Location

Varsity College

Non-Departmental Incident Location

\* Actual Incident Address 1

Varsity College Middle School

Actual Incident Address 2

Assembly Drive

\* Suburb

Varsity lakes

\* State (eg. QLD)

QLD

Post Code

4226

\* Summary of Incident

Possible sprained toes

Detailed Description of Incident

Students foot got kicked upwards while playing soccer and toes got injured.

Immediate Action Taken

Ice and leg elevated



**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**

Gardner, Cheryl Elizabeth, s.47(3)(f) Female, Bus Serv Manager, OneSchool Role, Varsity College

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

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

☒ Yes ☒ No

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

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
INJ-16887	Students foot got kicked upwards while playing soccer and toes got injured.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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


\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

**Review Incident Classification**

**Incident Classification (generated on save)**

C - Investigation is Optional 

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

☒ Yes ☒ No

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



## Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

## Details of Further Actions

--

## Further Actions Undertaken By

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

## Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

## Additional People to Notify

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

## 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



INC-18183  
INJ-16878

# 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: 22/6/12 Reported Time (24Hour HH:mm): 14:30 hrs

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: SUSAN	Surname: SZEKAROS	EQ ID (if known): s.47(3)(b) - Contrary to	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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: 22/6/12 \* Time incident Occurred: (24 hour hh:mm) 14:30 hrs

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location: VARSITY COLLEGE, Middle School	Name of Facility: Varsity Oval
Actual Incident Address: (Street Address of any non-DET location) ASSEMBLY DRIVE, VARSITY LAKES	

\* Summary/Description of Incident:

Injured finger playing ball.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input checked="" type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name): Susan Szekaros				
If First Aid - what first aid was provided?: Ice				

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')

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) CRAIG HODGES

## EVACUATION DETAILS

Did an evacuation occur? ☐ Yes ☒ No Did a lockdown occur? ☐ Yes ☒ No

Location/s involved: N/A

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 is 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.

<input checked="" type="checkbox"/> Injury/Illness <input type="checkbox"/> Electrical <input type="checkbox"/> Security Threat	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire <input type="checkbox"/> Environmental	<input type="checkbox"/> Property/Plant/Equipment <input type="checkbox"/> Near Miss
---	---	---

RTI application 340/53026 - Varsity College - Document 82 of 269



Did this incident occur during a journey to or from 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)

Ball bent finger backwards. [redacted] Finger had massive swelling & bruising spreading into palm of hand. Ligament damage

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

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

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

Address:

Suburb:

Postcode:

Type of other Person  
☐ Client  
☐ Contractor  
☐ Parent  
☐ Visitor  
☐ 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: VARSITY COLLEGE

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): N/A

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)

☐ Serious Bodily Injury - Non Fatality (Class A)

☐ Work Caused Injury (Class A)

☐ Psychological Illness (Class P)

☐ Bodily Injury (Class B)

☐ Workcover Journey/Recess Claim (Class C)

☒ Minor Injury or Incident (Class C)

**Bodily Location (main 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

☐ Knees  
☐ Foot/Feet  
☐ Toes  
☐ Ankles  
☐ Skin  
☐ Respiratory System  
☐ Internal Organs  
☐ Spine  
☐ Psychological  
Condition  
☐ Other \_\_\_\_\_

**Nature of Injury/Illness (main injury) - select one**

☐ Ache/Pain  
☐ Cut/Laceration  
☐ Amputation  
☐ Bite/Sting  
☒ Bruise/Crush  
☐ Dislocation  
☐ Sprain/Strain  
☐ Burn/Scald  
☐ Fracture

☐ Infection/Disease  
☐ Hearing Loss/Deafness  
☐ Psychological Stress  
☐ Allergy  
☐ Skin  
Irritation/Dermatitis  
☐ Heat/Cold Stress  
☐ Poisoning  
☐ Respiratory  
☐ Puncture/Needlestick

☐ Weld Flash  
☐ Eye Disorder  
☐ Foreign Body  
☐ Head Injury  
☐ Internal Injury  
☐ Heart or  
Circulatory  
Condition  
☐ Other \_\_\_\_\_

**Cause of Injury/Illness - 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

☐ Animal or insect  
☐ Biological  
☐ Psychological  
☐ Vehicle  
☐ Other \_\_\_\_\_

**Contributing Factor / Agency - 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 Objects (eg. projectors, splinters)  
☒ Outdoor environment  
☐ Indoor environment  
☐ Animals  
☐ Human agencies  
☐ Biological agent

☐ Needlestick  
☐ Fire/explosion  
☐ Electricity  
☐ Radiation/Arc Flash  
☐ Stress/Trauma  
☐ Temperature  
☐ Other \_\_\_\_\_

**Activity - select one of the following**

☐ Admin General  
☐ Chemical use  
☐ Computer work  
☐ Curriculum Prac  
☐ Curriculum Theory  
☐ Playground Duty  
☐ Equipment Usage

☐ First Aid  
☐ Lifting/Manual handling  
☐ Movement around the worksite  
☐ Grounds care  
☒ Play (supervised/unsupervised)  
☐ Restraining a students

☐ Sports  
☐ Travel to/from the workplace  
☐ Excursions/field trips  
☐ Work General  
☐ Other \_\_\_\_\_

Name of person completing form: Susan Szekeres

Date: 9/7/12

Signature: S. Szekeres

Job title: Facilities Manager



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-18183

## Entered By

Meatchem, Francesca Lucinda, s 47(3)( Female, O  
Teacher Aide, Varsity College

## Incident Status

Signed Off and Closed

## Reporting Details

## \* Reported Date

22/06/12

## Reported Time (24 hour HH:MM)

13:04

## Reported by Staff

Szekeres, Susan, s 47(3)( Female, Adm Officer, OneSchool Role,  
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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

22/06/12

## Incident Time (24 hour HH:MM)

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

Assembly Drive

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4227

## \* Summary of Incident

Injured finger

## Detailed Description of Incident

Injured finger by it getting bent backwards playing ball.

## Immediate Action Taken



Ice given

## Related Hazards

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

## \* Supervising Officer

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

Gardner, Cheryl Elizabeth, s.47(3)(b) Female, Bus Serv Manager, OneSchool Role, Varsity College

## Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

## Evacuation Details

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

## Locations Involved

Location
No Records

## Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☒ Yes ☒ No

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

Injury/Illness

## Injury/Illness

Injury/Illness ID  
INJ-16878Description  
Student injured finger by it getting bent backwards playing ball.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

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No

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

#### Person Responsible for Investigation

#### Reasons for Not Investigating

Investigation not required

File Attachments

#### File Attachment

Attached File	File Type	Date Loaded	File Uploader
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







applied ice and elevated

#### Related Hazards

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

#### \* Supervising Officer

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

Bartlett, Sharma Jade, s.47(3)(b) Female, OneSchool Role, Tch-Hlth&PhysEdn, Varsity College

#### Elected Workplace Health and Safety Representative

#### Evacuation Details

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☐ Yes ☒ No

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

#### Injury/Illness

#### Injury/Illness

Injury/Illness ID  
INO-17148

Description  
Swollen right ankle

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

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

☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

---

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### Actions

##### Actions

Due Date  
No Records

Action ID  
No Records

Action Title  
No Records

#### Case Notes

##### Case Notes

Date of Note  
No Records

Person Making Note  
No Records

Who was Spoken To  
No Records



# 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-17142  
INC-18460

**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:** 27/3/12. **Reported Time (24Hour HH:mm):** 10:10 am

\* **Reported by:** - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☐ Staff ☒ Student ☐ Other person

Given Name: s.47(3)(b) - Contr	Surname: s.47(3)(b) - Little	EQ ID (if known): s.47(3)(b) - Contr	<b>Type of other Person</b> <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public Interest			
Suburb: s.47(3)(b) - Contrary to	Postcode: s.47(3)(b) - C		
Phone: (M) s.47(3)(b) - Contrary to Pu	(H)		
Other person Employer:			

**Reported to:**  
(who was the first person informed of the incident, if known?)

## INCIDENT DETAILS

\* **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: Sports Hall.	Name of Facility: Varsity College.
Actual Incident Address: (Street Address of any non-DET location) Assembly Drive, Varsity Lakes	

\* **Summary/Description of Incident:**

Student got hit in shoulder area by another student throwing a plastic bat whilst batting in T-Ball Game.

\* **Immediate Action Taken:**

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		Middle Admin Staff		
If First Aid - what first aid was provided?		Ice.		

**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:** Craig Hodges.  
(WHSR if location has one)

## EVACUATION DETAILS

Did an evacuation occur? ☐ Yes ☒ No Did a lockdown occur? ☐ Yes ☒ No

Location/s involved:

## INCIDENT TYPES

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

RTI application 340/53026 - Varsity College - Document 90 of 269



Did this incident occur during a journey to or from 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)

Bruised right shoulder.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname:	s.47(3)(b) - C	Given Name:	s.47(3)(b) - Con	Type of other Person
Address:	s.47(3)(b) - Contrary to Public Interest			<input type="checkbox"/> Client
Suburb:		Postcode:	s.47(3)(b) - C	<input type="checkbox"/> Contractor
				<input type="checkbox"/> Parent
				<input type="checkbox"/> Visitor
				<input type="checkbox"/> Volunteer
				<input type="checkbox"/> Other

(NOTE: If more than one person was injured 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: s.47(3)(b) - Contrary to Public Interest - MG 02.

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Teacher.

Do you want to lodge a workcover claim for this incident? ☐ Yes ☒ No

<input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)	<input type="checkbox"/> Work Caused Injury (Class A)	<input type="checkbox"/> Bodily Injury (Class B)
<input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A)	<input type="checkbox"/> Psychological Illness (Class P)	<input type="checkbox"/> Workcover Journey/Recess Claim (Class C)
		<input checked="" type="checkbox"/> Minor Injury or Incident (Class C)

<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input checked="" type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	Abdomen/Stomach	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Hips	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Shoulders	<input type="checkbox"/> Legs	<input type="checkbox"/> Condition		<input type="checkbox"/> Puncture/ Needlestick	
	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____			

<input type="checkbox"/> Slip, Trip or Fall	<input type="checkbox"/> Repetitive movement	<input type="checkbox"/> Animal or insect
<input checked="" type="checkbox"/> Contact with, or striking against object	<input type="checkbox"/> Muscular effort – single event	<input type="checkbox"/> Biological
<input type="checkbox"/> Vibration	<input type="checkbox"/> Electricity	<input type="checkbox"/> Psychological
<input type="checkbox"/> Struck by falling or moving object	<input type="checkbox"/> Thermal (heat/cold)	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Noise	<input type="checkbox"/> Radiation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Chemical/Substance	

<input type="checkbox"/> Machinery and fixed plant	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Needlestick
<input type="checkbox"/> Mobile plant/machinery	<input type="checkbox"/> Foreign Objects (eg. projectors, splinters)	<input type="checkbox"/> Fire/explosion
<input type="checkbox"/> Vehicle (Government)	<input type="checkbox"/> Outdoor environment	<input type="checkbox"/> Electricity
<input type="checkbox"/> Vehicle (Private)	<input type="checkbox"/> Indoor environment	<input type="checkbox"/> Radiation/Arc Flash
<input type="checkbox"/> Powered equipment, tools and appliances	<input type="checkbox"/> Animals	<input type="checkbox"/> Stress/Trauma
<input type="checkbox"/> Non-powered tools	<input type="checkbox"/> Human agencies	<input type="checkbox"/> Temperature
<input type="checkbox"/> Non-powered equipment (eg. playground)	<input type="checkbox"/> Biological agent	<input checked="" type="checkbox"/> Other Plastic Bat

<input type="checkbox"/> Admin General	<input type="checkbox"/> First Aid	<input checked="" type="checkbox"/> Sports
<input type="checkbox"/> Chemical use	<input type="checkbox"/> Lifting/Manual handling	<input type="checkbox"/> Travel to/from the workplace
<input type="checkbox"/> Computer work	<input type="checkbox"/> Movement around the worksite	<input type="checkbox"/> Excursions/field trips
<input type="checkbox"/> Curriculum Prac	<input type="checkbox"/> Grounds care	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Play (supervised/unsupervised)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Restraining a students	
<input type="checkbox"/> Equipment Usage		

Name of person completing form: Julie Little Date: 27/3/12.  
Signature: J. Little Job title: Physical Education Teacher.



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-18460

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(b) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

27/03/12

## Reported Time (24 hour HH:MM)

10:10

## Reported by Staff

Little, Julie Adele, s.47(3)(b) Female, OneSchool Role, 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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* 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

## \* 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

## \* State (eg. QLD)

QLD

## Post Code

4226

## \* Summary of Incident

Bruised right shoulder

## Detailed Description of Incident

s.47(3) got hit in shoulder area by another student throwing a plastic bat whilst batting in T-ball game.

## Immediate Action Taken



Ice given

**Related Hazards**

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

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

Gardner, Cheryl Elizabeth, s 47(3)(f) Female, Bus Serv Manager, OneSchool Role, Varsity College

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s 47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No**Locations Involved**

Location
No Records

**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☒ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.**

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
INJ-17142	Student hit in shoulder area by another student throwing a plastic bat whilst batting in T-ball game.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

**\* Submit Incident Record for review?**☒ Yes ☒ No

Incident Review

**Review Incident Classification****Incident Classification (generated on save)**☒ C - Investigation is Optional

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

---

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### Actions

#### Actions

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

#### Case Notes

#### Case Notes

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



## Incident

## Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-11937

## Entered By

Firth, Wendy Christine, s 47(3) Female, OneSchool Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

28/03/12

## Reported Time (24 hour HH:MM)

08:28

## Reported by Staff

Harriott, Stephen Ronald, s 47(3) Male, HOD-Prac Arts, OneSchool Role, 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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

23/03/12

## Incident Time (24 hour HH:MM)

01:00

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

198 Varsity Parade

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

Qld

## Post Code

4227

## \* Summary of Incident

Landed awkwardly on right ankle after performing lay-up playing basketball.

## Detailed Description of Incident

s.47(1) was playing basketball, after she performed a layup, she fell awkwardly on her right ankle.

## Immediate Action Taken



### Related Hazards

\* Supervising Officer

Harriott, Stephen Ronald, s.47(3)( Male, HOD-Prac Arts, OneSchool  
Role, Varsity College

Hodges, Craig Wayne,	s.47(3)(	Male, OneSchool Role, Youth Worker, Varsity College
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https://mylib.ualberta.ca/40/5/3026-LATE%20of%20print%20be%20ident 28/08/2013



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### Actions

##### Actions

Due Date  
No Records

Action ID  
No Records

Action Title  
No Records

#### Case Notes

##### Case Notes

Date of Note  
No Records

Person Making Note  
No Records

Who was Spoken To  
No Records



# 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-18120  
INC-19495

**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

30/7/12 J.M

Given Name: <b>SHERYL</b>	Surname: <b>ALEXANDER</b>	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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:** **25/7/12** \* **Time incident Occurred:** (24 hour hh:mm) **11:15 am**

\* **Location of Incident:** Where the Incident occurred

Departmental Location/Base Location	Name of Facility <b>School Oval</b>
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:**

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		<b>S. Alexander and J. Moore</b>		
If First Aid - what first aid was provided?		<b>Ice and support from male teacher to move.</b>		

**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')

*students ran 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)

(->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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Other	

RTI application 340/5/3026 - Varsity College - Document 98 of 269



Did this incident occur during a journey to or from 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 collided with another student on the oval and fell on his shoulder.*

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: <span style="border: 1px solid red; padding: 2px;">s.47(3)(b) - Contrary to Public</span>	Given Name: <span style="border: 1px solid red; padding: 2px;">s.47(3)(b) -</span>	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: _____		
Suburb: _____	Postcode: _____	

(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: Varsity College

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Teacher

Do you want to lodge a workcover claim for this incident? ☐ Yes ☒ No

**INJURY/ILLNESS CLASSIFICATION – Select one of the following**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
|   |  | <input type="checkbox"/> Minor Injury or Incident (Class C)       |

Bodily Location (main injury) – select one			Nature of Injury/Illness (main injury) – select one		
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input checked="" type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	Abdomen/Stomach	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Hips	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Shoulders	<input type="checkbox"/> Legs	Condition		<input type="checkbox"/> Puncture/Needlestick	
	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____			

**Cause of Injury/Illness – select one of the following**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Slip, Trip or Fall               | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input type="checkbox"/> Contact with, or striking against object    | <input type="checkbox"/> Muscular effort – single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration                                   | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input type="checkbox"/> Struck by falling or moving object          | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise                                       | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation) | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency – select one of the following**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals  | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg. projectors, splinters)      | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input type="checkbox"/> Outdoor environment                              | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                               | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals  | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input checked="" type="checkbox"/> Human agencies <i>another student</i> | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg. playground)  | <input type="checkbox"/> Biological agent                                 | <input type="checkbox"/> Other _____         |

**Activity – select one of the following**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                                 | <input type="checkbox"/> Sports                       |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling                   | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite              | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                              | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input checked="" type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students                    |   |
| <input type="checkbox"/> Equipment Usage   |  |   |

Name of person completing form: Sheryl Alexander Date: 27/6/12

Signature: Alexander Job title: Teacher



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-19495

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(b) Female, O  
Teacher Aide, Varsity College

## Incident Status

Signed Off and Closed

## Reporting Details

## \* Reported Date

25/07/12

## Reported Time (24 hour HH:MM)

11:15

## Reported by Staff

Alexander, Sheryl Leanne, s.47(3)(b) Female, OneSchool Role, Tch-  
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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

25/07/12

## Incident Time (24 hour HH:MM)

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4226

## \* Summary of Incident

Students collided with each other

## Detailed Description of Incident

s.47(3)(b) an into collided with another student on the oval and s.47(3)(b) fell on his shoulder. The teacher(Sheryl Alexander did not witness the fall but saw s.47(3)(b) on the ground in pain and upset. Joel Moore (teacher) also assisted.

## Immediate Action Taken



Ice and help from teacher (Joel) to carry s.47 to the office.

**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**

Alexander, Sheryl Leanne, s.47(3)(b) Female, OneSchool Role, Tch-Maths/Sci, Varsity College

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

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

☐ Yes ☒ No

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

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
INJ-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 Workplace Health and Safety Queensland (WHSQ)?

☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☒

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No

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

#### Person Responsible for Investigation

#### Reasons for Not Investigating

File Attachments

#### File Attachment

Attached File	File Type	Date Loaded	File Uploader
No Records	No Records	No Records	No

Actions

#### Actions

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

Case Notes

#### Case Notes

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



# 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

Given Name: <u>Vanessa</u>	Surname: <u>Crimmins</u>	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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) 14:00

\* **Location of Incident:** Where the Incident occurred School Basketball Court

Departmental Location/Base Location	Name of Facility
Actual Incident Address: (Street Address of any non-DET location) <u>Assembly Drive, Varsity Lakes.</u>	

\* **Summary/Description of Incident:**

s.47(3)(b) - was playing Hockey on basketball courts when he tripped over his feet and his head made contact with ground

\* **Immediate Action Taken:**

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)				
If First Aid - what first aid was provided?		<u>Band-aids and ice compress on swelling</u>		

**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 individual sub-form for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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)

Skin grazed on knees, forehead and nose after student fell on to his face.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person

Surname: s.47(3)(b) - Contrary to Public Int	Given: s.47(3)(b) - Contrary to P	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

Bodily Location (main injury) – select one			Nature of Injury/Illness (main injury) – select one		
<input checked="" type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input checked="" type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	<input type="checkbox"/> Hips	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input checked="" type="checkbox"/> Legs	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Condition		<input type="checkbox"/> Puncture/Needlestick	
		<input type="checkbox"/> Other _____			

**Cause of Injury/Illness – select one of the following**

<input checked="" type="checkbox"/> Slip, Trip or Fall	<input type="checkbox"/> Repetitive movement	<input type="checkbox"/> Animal or insect
<input type="checkbox"/> Contact with, or striking against object	<input type="checkbox"/> Muscular effort – single event	<input type="checkbox"/> Biological
<input type="checkbox"/> Vibration	<input type="checkbox"/> Electricity	<input type="checkbox"/> Psychological
<input type="checkbox"/> Struck by falling or moving object	<input type="checkbox"/> Thermal (heat/cold)	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Noise	<input type="checkbox"/> Radiation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Chemical/Substance	

**Contributing Factor / Agency – select one of the following**

<input type="checkbox"/> Machinery and fixed plant	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Needlestick
<input type="checkbox"/> Mobile plant/machinery	<input type="checkbox"/> Foreign Objects (eg. projectors, splinters)	<input type="checkbox"/> Fire/explosion
<input type="checkbox"/> Vehicle (Government)	<input type="checkbox"/> Outdoor environment	<input type="checkbox"/> Electricity
<input type="checkbox"/> Vehicle (Private)	<input type="checkbox"/> Indoor environment	<input type="checkbox"/> Radiation/Arc Flash
<input type="checkbox"/> Powered equipment, tools and appliances	<input type="checkbox"/> Animals	<input type="checkbox"/> Stress/Trauma
<input type="checkbox"/> Non-powered tools	<input checked="" type="checkbox"/> Human agencies	<input type="checkbox"/> Temperature
<input type="checkbox"/> Non-powered equipment (eg. playground)	<input type="checkbox"/> Biological agent	<input type="checkbox"/> Other _____

**Activity – select one of the following**

<input type="checkbox"/> Admin General	<input type="checkbox"/> First Aid	<input checked="" type="checkbox"/> Sports
<input type="checkbox"/> Chemical use	<input type="checkbox"/> Lifting/Manual handling	<input type="checkbox"/> Travel to/from the workplace
<input type="checkbox"/> Computer work	<input type="checkbox"/> Movement around the worksite	<input type="checkbox"/> Excursions/field trips
<input checked="" type="checkbox"/> Curriculum Prac	<input type="checkbox"/> Grounds care	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Play (supervised/unsupervised)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Restraining a students	
<input type="checkbox"/> Equipment Usage		

Name of person completing form: Vanessa Crimmins Date: 31-7-12

Signature: [Signature] Job title: Teacher



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-19682

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

31/07/12

## Reported Time (24 hour HH:MM)

02:30

## Reported by Staff

Crimmins, Vanessa Louise, s.47(3)(f) Female, 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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

31/07/12

## Incident Time (24 hour HH:MM)

02:35

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4226

## \* Summary of Incident

Grazing to face, knees and forehead

## Detailed Description of Incident

s.47 was playing hockey on basketball courts when he tripped over his feet and hit his head on the ground.

## Immediate Action Taken



Brought over to the middle office for first aid and parent phoned to pick up

#### Related Hazards

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

#### \* Supervising Officer

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

Crimmins, Vanessa Louise, s.47(3) Female, Tch-General, 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?

☒ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-18291	Student playing hockey on basketball courts when he tripped over his feet and hit his head on the ground.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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



# 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

INC-14161  
INJ-18368

**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

Given Name: Helena	Surname: Kavacevic	EQ ID (if known): s.47(3)(b) - Contrary to P	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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) 14:50

\* Location of Incident: Where the Incident occurred Multipurpose Courts:

Departmental Location/Base Location	Name of Facility
Actual Incident Address: (Street Address of any non-DET location)	

\* Summary/Description of Incident:

Hockey-injured student was bending forward, & was struck above the eye by a hockey stick.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)				
If First Aid - what first aid was provided?		Ice on swelling		

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 individual 'sub-form' to complete.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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)

Swelling above right eye, (at eye brow) after being struck with hockey stick.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person

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

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

Address:

Suburb:

Postcode:

Type of other Person

☐ Client

☐ Contractor

☐ Parent

☐ Visitor

☐ 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

**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**

☒ 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/Feet

☐ Toes

☐ Ankles

☐ Skin

☐ Respiratory System

☐ Internal Organs

☐ Spine

☐ Psychological

Condition

☐ Other

**Nature of Injury/Illness (main injury) – select one**

☐ Ache/Pain

☐ Cut/Laceration

☐ Amputation

☐ Bite/Sting

☒ Bruise/Crush

☐ Dislocation

☐ Sprain/Strain

☐ Burn/Scald

☐ Fracture

☐ Infection/Disease

☐ Hearing Loss/Deafness

☐ Psychological Stress

☐ Allergy

☐ Skin

Irritation/Dermatitis

☐ Heat/Cold Stress

☐ Poisoning

☐ Respiratory

☐ Puncture/Needlestick

☐ Weld Flash

☐ Eye Disorder

☐ Foreign Body

☐ Head Injury

☐ Internal Injury

☐ Heart or

Circulatory

Condition

☐ Other

**Cause of Injury/Illness – 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

☐ Animal or insect

☐ Biological

☐ Psychological

☐ Vehicle

☐ Other

**Contributing Factor / Agency – 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 Objects (eg. projectors, splinters)

☒ Outdoor environment

☐ Indoor environment

☐ Animals

☐ Human agencies

☐ Biological agent

☐ Needlestick

☐ Fire/explosion

☐ Electricity

☐ Radiation/Arc Flash

☐ Stress/Trauma

☐ Temperature

☐ Other

**Activity – select one of the following**

☐ Admin General

☐ Chemical use

☐ Computer work

☐ Curriculum Prac

☐ Curriculum Theory

☐ Playground Duty

☐ Equipment Usage

☐ First Aid

☐ Lifting/Manual handling

☐ Movement around the worksite

☐ Grounds care

☐ Play (supervised/unsupervised)

☐ Restraining a students

☒ Sports

☐ Travel to/from the workplace

☐ Excursions/field trips

☐ Work General

☐ Other

Name of person completing form:

Helena Kovacevic

Date:

27/7/12 31/7/12

Signature:

Helena Kovacevic

Job title:

Teacher



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-19761

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(b) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

31/07/12

## Reported Time (24 hour HH:MM)

02:50

## Reported by Staff

Kovacevic, Helena Maryanne, s.47(3)(b) Female, OneSchool Role, Tch-  
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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

Kovacevic, Helena Maryanne, s.47(3)(b) Female, OneSchool Role, Tch-Maths/Sci, Varsity College

## Incident Details

## \* Incident Date

31/07/12

## Incident Time (24 hour HH:MM)

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

## \* Suburb

Varsity lakes

## \* State (eg. QLD)

QLD

## Post Code

4226

## \* Summary of Incident

Swelling above right eye

## Detailed Description of Incident

s.47(3)(b) was bending forward and was struck above the eye by a hockey stick.

## Immediate Action Taken



Brought over to the office and ice applied to the swelling eye.

#### 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

Kovacevic, Helena Maryanne, s.47(3)(b) Female, OneSchool Role, Tch-Maths/Sci, Varsity College

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

#### Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☒ Yes ☐ No

Did a lockdown occur?

☒ Yes ☐ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

☒ Yes ☐ No

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

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

Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-18368	Student bending forward and was struck above the eye by a hockey stick.	<span style="border: 1px solid red; padding: 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☐ No

Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

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

☒ Yes ☐ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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



# 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: 31 7 2012 Reported Time (24Hour HH:mm): 14:35

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: <u>Cardyn</u>	Surname: <u>Mills</u>	EO ID (if known): <u>s.47(3)(b) - Contrary</u>	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: <u>s.47(3)(b) - Contrary to Public Interest</u>			
Suburb: <u>s.47(3)(b) - Contrary to Public Interest</u>		Postcode: <u>s.47(3)(b) - C</u>	
Phone: (M) _____	(W) <u>s.47(3)(b) - Con</u>	(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 <u>1759</u>	Name of Facility <u>Varsity College</u>
Actual Incident Address: (Street Address of any non-DET location) <u>Varsity College Oval</u>	

\* Summary/Description of Incident:

s.47(3)(b) - Co was hit on the right side of her face by a soccer ball that was kicked at close range by another student.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name) <u>Susan Szekeres</u>				
If First Aid - what first aid was provided? <u>Ice Applied, student monitored for dizziness, blurred vision, etc.</u>				

Was a hazard identified as a result of the incident: ☐ Yes (please provide hazard details below) ☒ No - Accidental.  
(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: Craig Hodge s.  
(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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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)

Bruised right cheek following being hit in the face with a soccer ball on the school oval. Didn't go to doctor.

\* The injured Person's Details (select one box only)

(✓ please tick) ☐ Staff ☒ Student ☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Cont	Given Name: s.47(3)(b) - Contrary to Pu	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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: Varsity College Senior Campus

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Teacher

Do you want to lodge a workcover claim for this incident? ☐ Yes ☒ No

**INJURY/ILLNESS CLASSIFICATION – Select one of the following**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

Bodily Location (main injury) – select one			Nature of Injury/Illness (main injury) – select one		
<input checked="" type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input checked="" type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	<input type="checkbox"/> Hips	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Legs	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Condition		<input type="checkbox"/> Puncture/Needlestick	
		<input type="checkbox"/> Other _____			

**Cause of Injury/Illness – select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Slip, Trip or Fall                                  | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input checked="" type="checkbox"/> Contact with, or striking against object | <input type="checkbox"/> Muscular effort – single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration   | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input type="checkbox"/> Struck by falling or moving object                  | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise   | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation)         | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency – select one of the following**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                   | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input type="checkbox"/> Outdoor environment                         | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                          | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                     | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input checked="" type="checkbox"/> Human agencies                   | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg. playground)  | <input type="checkbox"/> Biological agent                            | <input type="checkbox"/> Other _____         |

**Activity – select one of the following**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                                 | <input checked="" type="checkbox"/> Sports            |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling                   | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite              | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                              | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input checked="" type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students                    |   |
| <input type="checkbox"/> Equipment Usage   |  |   |

Name of person completing form: Carolyn Mills Date: 1.8.2012

Signature: C. Mills Job title: Teacher



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-19770

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

31/07/12

## Reported Time (24 hour HH:MM)

14:35

## Reported by Staff

Mills, Carolyn May, s.47(3)(f) Female, EST-General, OneSchool Role,  
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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

Mills, Carolyn May, s.47(3)(f) Female, EST-General, OneSchool Role, Varsity College

## Incident Details

## \* Incident Date

31/07/12

## Incident Time (24 hour HH:MM)

14:35

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

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

## \* Departmental Incident Location or Base Location

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

## Post Code

4213

## \* Summary of Incident

Bruised right cheek

## Detailed Description of Incident

s.47(3)(f) was hit on the right side of her face by a soccer ball that was kicked at close range by another student.

## Immediate Action Taken



Brought to middle admin and ice applied to cheek. Parent was phoned to collect and teacher monitored s.47(3) until Mum arrived for dizziness and blurred vision.

#### 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

Mills, Carolyn May, s.47(3)(f) Female, EST-General, OneSchool Role, Varsity College

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

#### Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

☒ Yes ☒ No

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

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

#### Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-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) - Contrary to F

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

#### Review Incident Classification

#### Incident Classification (generated on save)

C - Investigation is Optional

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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



# 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: 3/8/12 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: Virginia	Surname: Lucente	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public Interest			
Suburb: s.47(3)(b) - Contrary to Public Interest		Postcode: s.47(3)(b) - Contrary to Public Interest	
Phone: s.47(3)(b) - Contrary to Public Interest		(H)	
Other person Employer:			

Reported to:

(who was the first person informed of the incident, if known?)

## INCIDENT DETAILS

\* Date of Incident: 3/8/12 \* Time incident Occurred: (24 hour hh:mm) 12:30

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location: Oval	Name of Facility: Varsity College
Actual Incident Address; (Street Address of any non-DET location): 198 Varsity Rd, Varsity Lakes.	

\* Summary/Description of Incident:

The students were warming up and jogging around the oval. s.47(3)(b) tripped and fell down. She was sent to sick bay. Ice supplied and mother contacted.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input checked="" type="checkbox"/> Hospitalisation
Who provided First Aid? (name): Wendy Firth				
If First Aid - what first aid was provided?: 3ce & phoned Mum				

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')

Student not paying enough attention.

\*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, HOSSES, 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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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)

Soft tissue damage to area around elbow (informed by parent, xray taken, no fracture found).

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☐ Student

☐ Other person

Surname: s.47(3)(b) - Contrary to Public Interest	Given Name: s.47(3)(b) - Contrary to Public Interest	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury - Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury - Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

**Bodily Location (main injury) - select one**

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Face              | <input type="checkbox"/> Hands      | <input type="checkbox"/> Knees              |
| <input type="checkbox"/> Head              | <input type="checkbox"/> Wrists     | <input type="checkbox"/> Foot/Feet          |
| <input type="checkbox"/> Eyes              | <input type="checkbox"/> Back       | <input type="checkbox"/> Toes               |
| <input type="checkbox"/> Ears              | <input type="checkbox"/> Mouth      | <input type="checkbox"/> Ankles             |
| <input type="checkbox"/> Nose              | <input type="checkbox"/> Chest      | <input type="checkbox"/> Skin               |
| <input type="checkbox"/> Tooth/Teeth       | <input type="checkbox"/> Fingers    | <input type="checkbox"/> Respiratory System |
| <input type="checkbox"/> Neck              | <input type="checkbox"/>            | <input type="checkbox"/> Internal Organs    |
| <input type="checkbox"/> Arms              | Abdomen/Stomach                     | <input type="checkbox"/> Spine              |
| <input checked="" type="checkbox"/> Elbows | <input type="checkbox"/> Hips       | <input type="checkbox"/> Psychological      |
| <input type="checkbox"/> Shoulders         | <input type="checkbox"/> Legs       | Condition                                   |
|  | <input type="checkbox"/> Groin Area | <input type="checkbox"/> Other _____        |

**Nature of Injury/Illness (main injury) - select one**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ache/Pain      | <input type="checkbox"/> Infection/Disease     | <input type="checkbox"/> Weld Flash      |
| <input type="checkbox"/> Cut/Laceration | <input type="checkbox"/> Hearing Loss/Deafness | <input type="checkbox"/> Eye Disorder    |
| <input type="checkbox"/> Amputation     | <input type="checkbox"/> Psychological Stress  | <input type="checkbox"/> Foreign Body    |
| <input type="checkbox"/> Bite/Sting     | <input type="checkbox"/> Allergy               | <input type="checkbox"/> Head Injury     |
| <input type="checkbox"/> Bruise/Crush   | <input type="checkbox"/> Skin                  | <input type="checkbox"/> Internal Injury |
| <input type="checkbox"/> Dislocation    | Irritation/Dermatitis                          | <input type="checkbox"/> Heart or        |
| <input type="checkbox"/> Sprain/Strain  | <input type="checkbox"/> Heat/Cold Stress      | Circulatory                              |
| <input type="checkbox"/> Burn/Scald     | <input type="checkbox"/> Poisoning             | Condition                                |
| <input type="checkbox"/> Fracture       | <input type="checkbox"/> Respiratory           | <input type="checkbox"/> Other _____     |
|   | <input type="checkbox"/> Puncture/Needlestick  |  |

**Cause of Injury/Illness - select one of the following**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Slip, Trip or Fall               | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input type="checkbox"/> Contact with, or striking against object    | <input type="checkbox"/> Muscular effort - single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration                                   | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input type="checkbox"/> Struck by falling or moving object          | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise                                       | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation) | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency - select one of the following**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                   | <input type="checkbox"/> Needlestick   |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) | <input type="checkbox"/> Fire/explosion  |
| <input type="checkbox"/> Vehicle (Government)                    | <input type="checkbox"/> Outdoor environment                         | <input type="checkbox"/> Electricity   |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                          | <input type="checkbox"/> Radiation/Arc Flash   |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                     | <input type="checkbox"/> Stress/Trauma   |
| <input type="checkbox"/> Non-powered tools                       | <input type="checkbox"/> Human agencies                              | <input type="checkbox"/> Temperature   |
| <input type="checkbox"/> Non-powered equipment (eg. playground)  | <input type="checkbox"/> Biological agent                            | <input checked="" type="checkbox"/> Other <i>Student not paying enough attention</i> |

**Activity - select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                      | <input checked="" type="checkbox"/> Sports            |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling        | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite   | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                   | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students         |   |
| <input type="checkbox"/> Equipment Usage   |   |   |

Name of person completing form: *Virginia Lucente*

Date: *7/8/12*

Signature: *V. Lucente*

Job title: *Teacher*



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-20338

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

03/08/12

## Reported Time (24 hour HH:MM)

12:30

## Reported by Staff

Lucente, Virginia Stephenson, s.47(3)(f) Female, OneSchool Role, 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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

03/08/12

## Incident Time (24 hour HH:MM)

12:30

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

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

## \* Departmental Incident Location or Base Location

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

## Post Code

4213

## \* Summary of Incident

Tissue damage done to elbow

## Detailed Description of Incident

The students were warming up and jogging around the oval. s.47 tripped and fell down. She was sent to sick bay.

## Immediate Action Taken



Mother phoned immediately and ice supplied to elbow area.

**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**

Lucente, Virginia Stephenson, s.47(3)(f) Female, OneSchool Role, Tchg-  
General, Varsity College

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

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

☒ Yes ☒ No

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

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
INJ-18918	Student warming up and jogging around the oval, tripped and fell down. Elbow pain	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

**Review Incident Classification**

**Incident Classification (generated on save)**

C - Investigation is Optional \*

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### 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



# 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

Lath Baddeley  
INC-20091  
INS-1867

**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

Given Name:

Catherine

Surname:

Baddeley

EQ ID (if known):

Address:

Suburb:

Postcode:

Phone: (M)

(W)

(H)

Other person Employer:

Type of other Person

☐ Client

☐ Contractor

☐ Parent

☐ Visitor

☐ Volunteer

☐ Other

**Reported to:**

(who was the first person informed of the incident, if known?)

## INCIDENT DETAILS

\* **Date of Incident:** 3/8/12

\* **Time incident Occurred:** (24 hour hh:mm) 2:40pm

\* **Location of Incident:** Where the Incident occurred OVAL, SECONDARY CAMPUS, ASSEMBLY DRIVE

Departmental Location/Base Location

Name of Facility

Actual Incident Address: (Street Address of any non-DET location)

\* **Summary/Description of Incident:**

s.47(3)(b) -

Ball kicked into face which opened up a lot above his eye. Opened up pre-existing scab got opened up.

\* **Immediate Action Taken:**

☐ Nil -

(Returned to work/class)

☒ First Aid

(on site by staff)

☐ Ambulance attended

☐ Doctor/Out Patients

(medical treatment)

☐ Hospitalisation

**Who provided First Aid?** (name)

K. Anstey

**If First Aid - what first aid was provided?**

Ice / Rest

**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 individual sub-form for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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

☐ Electrical

☐ Security Threat

☐ Motor Vehicle

☐ Fire

☐ Property/Plant/Equipment

☐ Near Miss

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Did this incident occur during a journey to or from 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)

A ball was kicked during a Soccer game which hit s.47(3)(b) in his face; a cut was opened up on s.47(3)(b) - C eyelid.

\* The injured Person's Details (select one box only)

(✓ please tick) ☐ Staff ☒ Student ☐ Other person \_\_\_\_\_

St <span style="border: 1px solid red; padding: 2px;">s.47(3)(b) - Contrary to Public Interest</span>	Given Name: <span style="border: 1px solid red; padding: 2px;">s.47(3)(b) - C</span>	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

Bodily Location (main injury) – select one			Nature of Injury/Illness (main injury) – select one		
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input checked="" type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input checked="" type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation//Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Hips	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Legs	<input type="checkbox"/> Condition		<input type="checkbox"/> Puncture/ Needlestick	
	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____			

Cause of Injury/Illness – select one of the following		
<input type="checkbox"/> Slip, Trip or Fall	<input type="checkbox"/> Repetitive movement	<input type="checkbox"/> Animal or insect
<input checked="" type="checkbox"/> Contact with, or striking against object	<input type="checkbox"/> Muscular effort – single event	<input type="checkbox"/> Biological
<input type="checkbox"/> Vibration	<input type="checkbox"/> Electricity	<input type="checkbox"/> Psychological
<input type="checkbox"/> Struck by falling or moving object	<input type="checkbox"/> Thermal (heat/cold)	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Noise	<input type="checkbox"/> Radiation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Chemical/Substance	

Contributing Factor / Agency – select one of the following		
<input type="checkbox"/> Machinery and fixed plant	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Needlestick
<input type="checkbox"/> Mobile plant/machinery	<input type="checkbox"/> Foreign Objects (eg.projectors, splinters)	<input type="checkbox"/> Fire/explosion
<input type="checkbox"/> Vehicle (Government)	<input checked="" type="checkbox"/> Outdoor environment	<input type="checkbox"/> Electricity
<input type="checkbox"/> Vehicle (Private)	<input type="checkbox"/> Indoor environment	<input type="checkbox"/> Radiation/Arc Flash
<input type="checkbox"/> Powered equipment, tools and appliances	<input type="checkbox"/> Animals	<input type="checkbox"/> Stress/Trauma
<input type="checkbox"/> Non-powered tools	<input type="checkbox"/> Human agencies	<input type="checkbox"/> Temperature
<input type="checkbox"/> Non-powered equipment (eg.playground)	<input type="checkbox"/> Biological agent	<input type="checkbox"/> Other _____

Activity – select one of the following		
<input type="checkbox"/> Admin General	<input type="checkbox"/> First Aid	<input checked="" type="checkbox"/> Sports
<input type="checkbox"/> Chemical use	<input type="checkbox"/> Lifting/Manual handling	<input type="checkbox"/> Travel to/from the workplace
<input type="checkbox"/> Computer work	<input type="checkbox"/> Movement around the worksite	<input type="checkbox"/> Excursions/field trips
<input type="checkbox"/> Curriculum Prac	<input type="checkbox"/> Grounds care	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Play (supervised/unsupervised)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Restraining a students	
<input type="checkbox"/> Equipment Usage		

Name of person completing form: Catherine Baddley Date: 3/5/08

Signature: [Signature] Job title: Teacher

8/8/12 Long Nether Eye Rd No 10 or Hospital S. Bachee  
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## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-20091

## Entered By

Meatchem, Francesca Lucinda, s.47(3) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

03/08/12

## Reported Time (24 hour HH:MM)

14:40

## Reported by Staff

Baddeley, Catherine Elizabeth, s.47(3) Female, OneSchool Role, Snr-  
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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

03/08/12

## Incident Time (24 hour HH:MM)

14:40

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4226

## \* Summary of Incident

Ball got kicked in students face

## Detailed Description of Incident

A ball was kicked in s.47(3) face during a soccer game and it hit s.47(3) in his face which knocked a pre existing scab off (eyelid) and caused a bit of bleeding.

## Immediate Action Taken



Brought over to middle office. Ice/rest till Mum arrived.

#### Related Hazards

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

#### \* Supervising Officer

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

Baddeley, Catherine Elizabeth, s.47(3)(b) Female, OneSchool Role, Snr-General, Varsity College

#### Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-18677	Student kicked in the face with a ball during a soccer game - knocked a pre existing scab off (eyelid) and caused a bit of bleeding.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public I</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that may be affected by the 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



# 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

INS-19204  
INC-20656

**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: 10/8/12 Reported Time (24Hour HH:mm): 11:15

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: Joel	Surname: Moore	EQ ID (if known): s.47(3)(b) - Contra	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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: 10/8/12 \* Time incident Occurred: (24 hour hh:mm) 11:15

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location	Name of Facility: School outside basketball court.
Actual Incident Address: (Street Address of any non-DET location)	

\* Summary/Description of Incident:

Didn't see the accident but saw student on ground on outside basketball court. He said he tripped over & landed on his hand. Took the student to office

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		Susan Szekeres		
If First Aid - what first aid was provided?		Ice		

Was a hazard identified as a result of the incident:

(-New hazards can be entered online into MyHR WHS Solution via 'enter new hazard') ☐ Yes (please provide hazard details below) ☐ No

\*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 individual sub-form for completion

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

BTI application 340/53026 - Varsity College - Document 128 of 269



Did this incident occur during a journey to or from 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)

Pain in little & ring finger of right hand.  
X-rays inconclusive

\* The injured Person's Details (select one box only)

(✓ please tick) ☐ Staff ☐ Student ☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contran	Given Name: s.47(3)(b) - C	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury - Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury - Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input type="checkbox"/> Minor Injury or Incident (Class C)             |  |   |

Bodily Location (main injury) - select one			Nature of Injury/illness (main injury) - select one		
<input type="checkbox"/> Face	<input checked="" type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input checked="" type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	Abdomen/Stomach	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Hips	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Legs	Condition		<input type="checkbox"/> Puncture/ Needlestick	
	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____			

**Cause of Injury/illness - select one of the following**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Slip, Trip or Fall               | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input type="checkbox"/> Contact with, or striking against object    | <input type="checkbox"/> Muscular effort - single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration                                   | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input type="checkbox"/> Struck by falling or moving object          | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise                                       | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation) | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency - select one of the following**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                  | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg.projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input checked="" type="checkbox"/> Outdoor environment             | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                         | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                    | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input type="checkbox"/> Human agencies                             | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg.playground)   | <input type="checkbox"/> Biological agent                           | <input type="checkbox"/> Other _____         |

**Activity - select one of the following**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                                 | <input type="checkbox"/> Sports                       |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling                   | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite              | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                              | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input checked="" type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students                    |   |
| <input type="checkbox"/> Equipment Usage   |  |   |

Name of person completing form: Joel Moore Date: 10/8/12  
Signature: [Signature] Job title: ITD Teacher



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-20656

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Signed Off and Closed

## Reporting Details

## \* Reported Date

10/08/12

## Reported Time (24 hour HH:MM)

11:15

## Reported by Staff

Moore, Joel Peter, s.47(3)(f) Male, OneSchool Role, Tch-Manual Arts,  
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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

10/08/12

## Incident Time (24 hour HH:MM)

11:15

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

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 the ground outside the basketball court. he saidhe tripped over and landed on his hand. Joel brought s.47(3) to the office.

## Immediate Action Taken



Student brought to office/ice applied and Mum phoned.

#### Related Hazards

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

#### \* Supervising Officer

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

Moore, Joel Peter, s.47(3)(b) Male, OneSchool Role, Tch-Manual Arts, Varsity College

#### Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student
INJ-19204	Joel moore did not see the incident but he saw the student on the ground outside the basketball court. he said he tripped over and landed on his hand. Joel brought <span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b)</span> to the office.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - C</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

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



☐ Yes ☐ No

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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☒

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☐ No

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

#### Person Responsible for Investigation

#### Reasons for Not Investigating

Not required

File Attachments

#### File Attachment

Attached File	File Type	Date Loaded	File Uploader
No Records	No Records	No Records	No

Actions

#### Actions

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

Case Notes

#### Case Notes



# 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

INS-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 must be completed

## REPORTING DETAILS

\* Date Reported: 16/8/12 Reported Time (24Hour HH:mm): 1100 hrs

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: SUSAN	Surname: SZEKELCS	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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: 16/8/12 \* Time incident Occurred: (24 hour hh:mm) 1100 hrs

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location Varsity College Secondary Campus	Name of Facility Tennis Courts on oval
Actual Incident Address: (Street Address of any non-DET location) Assembly Drive, Varsity Lakes Q 4227	

\* Summary/Description of Incident:

Playing basketball & went to get the ball & it hit 3 fingers in the middle jarring hand & pain going up arm. Student rang mum herself.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		Susan Szekelcs		
If First Aid - what first aid was provided?		Ice		

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')

Basketball thrown & badly caught.

\*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 individual sub-form for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

RTI application 340/53026 - Varsity College - Document 133 of 269



Did this incident occur during a journey to or from 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)

Playing basketball - went to get the ball - it hit 3 fingers in the middle jarring hand - pain going up arm. Student rang mum herself.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contrary to Public Inte	Given Name: s.47(3)(b) - Contrary to	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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: Varsity College Secondary CAMPUS

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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury - Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury - Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

Bodily Location (main injury) - select one			Nature of Injury/Illness (main injury) - select one		
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input checked="" type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Internal Organs	<input checked="" type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	Abdomen/Stomach	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Hips	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Legs	Condition		<input type="checkbox"/> Puncture/ Needlestick	
	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____			

**Cause of Injury/Illness - select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Slip, Trip or Fall                                  | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input checked="" type="checkbox"/> Contact with, or striking against object | <input type="checkbox"/> Muscular effort - single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration   | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input type="checkbox"/> Struck by falling or moving object                  | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise   | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation)         | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency - Select one of the following**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                  | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg.projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input checked="" type="checkbox"/> Outdoor environment             | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                         | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                    | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input type="checkbox"/> Human agencies                             | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg.playground)   | <input type="checkbox"/> Biological agent                           | <input type="checkbox"/> Other _____         |

**Activity - select one of the following**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Admin General     | <input checked="" type="checkbox"/> First Aid                      | <input type="checkbox"/> Sports                       |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling                   | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite              | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input checked="" type="checkbox"/> Grounds care                   | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input checked="" type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students                    |   |
| <input type="checkbox"/> Equipment Usage   |  |   |

Name of person completing form: Susan Szeheres

Date: 16/8/12

Signature: S. Szeheres

Job title: Facilities Manager



## Incident

Incident Record

## \*Required Fields


## Incident ID (generated on save)

INC-21270

## Entered By

Meatchem, Francesca Lucinda, s 47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted 

## Reporting Details

## \* Reported Date

16/08/12

## Reported Time (24 hour HH:MM)

11:00

## Reported by Staff

Szekeres, Susan, s 47(3)(f) Female, Adm Officer, OneSchool Role,  
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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

16/08/12

## Incident Time (24 hour HH:MM)

11:00

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4213

## \* Summary of Incident

Jarred fingers

## Detailed Description of Incident

Playing basketball and went to get the ball and it hit 3 fingers in the middle jarring hard and pain went up his arm. Student rang Mum herself.

## Immediate Action Taken



Ice applied

**Related Hazards**

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

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

Szekeres, Susan, s.47(3)(b) Female, Adm Officer, OneSchool Role, Varsity College

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No**Locations Involved**

Location
No Records

**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☒ Yes ☒ No

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
INJ-19785	Playing basketball and went to get the ball and it hit 3 fingers in the middle jarring hard and pain went up his arm.	s.47(3)(b) - Contrary to Public Inte

Submit Incident Record for Review

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

**\* Submit Incident Record for review?**☒ Yes ☒ No

Incident Review

**Review Incident Classification****Incident Classification (generated on save)**

C - Investigation is Optional

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### 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



# 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

INC-2155K  
INJ-19846

**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)

23/8 7.m

(✓ please tick)

☒ Staff

☐ Student

☐ Other person

Given Name: Terry	Surname: Mazzer	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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: 22/8/12 \* Time incident Occurred: (24 hour hh:mm) 09:45

\* Location of Incident: Where the Incident occurred Varsity College Sporting Hall

Departmental Location/Base Location Varsity College Middle School	Name of Facility Sport's Hall
Actual Incident Address: (Street Address of any non-DET location) Assembly Drive Varsity Lakes	

\* Summary/Description of Incident:

s.47(3)(b) was playing basketball in the hall with the other female members of our class, s.47(3). She reported to me that she had hurt her hand, in a jovial manner.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name) Vanessa Jackson				
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 individual sub-form for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat		

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Did this incident occur during a journey to or from 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)

Fractured right ring finger whilst playing basketball in the Sports Hall

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contrary to Public Interest	Given Name: s.47(3)(b) - Contrary	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public Interest		
Suburb: s.47(3)(b) - Contrary to Public Interest	Postcode: s.47(3)(b) - Con	

(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: Varsity College Middle School

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Teacher

Do you want to lodge a workcover claim for this incident? ☐ Yes ☒ No

**INJURY/ILLNESS CLASSIFICATION – Select one of the following**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input checked="" type="checkbox"/> Bodily Injury (Class B)       |
| <input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
|   |  | <input type="checkbox"/> Minor Injury or Incident (Class C)       |

Bodily Location (main injury) – select one			Nature of Injury/Illness (main injury) – select one		
<input type="checkbox"/> Face	<input checked="" type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin Irritation/Dermatitis	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Heart or Circulatory Condition
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Arms	<input type="checkbox"/> Hips	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Elbows	<input type="checkbox"/> Legs	<input type="checkbox"/> Psychological Condition	<input type="checkbox"/> Fracture	<input type="checkbox"/> Puncture/Needlestick	
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____			

**Cause of Injury/Illness – select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Slip, Trip or Fall                            | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input type="checkbox"/> Contact with, or striking against object      | <input type="checkbox"/> Muscular effort – single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration                                     | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input checked="" type="checkbox"/> Struck by falling or moving object | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise   | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation)   | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency – select one of the following**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                   | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input checked="" type="checkbox"/> Outdoor environment              | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                          | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                     | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input type="checkbox"/> Human agencies                              | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg. playground)  | <input type="checkbox"/> Biological agent                            | <input type="checkbox"/> Other _____         |

**Activity – select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admin General                           | <input type="checkbox"/> First Aid                      | <input type="checkbox"/> Sports                       |
| <input type="checkbox"/> Chemical use                            | <input type="checkbox"/> Lifting/Manual handling        | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work                           | <input type="checkbox"/> Movement around the worksite   | <input type="checkbox"/> Excursions/field trips       |
| <input checked="" type="checkbox"/> Curriculum Prac (HPE Lesson) | <input type="checkbox"/> Grounds care                   | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory                       | <input type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty                         | <input type="checkbox"/> Restraining a students         |   |
| <input type="checkbox"/> Equipment Usage                         |   |   |

Name of person completing form: Terry Mazzer

Date: 22/8/12

Signature: Terry Mazzer

Job title: Foundation Teacher

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



## Incident

Incident Record

**\*Required Fields****Incident ID (generated on save)**

INC-21336

**Entered By**Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College**Incident Status**

Submitted

**Reporting Details****\* Reported Date**

22/08/12

**Reported Time (24 hour HH:MM)**

09:45

**Reported by Staff**

Mazzer, Terrence James, , Male, ,

**Reported by Student****Reported by Other Person****Type of Other Person****Other Person Address 1****Other Person Address 2****Other Person Suburb****Other Person State (eg. QLD)****Other Person Post****Other Person Phone Number****Other Person Employer****Reported To****Incident Details****\* Incident Date**

22/08/12

**Incident Time (24 hour HH:MM)**

09:45

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

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

**\* Departmental Incident Location or Base Location**

Varsity College

**Non-Departmental Incident Location****\* Actual Incident Address 1**

Varsity College Middle School

**Actual Incident Address 2****\* Suburb**

Varsity Lakes

**\* State (eg. QLD)**

QLD

**Post Code**

4226

**\* Summary of Incident**

Fractured finger

**Detailed Description of Incident**

s.47(3) was playing basketball in the hall with the other class members in s.4 She reported to me that she had also hurt her hand, in a jovial manner.

**Immediate Action Taken**



Teacher sent her to the middle admin for assistance.

#### Related Hazards

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

#### \* Supervising Officer

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

Mazzer, Terrence James, , Male, ,

#### Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-19846	Student playing basketball in the hall, hurt her hand	s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

C - Investigation is Optional

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

☒ Yes ☒ No

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



## Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

## Details of Further Actions

## Further Actions Undertaken By

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

## Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that 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  
No Records

Action ID  
No Records

Action Title  
No Records

Case Notes

## Case Notes

Date of Note  
No Records

Person Making Note  
No Records

Who was Spoken To  
No Records



# 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

Given Name: <b>NATALIE</b>	Surname: <b>LANG</b> <span style="border: 1px solid red; padding: 2px;">s.47(3)(b) - Contrary to P</span>	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: <b>c/o Varsity College</b>			
Suburb:		Postcode:	
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:** **3/9** \* **Time incident Occurred:** (24 hour hh:mm) **14.10**

\* **Location of Incident:** Where the Incident occurred

Departmental Location/Base Location <b>Sports Hall / Varsity College</b>	Name of Facility
Actual Incident Address: (Street Address of any non-DET location)	

\* **Summary/Description of Incident:**

**During set up of goal posts, students began to move a set without instruction: 3 students lifted it and it became unstable and tilted & fell.**

\* **Immediate Action Taken:**

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		<b>Ice Pack → checked by HOD - H/PE</b>		
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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat		

**RTI application 340/5/3026 Varsity College - Document 143 of 269**



Did this incident occur during a journey to or from 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)

s.47(3)(b) was hit in the left arm with part of the post (shoulder) and it tapped him on the head. He said his head was not hurt, although his back shoulder appeared to be bruised. Immediately upon inspection. He was able to move his shoulder, fingers, wrist etc. Ice was administered ASAP. There were light scratches visible.

The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person

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

Given Name: s.47(3)(b) - C

Address: C/o Varsity College

Suburb:

Postcode:

Type of other Person

☐ Client

☐ Contractor

☐ Parent

☐ Visitor

☐ 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: Sports Hall (entrance end)

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Supervisor

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**

☐ 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/Feet

☐ Toes

☐ Ankles

☐ Skin

☐ Respiratory System

☐ Internal Organs

☐ Spine

☐ Psychological

Condition

☐ Other

**Nature of Injury/Illness (main injury) - select one**

☒ Ache/Pain

☐ Cut/Laceration

☐ Amputation

☐ Bite/Sting

☒ Bruise/Crush

☐ Dislocation

☐ Sprain/Strain

☐ Burn/Scald

☐ Fracture

☐ Infection/Disease

☐ Hearing Loss/Deafness

☐ Psychological Stress

☐ Allergy

☐ Skin

Irritation/Dermatitis

☐ Heat/Cold Stress

☐ Poisoning

☐ Respiratory

☐ Puncture/Needlestick

☐ Weld Flash

☐ Eye Disorder

☐ Foreign Body

☐ Head Injury

☐ Internal Injury

☐ Heart or

Circulatory

Condition

☐ Other

**Cause of Injury/Illness - 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

☐ Animal or insect

☐ Biological

☐ Psychological

☐ Vehicle

☐ Other

**Contributing Factor / Agency - 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 Objects (eg. projectors, splinters)

☒ Outdoor environment

☐ Indoor environment

☐ Animals

☐ Human agencies

☐ Biological agent

☐ Needlestick

☐ Fire/explosion

☐ Electricity

☐ Radiation/Arc Flash

☐ Stress/Trauma

☐ Temperature

☐ Other

**Activity - select one of the following**

☐ Admin General

☐ Chemical use

☐ Computer work

☐ Curriculum Prac

☐ Curriculum Theory

☐ Playground Duty

☐ Equipment Usage

☐ First Aid

☐ Lifting/Manual handling

☐ Movement around the worksite

☐ Grounds care

☐ Play (supervised/unsupervised)

☐ Restraining a students

☒ Sports

☐ Travel to/from the workplace

☐ Excursions/field trips

☐ Work General

☐ Other

Name of person completing form: Natalie Lang

Date: 3/5/12

Signature: [Signature]

Job title: Middle School Teacher



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-22343

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted ☒

## Reporting Details

## \* Reported Date

03/09/12

## Reported Time (24 hour HH:MM)

14:10

## Reported by Staff

Lang, Natalie s.47(3)(b) Female, OneSchool Role, Snr-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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

03/09/12

## Incident Time (24 hour HH:MM)

14:10

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

## \* 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

## \* State (eg. QLD)

QLD

## Post Code

4226

## \* Summary of Incident

Goal post fell onto students left arm and shoulder

## Detailed Description of Incident

s.47 was hit in the left arm and shoulder with part of the goal post and it tapped him on the head as well.

## Immediate Action Taken



Ice pack. Checked by HPE HOD

**Related Hazards**

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

**\* Supervising Officer**[Click here for help selecting Supervising Officer](#)Lang, Natalie, s.47(3)(f) Female, OneSchool Role, Snr-General, Varsity College**Elected Workplace Health and Safety Representative**Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College**Evacuation Details**

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No**Locations Involved**

Location
No Records

**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☐ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.**

Injury/Illness

**Injury/Illness**


Injury/Illness ID	Description	Student Name
INJ-20774	Goal post fell onto students left arm and shoulder	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

**\* Submit Incident Record for review?**☒ Yes ☐ No

Incident Review

**Review Incident Classification****Incident Classification (generated on save)**C - Investigation is Optional 

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

☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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



# 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

INC-2237C  
INS-2079C

**PRIVACY:** The Department of Education and Training (QED) 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

Given Name: s.47(3)(b) - Contr	Surname: s.47(3)(b) - Contr	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public			
Suburb:	Postcode: s.47(3)(b) - Contrary		
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: 5/9/12 \* Time incident Occurred: (24 hour hh:mm) 12:10am

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location	Name of Facility
Varsity College	Sports Hall
Actual Incident Address: (Street Address of any non-DET location)	
198 Varsity Parade 4227	

\* Summary/Description of Incident:

--	--

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		Ice		
If First Aid - what first aid was provided?		Ice		

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')

Wrong ball being used - volleyball
------------------------------------

\*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 individual sub-form for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness <input type="checkbox"/> Electrical <input type="checkbox"/> Security Threat	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire <input type="checkbox"/> Environmental	<input type="checkbox"/> Property/Plant/Equipment <input type="checkbox"/> Near Miss
---	---	---



Did this incident occur during a journey to or from 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)

*Suspected bruised thumb.*

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname:	s.47(3)(b) - Contrary to P	Given Name:	s.47(3)(b) - C	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:				
Suburb:			Postcode:	

(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: *Varsity College.*

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): *Teacher*

Do you want to lodge a workcover claim for this incident? ☐ Yes ☒ No

**INJURY/ILLNESS CLASSIFICATION – Select one of the following**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

Bodily Location (main injury) – select one			Nature of injury/illness (main injury) – select one		
<input type="checkbox"/> Face	<input checked="" type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input checked="" type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	<input type="checkbox"/> Hips	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Legs	<input type="checkbox"/> Psychological Condition	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____		<input type="checkbox"/> Puncture/ Needlestick	

**Cause of Injury/illness – select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Slip, Trip or Fall                            | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input type="checkbox"/> Contact with, or striking against object      | <input type="checkbox"/> Muscular effort – single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration                                     | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input checked="" type="checkbox"/> Struck by falling or moving object | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise   | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation)   | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency – select one of the following**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                  | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg.projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input checked="" type="checkbox"/> Outdoor environment             | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                         | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                    | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input type="checkbox"/> Human agencies                             | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg.playground)   | <input type="checkbox"/> Biological agent                           | <input type="checkbox"/> Other _____         |

**Activity – select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                      | <input checked="" type="checkbox"/> Sports            |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling        | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite   | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                   | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students         |   |
| <input type="checkbox"/> Equipment Usage   |   |   |

Name of person completing form: *Martin Sultmann* Date: *5-8-2012*

Signature: *[Signature]* Job title: *Hon - Middle School*



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-22370

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Signed Off and Closed

## Reporting Details

## \* Reported Date

05/09/12

## Reported Time (24 hour HH:MM)

12:10

## Reported by Staff

Sultmann, Martin Patrick, s.47(3)(f) Male, EST-Social Sci, OneSchool  
Role, 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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

05/09/12

## Incident Time (24 hour HH:MM)

12:10

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

## \* 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

## \* State (eg. QLD)

QLD

## Post Code

4227

## \* Summary of Incident

Bruised thumb

## Detailed Description of Incident

No details written on form

## Immediate Action Taken



Brought to office and ice given

**Related Hazards**

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

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

Sultmann, Martin Patrick, s.47(3)(b) Male, EST-Social Sci, OneSchool Role, Varsity College

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
INJ-20799	Student sustained bruised thumb	s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

**Review Incident Classification**

Incident Classification (generated on save)

C - Investigation is Optional

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

#### Details of Further Actions

No action required

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☒

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No

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

#### Person Responsible for Investigation

#### Reasons for Not Investigating

Not required

File Attachments

#### File Attachment

Attached File	File Type	Date Loaded	File Upload
No Records	No Records	No Records	No

Actions

#### Actions

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

Case Notes

#### Case Notes

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











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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that need to be notified about the 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  
No Records

Action ID  
No Records

Action Title  
No Records

#### Case Notes

##### Case Notes

Date of Note  
No Records

Person Making Note  
No Records

Who was Spoken To  
No Records



## Incident

Incident Record

**\*Required Fields****Incident ID (generated on save)**

INC-22948

**Entered By**

Firth, Wendy Christine, s.47(3)(b) Female, OneSchool Aide, Varsity College

**Incident Status**

Signed Off and Closed

**Reporting Details****\* Reported Date**

11/09/12

**Reported Time (24 hour HH:MM)**

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 (eg. QLD)****Other Person Post****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 as the Departmental Incident Location.

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

**\* Departmental Incident Location or Base Location**

Varsity College

**Non-Departmental Incident Location****\* Actual Incident Address 1**

198 Varsity Parade

**Actual Incident Address 2****\* Suburb**

Varsity Lakes

**\* State (eg. QLD)**

Qld

**Post Code**

4227

**\* Summary of Incident**

Injured hip on council swing

**Detailed Description of Incident**

Fell against another student while on a council swing, injuring his hip

**Immediate Action Taken**

Ice applied, parent called



**Related Hazards**

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

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

Goodwin, Murray Patrick, s.47(3)(f) Male, OneSchool Role, Tch-General, Varsity College

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details****Did an evacuation occur?**☐ Yes ☒ No**Did a lockdown occur?**☐ Yes ☒ No**Locations Involved**

Location
No Records

**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

**Was this a Dangerous Incident as defined under Legislation?**[Click here for definition of Dangerous Incident](#)☐ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.****Injury/Illness****Injury/Illness**

Injury/Illness ID  
INJ-21348


Description  
Bruised hip

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)**

B - Investigation is Required 

**If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?**☐ Yes ☒ No[Click here for Information on Incident Classifications and WHSQ notification requirements](#)



## Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

## Details of Further Actions

--

## Further Actions Undertaken By

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

## Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☒Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

## Additional People to Notify

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

## Assign Investigator

\* Investigation required?

☐ Yes ☒ No

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

## Person Responsible for Investigation

--

## Reasons for Not Investigating

Not required
--------------

## File Attachments

## File Attachment

Attached File	File Type	Date Loaded	File Uploader
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



# 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-23677  
GNC-25468

**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)

(✓ please tick) ☐ Staff ☐ Student ☐ Other person

Give <span style="border: 1px solid red; padding: 2px;">s.47(3)(b) - Contrary to Public</span>	<span style="border: 1px solid red; padding: 2px;">s.47(3)(b) - Contrary to Public</span>	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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:** 23/10/12 \* **Time incident Occurred:** (24 hour hh:mm) 1:30pm

\* **Location of Incident:** Where the Incident occurred

Departmental Location/Base Location Varsity College	Name of Facility
Actual Incident Address: (Street Address of any non-DET location) Varsity Parade	

\* **Summary/Description of Incident:**

& they said it was a fracture

\* **Immediate Action Taken:**

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		Francesca Meatchem		
If First Aid - what first aid was provided?		Ice		

**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, HOSSES, 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 individual sub-form for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness <input type="checkbox"/> Electrical <input type="checkbox"/> Security Threat	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fire <input type="checkbox"/> Environmental	<input type="checkbox"/> Property/Plant/Equipment <input type="checkbox"/> Near Miss
---	---	---

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Did this incident occur during a journey to or from 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)

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

was playing cricket on the oval and his shoe came off. He was accidentally hit in the foot with a cricket bat.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

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

Given Name: \_\_\_\_\_

Type of other Person

☐ Client

☐ Contractor

☐ Parent

☐ Visitor

☐ Volunteer

☐ Other

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

(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: Varsity college middle

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**

☐ 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/Feet

☐ Toes

☐ Ankles

☐ Skin

☐ Respiratory System

☐ Internal Organs

☐ Spine

☐ Psychological

Condition

☐ Other \_\_\_\_\_

**Nature of Injury/Illness (main injury) – select one**

☒ Ache/Pain

☐ Cut/Laceration

☐ Amputation

☐ Bite/Sting

☐ Bruise/Crush

☐ Dislocation

☐ Sprain/Strain

☐ Burn/Scald

☒ Fracture

☐ Infection/Disease

☐ Hearing Loss/Deafness

☐ Psychological Stress

☐ Allergy

☐ Skin

Irritation/Dermatitis

☐ Heat/Cold Stress

☐ Poisoning

☐ Respiratory

☐ Puncture/Needlestick

☐ Weld Flash

☐ Eye Disorder

☐ Foreign Body

☐ Head Injury

☐ Internal Injury

☐ Heart or

Circulatory

Condition

☐ Other \_\_\_\_\_

**Cause of Injury/Illness – 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

☐ Animal or insect

☐ Biological

☐ Psychological

☐ Vehicle

☐ Other \_\_\_\_\_

**Contributing Factor / Agency – 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 Objects (eg. projectors,

splinters)

☒ Outdoor environment

☐ Indoor environment

☐ Animals

☐ Human agencies

☐ Biological agent

☐ Needlestick

☐ Fire/explosion

☐ Electricity

☐ Radiation/Arc Flash

☐ Stress/Trauma

☐ Temperature

☐ Other \_\_\_\_\_

**Activity – select one of the following**

☐ Admin General

☐ Chemical use

☐ Computer work

☐ Curriculum Prac

☐ Curriculum Theory

☐ Playground Duty

☐ Equipment Usage

☐ First Aid

☐ Lifting/Manual handling

☐ Movement around the worksite

☐ Grounds care

☒ Play (supervised/unsupervised)

☐ Restraining a students

☐ Sports

☐ Travel to/from the workplace

☐ Excursions/field trips

☐ Work General

☐ Other \_\_\_\_\_

Name of person completing form: Francesca Meatchem

Date: 25/10/12

Signature: F. Meatchem

Job title: Teacher Aide



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-25468

## Entered By

Meatchem, Francesca Lucinda, s 47(3) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

30/10/12

## Reported Time (24 hour HH:MM)

01:30

## Reported by Staff

Meatchem, Francesca Lucinda, 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 State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

23/10/12

## Incident Time (24 hour HH:MM)

01:30

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4227

## \* Summary of Incident

Fractured foot - He was accidentally hit in the foot with a cricket bat.

## Detailed Description of Incident

s.47(3) was playing cricket on the oval and his shoe came off. He was accidentally hit in the foot with a cricket bat.

## Immediate Action Taken



Ice was given

**Related Hazards**

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

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

Szekeres, Susan, s 47(3)(f) Female, Adm Officer, OneSchool Role, Varsity College

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s 47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☐ Yes ☒ No

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
INJ-23677	Fractured foot - He was accidentally hit in the foot with a cricket bat.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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


\* Submit Incident Record for review?

☒ Yes ☐ No

Incident Review

**Review Incident Classification**

Incident Classification (generated on save)

C - Investigation is Optional 

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

☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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



# 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

30J-23684  
30C-25475

**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: 26/10/12 Reported Time (24Hour HH:mm): 2pm

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: CORRINA	Surname: ABOOD	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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: 26/10/12 \* Time incident Occurred: (24 hour hh:mm) 2pm

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location	Name of Facility Near Sport hall
Actual Incident Address: (Street Address of any non-DET location)	

\* Summary/Description of Incident:

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

poked friend in belly and injured finger.  
(tore ligaments which broke bone in finger)

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		Mrs Abood		
If First Aid - what first aid was provided?		Ice		

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, HOSSES, 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 individual sub-form for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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)

Tore ligaments in right ring finger which broke a bone.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contrary to Public	Given Name: s.47(3)(b) - Contrary to Public Int	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury - Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input checked="" type="checkbox"/> Bodily Injury (Class B)       |
| <input type="checkbox"/> Serious Bodily Injury - Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input type="checkbox"/> Minor Injury or Incident (Class C)             |  |   |

Bodily Location (main injury) - select one			Nature of Injury/Illness (main injury) - select one		
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input checked="" type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Foot	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin Irritation/Dermatitis	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input checked="" type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Heart or Circulatory Condition
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Arms	<input type="checkbox"/> Hips	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Elbows	<input type="checkbox"/> Legs	<input type="checkbox"/> Psychological Condition	<input checked="" type="checkbox"/> Fracture	<input type="checkbox"/> Puncture/Needlestick	
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____			

**Cause of Injury/Illness - select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Slip, Trip or Fall                                  | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input checked="" type="checkbox"/> Contact with, or striking against object | <input type="checkbox"/> Muscular effort - single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration   | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input type="checkbox"/> Struck by falling or moving object                  | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise   | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation)         | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency - select one of the following**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                   | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input type="checkbox"/> Outdoor environment                         | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                          | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                     | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input checked="" type="checkbox"/> Human agencies                   | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg. playground)  | <input type="checkbox"/> Biological agent                            | <input type="checkbox"/> Other _____         |

**Activity - select one of the following**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Admin General     | <input checked="" type="checkbox"/> First Aid                    | <input type="checkbox"/> Sports                       |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling                 | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input checked="" type="checkbox"/> Movement around the worksite | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                            | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input type="checkbox"/> Play (supervised/unsupervised)          | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students                  |   |
| <input type="checkbox"/> Equipment Usage   |  |   |

Name of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Job title: \_\_\_\_\_



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-25475

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(b) Female, O  
Teacher Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

26/10/12

## Reported Time (24 hour HH:MM)

02:00

## Reported by Staff

Abood, Corrina Gaye, s.47(3)(b) Female, OneSchool Role, Tch-Intell Impr, Banana State School, Moura SS - Special Education Program, 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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

Abood, Corrina Gaye, s.47(3)(b) Female, OneSchool Role, Tch-Intell Impr, Banana State School, Moura SS - Special Education Program, Theodore State School

## Incident Details

## \* Incident Date

26/10/12

## Incident Time (24 hour HH:MM)

02:00

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

Varsity College Middle School

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4227

## \* Summary of Incident

Tore ligaments in right finger which broke a bone

## Detailed Description of Incident

s.47(3)(b) poked a friend in the belly? and injured finger.



## Ice given

Date Hazard Reported  
No Records

Hazard ID  
No Records

Hazard Location
No Records

Hazard Category
No Records

Hazard Description
No Records

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

Szekeres, Susan, s 47(3)( Female, Adm Officer, OneSchool Role,  
Varsity College

Hodges, Craig Wayne, s 47(3)( Male, OneSchool Role, Youth Worker, Varsity College

☐ Yes ☐ No

☐ Yes ☐ No

Location  
No Records

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

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

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

☐ Yes ☒ No

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

## Interv/Illness

Injury/Illness ID  
IN1-23684

Description

Tore ligaments in right finger which broke a bone

Student Name \_\_\_\_\_

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

☒ Yes ☐ No

### Incident Review

**Incident Classification (generated on save)**

C - Investigation is Optional

☐ Yes ☐ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

#### 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



# 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): 1.10 PM

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☐ Staff ☒ Student ☐ Other person

Given Name: s.47(3)(b) - Contra	Surname: s.47(3)(b) - Cd	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input checked="" type="checkbox"/> Other
s.47(3)(b) - Contrary to	Address: s.47(3)(b) - Contrary to Public Interest	Postcode: s.47(3)(b)	Student
21/11/12	Suburb: s.47(3)(b) - Con	Phone: (M) (W) (H) s.47(3)(b) - Contra	
	Other person Employer:		

Reported to:

(who was the first person informed of the incident, if known?) Ms Bartlett

## INCIDENT DETAILS

\* Date of Incident: 21/11/12 \* Time incident Occurred: (24 hour hh:mm) 1:10

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location Sports hall female toilet	Name of Facility CS05
Actual Incident Address: (Street Address of any non-DET location)	

\* Summary/Description of Incident:

Me and my friends saw s.47(3)(b) - Contr on the floor in the toilet  
we picked her up and carried her to Ms Bartlett

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name) Wendy Firth (Senior School office)		If First Aid - what first aid was provided? Wound on head bandaged. Student made comfortable on chair in CS12. Vaseline (Am) provided. Student observed by staff due to head wound		

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: Stephen HARRIS (HOD / Principal AG)

(The supervising Officer is a DET employee who is responsible to review the details of the incident record eg. Principal, Deputy Principal, HOD, HOSSES, 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 individual 'sub-form' for completion

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

RTI application 340/5/3026 - Varsity College - Document 169 of 269



Did this incident occur during a journey to or from 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 student had hit her head and a gash was evident. It is unclear whether she hit her head on the sink or door. She mentioned about picking up her mobile phone which she had dropped on the toilet floor.

\* The injured Person's Details (select one box only)

(✓ please tick) ☐ Staff ☒ Student ☐ Other person \_\_\_\_\_

Surname:	s.47(3)(b) - Contr	Given:	s.47(3)(b) - Contrary to P	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input checked="" type="checkbox"/> Other <i>Student</i>
Address:	s.47(3)(b) - Contrary to Public Interest			
Suburb:	s.47(3)(b) - Contrary	Postcode:	s.47(3)(b) - Cor	

(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: Varsity College

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): N/A

Do you want to lodge a workcover claim for this incident? ☐ Yes ☒ No

**INJURY/ILLNESS CLASSIFICATION – Select one of the following**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

Bodily Location (main injury) – select one			Nature of Injury/illness (main injury) – select one		
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input checked="" type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Arms	<input type="checkbox"/> Hips	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Legs	<input type="checkbox"/> Psychological	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Condition		<input type="checkbox"/> Puncture/ Needlestick	
		<input type="checkbox"/> Other _____			

**Cause of Injury/illness – select one of the following**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Slip, Trip or Fall                       | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input checked="" type="checkbox"/> Contact with, or striking against object | <input type="checkbox"/> Muscular effort – single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration   | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input type="checkbox"/> Struck by falling or moving object                  | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise   | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation)         | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency – select one of the following**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                  | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg.projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input type="checkbox"/> Outdoor environment                        | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                         | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                    | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input type="checkbox"/> Human agencies                             | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg.playground)   | <input type="checkbox"/> Biological agent                           | <input type="checkbox"/> Other <u>N/A</u>    |

**Activity – select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                      | <input type="checkbox"/> Sports                                     |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling        | <input type="checkbox"/> Travel to/from the workplace               |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite   | <input type="checkbox"/> Excursions/field trips                     |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                   | <input type="checkbox"/> Work General                               |
| <input type="checkbox"/> Curriculum Theory | <input type="checkbox"/> Play (supervised/unsupervised) | <input checked="" type="checkbox"/> Other <u>in Route to school</u> |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students         |   |
| <input type="checkbox"/> Equipment Usage   |   |   |

Name of person completing form: Stephen HARRIOTT Date: 21/11/2012

Signature: [Signature] Job title: HOD / Practical Arts



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-28436

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Signed Off and Closed

## Reporting Details

## \* Reported Date

21/11/12

## Reported Time (24 hour HH:MM)

01:10

## Reported by Staff

## Reported by Student

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

## Reported by Other Person

## Type of Other Person

## Other Person Address 1

## Other Person Address 2

## Other Person Suburb

## Other Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

21/11/12

## Incident Time (24 hour HH:MM)

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

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

## \* Departmental Incident Location or Base Location

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)(b) hit head and collapsed on the floor

## Detailed Description of Incident

Student was found on the toilet floor and picked up and carried to Ms bartlett by s.47(3) and friends. s.47(3)(b) had a gash on her head and was unsure whether she hit it on the sink or door.

## Immediate Action Taken



Head bandaged by Wendy Firth and Mum phoned. Student made comfortable in CS12.

#### Related Hazards

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

#### \* Supervising Officer

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

Harriott, Stephen Ronald, s.47(3)(f) Male, HOD-Prac Arts, OneSchool Role, Varsity College

#### Elected Workplace Health and Safety Representative

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☐ Yes ☒ No

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

Injury/Illness

#### Injury/Illness

Injury/Illness ID	Description	Student Name
INJ-26492	Student collapsed and hit head on either the toilet door or sink.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☐ No

Incident Review

#### Review Incident Classification

Incident Classification (generated on save)

B - Investigation is Required

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

☐ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No

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

#### Person Responsible for Investigation

#### Reasons for Not Investigating

File Attachments

#### File Attachment

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

Actions

#### Actions

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

Case Notes

#### Case Notes

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



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-27617

## Entered By

Firth, Wendy Christine, s.47(3)(b) Female, OneSchool Aide, Varsity College

## Incident Status

Submitted

## Reporting Details

## \* Reported Date

29/11/12

## Reported Time (24 hour HH:MM)

08:41

## Reported by Staff

Bartlett, Sharma Jade, s.47(3)(b) Female, OneSchool Role, Tch-Hlth&amp;PhysEdn, 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 Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

28/11/12

## Incident Time (24 hour HH:MM)

13:00

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

198 Varsity Parade

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

Qld

## Post Code

4227

## \* Summary of Incident

Student fell from swing and landed on wrist

## Detailed Description of Incident

Student fell from swing and landed on wrist

## Immediate Action Taken



Ambulance called

**Related Hazards**

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

**\* Supervising Officer**

Bartlett, Sharma Jade, s.47(3)(b) Female, OneSchool Role, Tch-Hlth&PhysEdn, Varsity College

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

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☐ No

Did a lockdown occur?

☒ Yes ☐ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

☒ Yes ☐ No

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

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID  
INJ-25728

Description  
Possible break/fracture to left wrist

Student Name  
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?

☒ Yes ☐ No

Incident Review

**Review Incident Classification**

Incident Classification (generated on save)

B - Investigation is Required

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

☒ Yes ☐ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

--

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

An Officer in Charge will be automatically notified about the Incident. If there are other employees within the Department that may be affected by the 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  
No Records

Action ID  
No Records

Action Title  
No Records

#### Case Notes

##### Case Notes

Date of Note  
No Records

Person Making Note  
No Records

Who was Spoken To  
No Records



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

## Injury/Illness Details Summary

Date: 11/11/11 Time: 1:35 am/pm

Was any person injured or ill as a result of this incident? Yes / No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick) ☐ Staff Member ☐ School Student ☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - Con	Surname: s.47(3)(b) - Contrary to Pu	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:		
Post Code:	Why on school property:	
Phone:		

Further information if the person was an "other person" - leave blank if staff or student

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(√ please tick) ☒ Staff Member ☐ School Student ☐ Other Person (e.g. volunteer)

Given Name: Francesca	Surname: Meatchem	EQ ID (if known):
-----------------------	-------------------	-------------------

Further information if the person was an "other person" - leave blank if staff or student

Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:		
Post Code:	Why on school property:	
Phone:		

### 3. Location – Where the Incident Occurred

Location: Oval	Name of the facility (if known): Oval High school
----------------	---

### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).	Playing soccer & tackled s.47(3)(b) - C down. Two separate games s.47(3)(b) - Cont purposefully s.47(3)(b) - C
--	--

### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

### 6. Incident Information

<b>Activity (√ please tick) – what was the activity at the time of the incident?</b>				
<input type="checkbox"/> Admin General	<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Lifting/Manual Handling	<input type="checkbox"/> Play – supervised	<input type="checkbox"/> Excursion/Trip
<input type="checkbox"/> Camp	<input type="checkbox"/> Equipment Usage	<input type="checkbox"/> Meeting	<input checked="" type="checkbox"/> Play – unsupervised	<input type="checkbox"/> Tuckshop
<input type="checkbox"/> Chemicals/Poisons	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Movement Around School	<input type="checkbox"/> Lesson Prep/Cleanup	<input type="checkbox"/> Unauthorised Activity
<input type="checkbox"/> Computer Work	<input type="checkbox"/> First Aid	<input type="checkbox"/> Grounds Care	<input type="checkbox"/> Restraining Student	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Prac	<input type="checkbox"/> School Activity	<input type="checkbox"/> Non-School Activity	<input type="checkbox"/> Sport	<input type="checkbox"/> Other:
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Assisting Student		<input type="checkbox"/> Travel to/from School	
<b>Cause (√ please tick) – what caused the injury?</b>				
<input type="checkbox"/> Caught In / Between	<input type="checkbox"/> Exposure to ...	<input type="checkbox"/> Lifting/Handling	<input type="checkbox"/> Stepping On / In	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Contact with ...	<input type="checkbox"/> Object Falling/Flying	<input type="checkbox"/> Repetitive Movement	<input type="checkbox"/> Walking	<input type="checkbox"/>
	<input type="checkbox"/> Person Falling	<input type="checkbox"/> Running/Jumping	<input type="checkbox"/> Struck by / or against	
<b>Severity (√ please tick)</b>	<input type="checkbox"/> Minor (first aid / no time lost)	<input checked="" type="checkbox"/> Moderate (needs medical care)	<input type="checkbox"/> Serious (> 4 days away / permanent injury/damage)	<input type="checkbox"/> fatal
<b>Treatment Required (√ please tick)</b>	<input type="checkbox"/> Nil (none / not applicable)	<input type="checkbox"/> First Aid (on site by staff/ambulance officer)	<input checked="" type="checkbox"/> Doctor / Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation (overnight stay or longer)
<b>If Hospitalised – what is the name of the hospital?</b>				
<b>Who provided first aid? (name)</b>				
<b>If first aid – what first aid was provided?</b>				
<b>Possible number of days absent (estimate)</b>		<b>Actual number of days absent</b>		
<b>Possible WorkCover Claim? – Is a claim for compensation likely? (staff only)</b>		<b>Possible Legal Action – Is legal action against the department likely/pending?</b>		
Yes / No		Yes / No		



## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Fracture	<input checked="" type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Mouth	<input checked="" type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input type="checkbox"/> Irritation/Allergy	Other: <u>Break</u>	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea		<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other:

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input checked="" type="checkbox"/> Yes (please complete contact details)	<input type="checkbox"/> No (please complete – "reason not contacted" below)
Emergency Contact:	s.47(3)(b) - Contrary to Public Interest	Surname: s.47(3)(b) - Contrary to Pub
Phone No:		Date: 11/12/11 Time: 1:40 pm
If "no" - reason not notified:		

## 9. Was the injury/illness caused by a confrontation or aggressive act? ☒ Yes ☐ No

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input checked="" type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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?	N/A		
Contributing Hazard Category (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non Powered Tool <input type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input type="checkbox"/> _____
Associated Equipment?		When was the hazard identified?	Date: ...../...../..... Time: .....am/pm
Who identified the Hazard?			

## 11. Details of Witnesses (if any)

(✓ please tick)	<input type="checkbox"/> Staff Member	<input checked="" type="checkbox"/> School Student	<input type="checkbox"/> Other Person e.g. volunteer
Details if "Staff" or "Student"			
Given Name:	Surname:	EQ ID (if known):	
s.47(3)(b) - Contrary to Public Interest	s.47(3)(b)		
Further information if the person was an "other person" - leave blank if staff or student	Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Suburb:		
	Post Code:		
	Phone:	Why on school property:	

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: J. Meatchem Date: 14/12/11  
 Name: Francesca Meatchem Job title: Teacher Aide

### 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)



# Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Page 1



**Queensland  
Government**  
Education Queensland

## Fax Notification of: Injury

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

Fax to: REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 5562 4844

CC:

**FAXED**

From: VARSITY COLLEGE - Education Queensland

Pages:

## Workplace Details:

Address: VARSITY COLLEGE (1759) - Education Queensland  
PO BOX 2685

BURLEIGH MDC QLD 4220

Telephone:

Workplace Registration. No: W237550

Location No: 1759

Number of Staff: 200

Name of WHSO: ANDREW MARK ROGERS

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

## Details of Ill/Injured Person

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

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

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

Gender: M

Type/Association: Student

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

Phone: s.47(3)(b) - Contra

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

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 aggressive 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:

Nature of Injury/Illness

BREAK sprained

Part of Body Affected

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:

Category

Type

Hazard Description

## Reporting:

Incident initially reported to:

FRANCESCA L MEATCHEM

Association:

Staff

## Witnesses:

Name

ID

Type

Association

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

Student

Recommended Controls: N/A

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

Signature:

Principal / Officer in Charge

Date:

27/2/11



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

## Injury/Illness Details Summary

Date: 11/1/2011 Time: 11:20 am/pm

Was any person injured or ill as a result of this incident? Yes / No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick)

☐ Staff Member

☒ School Student

☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - Contra

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

EQ ID (if known): s.47(3)(b) - Contrary to Public Interest

Further information if the person was an "other person" - leave blank if staff or student

Address:

Suburb:

Post Code:

Phone:

Why on school property:

Association with school:

☐ Parent

☐ Public

☐ Visitor

☐ Volunteer

☐ Other: \_\_\_\_\_

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(√ please tick)

☒ Staff Member

☐ School Student

☐ Other Person (e.g. volunteer)

Given Name:

SUSAN

Surname:

SZEKERES

EQ ID (if known):

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

Further information if the person was an "other person" - leave blank if staff or student

Address:

Suburb:

Post Code:

Phone:

Why on school property:

Association with school:

☐ Parent

☐ Public

☐ Visitor

☐ Volunteer

☐ Other: \_\_\_\_\_

### 3. Location – Where the Incident Occurred

Location:

SECONDARY CAMPUS

Name of the facility (if known):

OVAL

### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).

Playing touch football s.47(3)(b) had the ball & was running & changed direction being tagged & hit the ground full force on head & knee.

### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WSHO) and/or Principal/Officer-in-Charge.

Playing more carefully.

### 6. Incident Information

Activity (√ please tick) – what was the activity at the time of the incident?

☐ Admin General

☐ Playground Duty

☐ Lifting/Manual Handling

☒ Play – supervised

☐ Excursion/Trip

☐ Camp

☐ Equipment Usage

☐ Meeting

☐ Play – unsupervised

☐ Tuckshop

☐ Chemicals/Poisons

☐ Maintenance

☐ Movement Around School

☐ Lesson Prep/Cleanup

☐ Unauthorised Activity

☐ Computer Work

☐ First Aid

☐ Grounds Care

☐ Restraining Student

☐ Work General

☐ Curriculum Prac

☐ School Activity

☐ Non-School Activity

☐ Sport

☐ Other: \_\_\_\_\_

☐ Curriculum Theory

☐ Assisting Student

☐ Travel to/from School

Cause (√ please tick) – what caused the injury?

☐ Caught In / Between

☐ Exposure to ...

☐ Lifting/Handling

☐ Stepping On / In

☐ Other: \_\_\_\_\_

☐ Contact with ...

☐ Object Falling/Flying

☐ Repetitive Movement

☐ Walking

☐ \_\_\_\_\_

☒ Person Falling

☐ Running/Jumping

☐ Struck by / or against

Severity

(√ please tick)

☒ Minor

(first aid / no time lost)

☐ Moderate

(needs medical care)

☐ Serious

(> 4 days away /permanent injury/damage)

☐ fatal

Treatment Required

(√ please tick)

☐ Nil

(none / not applicable)

☒ First Aid (on site by staff/ambulance officer)

ICE

☐ Doctor / Out Patients

(medical treatment)

☐ Hospitalisation

(overnight stay or longer)

If Hospitalised – what is the name of the hospital?

Who provided first aid? (name)

Susan Szekeres

If first aid –

what first aid was provided?

Possible number of days absent (estimate)

Actual number of days absent

Possible WorkCover Claim? –

Is a claim for compensation likely? (staff only)

Yes / No

Possible Legal Action –

Is legal action against the department likely/pending?

Yes / No



## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input checked="" type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input checked="" type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Mouth	<input type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input type="checkbox"/> Irritation/Allergy	Other: _____	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea		<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other: _____

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input checked="" type="checkbox"/> Yes (please complete contact details)	<input type="checkbox"/> No (please complete – "reason not contacted" below)
Emergency Contact:	First Name: s.47(3)(b) - Contrary to Public Interest	Surname: s.47(3)(b) - Contrary to Public Interest
Phone No:		Date: 11/2/11 Time: 11:21 am
If "no" - reason not notified:		

## 9. Was the injury/illness caused by a confrontation or aggressive act?

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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?	Running & not observing game play		
Contributing Hazard Category (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non-Powered Tool <input checked="" type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input type="checkbox"/> _____
Associated Equipment?	Football	When was the hazard identified?	Date: 11/2/11 Time: 16:20 am/pm
Who identified the Hazard?	s.47(3)(b) - Contrary to Public Interest		

## 11. Details of Witnesses (if any)

(✓ please tick)	<input type="checkbox"/> Staff Member	<input checked="" type="checkbox"/> School Student	<input type="checkbox"/> Other Person e.g. volunteer
Details if "Staff" or "Student"			
Given Name: s.47(3)(b) -	Surname: s.47(3)(b) - Contrary to Public Interest	FOID (if known): s.47(3)(b) - Contrary to Public Interest	
Further information if the person was an "other person" - leave blank if staff or student	Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Suburb:		
	Phone:	Post Code:	
	Why on school property:		

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: S. Seheres Date: 14/2/11  
 Name: Susan Seheres Job title: Office Manager

## 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report.
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)



**Health and Safety Incident Notification Form**  
(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:**

**Address:** VARSITY COLLEGE (1759) - Education Queensland  
PO BOX 2685

BURLEIGH MDC QLD 4220

**Telephone:**

**Workplace Registration, No:** W237550

**Location No:** 1759

**Number of Staff:** 200

**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 to

**Date of Incident:** 11/02/2011

**Time of Incident:** 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 Ill/Injured Person**

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

**Gender:** M

**Address:**

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

**Type/Association:** Student

**Phone:** 07

**Staff Designation:**

**Employee No:**

**Emerg. Contact Rel:**

**Emergency Contact Notified:** s.47(3)(b) - Con

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

**Hospital:**

**First Aid Treatment Given:** ICE

**Given by:** SUSAN SZEKERES

**Cause of Incident:** Person Falling

**Activity at time of incident:** Play Supervised

**Severity:** Minor (first aid - no time lost)

**Aggressive Act**

**Was this incident caused by an aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 798 s.47(3)(b) - Contrary

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

## Injury/Illness Details:

Nature of Injury/Illness

Bump / Knock

Part of Body Affected

Head

Possible Number of Days Lost:

Possible WorkCover Claim: No

Actual Number of Days Lost:

Possible Legal Action: No

## Organisations Contacted:

Organisation

Notes

## Contributing Hazards:

Category

People

Type

Person / People

Hazard Description

RUNNING AND NOT OBSERVING GAME PLAY

## Reporting:

Incident initially reported to: SUSAN SZEKERES

Association: Staff

## Witnesses:

Name

ID

Type

Association

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

Student

**Recommended Controls:** TAKE MORE CARE IN PLAY

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

Signature:

Principal / Officer in Charge

Date:

24/2/11



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

## Injury/Illness Details Summary

Date: 25 / 3 / 11 Time: 1:30 am/pm  
Was any person injured or ill as a result of this incident? Yes / No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick) ☐ Staff Member ☐ School Student ☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - (	Surname: s.47(3)(b) - Con	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
Suburb:		
Post Code:	Why on school property:	
Phone:		

Further information if the person was an "other person" - leave blank if staff or student

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(√ please tick) ☐ Staff Member ☐ School Student ☐ Other Person (e.g. volunteer)

Given Name: DARREN	Surname: RACKEMANN	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
Suburb:		
Post Code:	Why on school property:	
Phone:		

Further information if the person was an "other person" - leave blank if staff or student

### 3. Location – Where the Incident Occurred

Location: SCHOOL OVAL	Name of the facility (if known):
--------------------------	----------------------------------

### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why). A SMALL STICK HIT IN THE EYE DURING A GAME OF SOCCER. IT APPEARED TO FLY UP FROM THE BALL AS s.47(3)(b) KICKED IT.
--

### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

STRESS IMPORTANCE OF STAFF BEING VISIBLE DURING PLAYGROUND DUTY.
--

### 6. Incident Information

Activity (√ please tick) – what was the activity at the time of the incident?				
<input type="checkbox"/> Admin General	<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Lifting/Manual Handling	<input checked="" type="checkbox"/> Play – supervised	<input type="checkbox"/> Excursion/Trip
<input type="checkbox"/> Camp	<input type="checkbox"/> Equipment Usage	<input type="checkbox"/> Meeting	<input type="checkbox"/> Play – unsupervised	<input type="checkbox"/> Tuckshop
<input type="checkbox"/> Chemicals/Poisons	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Movement Around School	<input type="checkbox"/> Lesson Prep/Cleanup	<input type="checkbox"/> Unauthorised Activity
<input type="checkbox"/> Computer Work	<input type="checkbox"/> First Aid	<input type="checkbox"/> Grounds Care	<input type="checkbox"/> Restraining Student	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Prac	<input type="checkbox"/> School Activity	<input type="checkbox"/> Non-School Activity	<input type="checkbox"/> Sport	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Assisting Student		<input type="checkbox"/> Travel to/from School	
Cause (√ please tick) – what caused the injury?				
<input type="checkbox"/> Caught In / Between	<input type="checkbox"/> Exposure to ...	<input type="checkbox"/> Lifting/Handling	<input type="checkbox"/> Stepping On / In	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Contact with ...	<input checked="" type="checkbox"/> Object Falling/Flying	<input type="checkbox"/> Repetitive Movement	<input type="checkbox"/> Walking	
	<input type="checkbox"/> Person Falling	<input type="checkbox"/> Running/Jumping	<input type="checkbox"/> Struck by / or against	
Severity (√ please tick)	<input type="checkbox"/> Minor (first aid / no time lost)	<input checked="" type="checkbox"/> Moderate (needs medical care)	<input type="checkbox"/> Serious (> 4 days away / permanent injury/damage)	<input type="checkbox"/> fatal
Treatment Required (√ please tick)	<input type="checkbox"/> Nil (none / not applicable)	<input checked="" type="checkbox"/> First Aid (on site by staff/ambulance officer)	<input type="checkbox"/> Doctor / Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation (overnight stay or longer)
If Hospitalised – what is the name of the hospital?				
Who provided first aid? (name)				
If first aid – what first aid was provided?				
Possible number of days absent (estimate)	0	Actual number of days absent		
Possible WorkCover Claim? – Is a claim for compensation likely? (staff only)	Yes / No	Possible Legal Action – Is legal action against the department likely/pending?		Yes / No



## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input checked="" type="checkbox"/> Eye(s)	<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Mouth	<input type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input checked="" type="checkbox"/> Irritation/Allergy	Other: _____	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea		<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other: _____

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input type="checkbox"/> Yes (please complete contact details)	<input type="checkbox"/> No (please complete - "reason not contacted" below)
Emergency Contact:	First Name: s.47(3)(b) - Contrary to Public Interest	Surname: _____
Phone No:	s.47(3)(b) - Contrary to Public Interest	Date: 21.3.11 Time: 1.40pm
If "no" - reason not notified:		

## 9. Was the injury/illness caused by a confrontation or aggressive act? Yes / ☒ No

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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 (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input checked="" type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non Powered Tool <input type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input type="checkbox"/> _____
Associated Equipment?		When was the hazard identified?	Date: _____ Time: _____ am/pm
Who identified the Hazard?			

## 11. Details of Witnesses (if any)

(✓ please tick)	<input type="checkbox"/> Staff Member	<input checked="" type="checkbox"/> School Student	<input type="checkbox"/> Other Person e.g. volunteer
Details if "Staff" or "Student"			
Given Name: s.47(3)(b) - C	Surname: s.47(3)(b) - Contra	EQ ID (if known):	
Further information if the person was an "other person" - leave blank if staff or student	Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____
	Suburb:		
	Post Code:		
	Phone:	Why on school property:	

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: [Signature] Date: 28/3/11  
 Name: DARREN RACKEMANN Job title: DP MIDDLE SCHOOL

### Further Actions:

- ☐ Consult the school Workplace Health and Safety Officer (WSHO) 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.
- ☐ Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- ☐ Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WSHO for their information.
- ☐ Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- ☐ Note: a copy of a student 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)



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

Page 1



**Queensland  
Government**  
Education Queensland

**Fax Notification of: Injury**

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

**Fax to:** SCHOOL COPY

**CC:**

**From:** VARSITY COLLEGE - Education Queensland

**Pages:** \_\_\_\_\_

**Workplace Details:**

**Address:** VARSITY COLLEGE (1759) - Education Queensland  
198 VARSITY PARADE

VARSITY LAKES QLD 4227

**Telephone:** 07 5562 3575

**Workplace Registration. No:** W237550

**Location No:** 1759

**Number of Staff:** 200

**Name of WHSO:** ANDREW MARK ROGERS

**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 FLY UP FROM THE BALL AS s.47(3) KICKED IT.

**Details of Ill/Injured Person**

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

**D:** Gender: M

**Address:**

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

**Type/Association:** Student

**Phone:** s.47(3)(b) - Contra

**Staff Designation:**

**Employee No:**

**Emerg. Contact Rel:**

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

**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 aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 835 s.47(3)(b) - Contra

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

## Injury/Illness Details:

Nature of Injury/Illness

Irritation / Allergy

Part of Body Affected

Eye(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:

Category

Type

Hazard Description

Environment

Foreign Object (eg.  
splinter)

STICK

## Reporting:

Incident initially reported to:

DARREN GRANT RACKEMANN

Association:

Staff

## Witnesses:

Name

ID

Type

Association

**Recommended Controls:** STRESS IMPORTANCE OF STAFF BEING VISIBLE DURING PLAYGROUND DUTY.

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

Signature:

Principal / Officer in Charge

Date:

14/1/11



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

## Injury/Illness Details Summary

Date: 7/4/11 Time: 1340 am/pm

Was any person injured or ill as a result of this incident? ☒ Yes ☐ No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick)

☐ Staff Member

☒ School Student

☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - Contrary to Public	Surname: s.47(3)(b) - Contrary to Public Inte	EQ ID (if known):
Address: s.47(3)(b) - Contrary to Public Interest		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb: s.47(3)(b) - Contra	Post Code: s.47(3)(b) - Contrary	
Phone: s.47(3)(b) - Contrary to Pub	Why on school property:	

Further information if the person was an "other person" - leave blank if staff or student

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(√ please tick)

☒ Staff Member

☐ School Student

☐ Other Person (e.g. volunteer)

Given Name: James	Surname: Grace	EQ ID (if known):
Address: s.47(3)(b) - Contrary to Public Interest		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb: s.47(3)(b) - Contrary to Public Interest	Post Code: s.47(3)(b) - Contr	
Phone: s.47(3)(b) - Contrary to Public Inte	Why on school property:	

Further information if the person was an "other person" - leave blank if staff or student

### 3. Location – Where the Incident Occurred

Location: OVAL	Name of the facility (if known):
----------------	----------------------------------

### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).	Playing sport & crashed into someone. Got hit in the jaw with an elbow.
--	---

### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

Observation of sight.
-----------------------

### 6. Incident Information

Activity (√ please tick) – what was the activity at the time of the incident?				
<input type="checkbox"/> Admin General <input type="checkbox"/> Camp <input type="checkbox"/> Chemicals/Poisons <input type="checkbox"/> Computer Work <input type="checkbox"/> Curriculum Prac <input type="checkbox"/> Curriculum Theory	<input checked="" type="checkbox"/> Playground Duty <input type="checkbox"/> Equipment Usage <input type="checkbox"/> Maintenance <input type="checkbox"/> First Aid <input type="checkbox"/> School Activity <input type="checkbox"/> Assisting Student	<input type="checkbox"/> Lifting/Manual Handling <input type="checkbox"/> Meeting <input type="checkbox"/> Movement Around School <input type="checkbox"/> Grounds Care <input type="checkbox"/> Non-School Activity	<input type="checkbox"/> Play – supervised <input type="checkbox"/> Play – unsupervised <input type="checkbox"/> Lesson Prep/Cleanup <input type="checkbox"/> Restraining Student <input type="checkbox"/> Sport <input type="checkbox"/> Travel to/from School	<input type="checkbox"/> Excursion/Trip <input type="checkbox"/> Tuckshop <input type="checkbox"/> Unauthorised Activity <input type="checkbox"/> Work General <input type="checkbox"/> Other:
Cause (√ please tick) – what caused the injury?				
<input type="checkbox"/> Caught In / Between <input type="checkbox"/> Contact with ...	<input type="checkbox"/> Exposure to ... <input type="checkbox"/> Object Falling/Flying <input type="checkbox"/> Person Falling	<input type="checkbox"/> Lifting/Handling <input type="checkbox"/> Repetitive Movement <input type="checkbox"/> Running/Jumping	<input type="checkbox"/> Stepping On / In <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Struck by / or against	<input type="checkbox"/> Other:
Severity (√ please tick)	<input checked="" type="checkbox"/> Minor (first aid / no time lost)	<input type="checkbox"/> Moderate (needs medical care)	<input type="checkbox"/> Serious (> 4 days away / permanent injury/damage)	<input type="checkbox"/> fatal
Treatment Required (√ please tick)	<input type="checkbox"/> Nil FCE (none / not applicable)	<input type="checkbox"/> First Aid (on site by staff/ambulance officer)	<input type="checkbox"/> Doctor / Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation (overnight stay or longer)
If Hospitalised – what is the name of the hospital?		James Grace		
Who provided first aid? (name)		James Grace		
If first aid – what first aid was provided?		FCE		
Possible number of days absent (estimate)		Nil		Actual number of days absent
Possible WorkCover Claim? – Is a claim for compensation likely? (staff only)		Yes / No		Possible Legal Action – Is legal action against the department likely/pending?
				Yes / No



## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input checked="" type="checkbox"/> Ache/Pain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input checked="" type="checkbox"/> Mouth	<input type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input type="checkbox"/> Irritation/Allergy	Other: _____	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea		<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other: _____

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input type="checkbox"/> Yes (please complete contact details)	<input checked="" type="checkbox"/> No (please complete – "reason not contacted" below)
Emergency Contact:	First Name: s.47(3)(b) - Contrary to	Surname: s.47(3)(b) - Contrary to Public Interest
Phone No:		Date: ...../...../..... Time: .....
If "no" - reason not notified:	Not needed	

## 9. Was the injury/illness caused by a confrontation or aggressive act?

Yes / ☒ No

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff	<input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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 (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non Powered Tool <input type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input type="checkbox"/> _____
Associated Equipment?	N/A	When was the hazard identified?	Date: ...../...../..... Time: .....am/pm
Who identified the Hazard?	A/A		

## 11. Details of Witnesses (if any)

(✓ please tick)

☒ Staff Member

☐ School Student

☐ Other Person e.g. volunteer

Details if "Staff" or "Student"

Given Name: James	Surname: Grace	EQ ID (if known):
-------------------	----------------	-------------------

Further information if the person was an "other person" - leave blank if staff or student	Address: s.47(3)(b) - Contrary to Public Interest	Association with school:
	Suburb: s.47(3)(b) - Contrary to Publi	<input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Post Code: s.47(3)(b) - Cont	
	Phone: s.47(3)(b) - Contrary to P	Why on school property:

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form:

Name: James Grace Job title: Teacher Date: 7/4/11

## 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)



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

Page 1



**Queensland  
Government**  
Education Queensland

**Fax Notification of: Injury**

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

**Fax to:** SCHOOL COPY

**CC:**

**From:** VARSITY COLLEGE - Education Queensland

**Pages:**

**Workplace Details:**

**Address:** VARSITY COLLEGE (1759) - Education Queensland  
198 VARSITY PARADE

VARSITY LAKES QLD 4227

**Telephone:** 07 5562 3575

**Workplace Registration. No:** W237550

**Location No:** 1759

**Number of Staff:** 200

**Name of WHSO:** NEIL BLACKBEARD

**Principal/Officer in Charge:** JEFF DAVIS

**Incident Details:**

**Event Identification:** 838

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

**Date of Incident:** 7/04/2011

**Time of Incident:** 13:40

**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 Ill/Injured Person**

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

**DOB:** Gender: M

**Address:**

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

**Type/Association:** Student

**Phone:** s.47(3)(b) - Con

**Staff Designation:**

**Employee No:**

**Emerg. Contact Rel:**

**Emergency Contact Notified:** NOT NEEDED

**Treatment Required:** Nil / Not Applicable

**First Aid Treatment Given:** ICE

**Cause of Incident:** Struck By/Against

**Activity at time of incident:** Play Supervised

**Severity:** Minor (first aid - no time lost)

**Hospital:**

**Given by:** JAMES KIRKHAM GRACE

**Aggressive Act**

**Was this incident caused by an aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 838 s.47(3)(b) - Contrary to Public In - ELBOW TO JAW

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

## Injury/Illness Details:

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

## Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
N/A	N/A

## Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
Environment	Working/Learning Environment	N/A

## Reporting:

Incident initially reported to: JAMES KIRKHAM GRACE Association: Staff

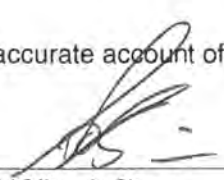
## Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
JAMES KIRKHAM GRACE	GRACJA	Staff	

**Recommended Controls:** OBSERVATION OF SIGHT

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

Signature:

  
Principal / Officer in Charge

Date:

11/14/11



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

## Injury/Illness Details Summary

Date: 03/06/11 Time: 2.30 am/pm

Was any person injured or ill as a result of this incident? Yes / No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick)

☐ Staff Member

☐ School Student

☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - C	Surname: s.47(3)(b) - Contrary to Pu	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:		
Post Code:	Why on school property:	
Phone:		

Further information if the person was an "other person" - leave blank if staff or student

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(√ please tick)

☒ Staff Member

☐ School Student

☐ Other Person (e.g. volunteer)

Given Name: Caylyn	Surname: Morgan	EQ ID (if known):
--------------------	-----------------	-------------------

Further information if the person was an "other person" - leave blank if staff or student

Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:		
Post Code:	Why on school property:	
Phone:		

### 3. Location – Where the Incident Occurred

Location: School Oval	Name of the facility (if known): Varsity College
-----------------------	--

### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).	Child was running and knee felt funny. He stopped immediately & was instructed to sit down. Child told teacher that his knee had been feeling odd recently.
--	---

### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

Student to <del>not</del> advise any instructor/teacher of problem prior to sporting activity.
--

### 6. Incident Information

<b>Activity</b> (√ please tick) – what was the activity at the time of the incident?				
<input type="checkbox"/> Admin General	<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Lifting/Manual Handling	<input type="checkbox"/> Play – supervised	<input type="checkbox"/> Excursion/Trip
<input type="checkbox"/> Camp	<input type="checkbox"/> Equipment Usage	<input type="checkbox"/> Meeting	<input type="checkbox"/> Play – unsupervised	<input type="checkbox"/> Tuckshop
<input type="checkbox"/> Chemicals/Poisons	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Movement Around School	<input type="checkbox"/> Lesson Prep/Cleanup	<input type="checkbox"/> Unauthorised Activity
<input type="checkbox"/> Computer Work	<input type="checkbox"/> First Aid	<input type="checkbox"/> Grounds Care	<input type="checkbox"/> Restraining Student	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Prac	<input checked="" type="checkbox"/> School Activity	<input type="checkbox"/> Non-School Activity	<input checked="" type="checkbox"/> Sport	<input type="checkbox"/> Other:
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Assisting Student		<input type="checkbox"/> Travel to/from School	
<b>Cause</b> (√ please tick) – what caused the injury?				
<input type="checkbox"/> Caught In / Between	<input type="checkbox"/> Exposure to ...	<input type="checkbox"/> Lifting/Handling	<input type="checkbox"/> Stepping On / In	<input type="checkbox"/> Other:
<input type="checkbox"/> Contact with ...	<input type="checkbox"/> Object Falling/Flying	<input type="checkbox"/> Repetitive Movement	<input type="checkbox"/> Walking	<input type="checkbox"/>
	<input type="checkbox"/> Person Falling	<input checked="" type="checkbox"/> Running/Jumping	<input type="checkbox"/> Struck by / or against	
<b>Severity</b> (√ please tick)	<input checked="" type="checkbox"/> Minor (first aid / no time lost)	<input type="checkbox"/> Moderate (needs medical care)	<input type="checkbox"/> Serious (> 4 days away / permanent injury/damage)	<input type="checkbox"/> fatal
<b>Treatment Required</b> (√ please tick)	<input type="checkbox"/> Nil (none / not applicable)	<input checked="" type="checkbox"/> First Aid (on site by staff/ambulance officer)	<input type="checkbox"/> Doctor / Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation (overnight stay or longer)
<b>If Hospitalised</b> – what is the name of the hospital?				
<b>Who provided first aid?</b> (name) Caylyn Morgan				
<b>If first aid – what first aid was provided?</b> Ice pack				
<b>Possible number of days absent</b> (estimate)		<b>Actual number of days absent</b>		
<b>Possible WorkCover Claim?</b> – Is a claim for compensation likely? (staff only)		<b>Possible Legal Action</b> – Is legal action against the department likely/pending?		Yes No



## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input checked="" type="checkbox"/> Ache/Pain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input checked="" type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Mouth	<input type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input type="checkbox"/> Irritation/Allergy	Other: _____	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea		<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other: _____

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input checked="" type="checkbox"/> Yes (please complete contact details)	<input type="checkbox"/> No (please complete - "reason not contacted" below)
Emergency Contact:	First Name: <u>s.47(3)(b) - Contrary to Public Interest</u>	Surname: <u>s.47(3)(b) - Contrary to Public I</u>
Phone No:		Date: <u>3.16.11</u> Time: <u>2.30pm</u>
If "no" - reason not notified:		

## 9. Was the injury/illness caused by a confrontation or aggressive act?

Yes ☐ No ☒

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff	<input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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?	<u>Running</u>		
Contributing Hazard Category (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non Powered Tool <input type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input type="checkbox"/> _____
Associated Equipment?		When was the hazard identified?	Date: <u>03/06/11</u> Time: <u>2.30 am/pm</u>
Who identified the Hazard?			

## 11. Details of Witnesses (if any)

(✓ please tick) ☒ Staff Member ☐ School Student ☐ Other Person e.g. volunteer

Details if "Staff" or "Student"

Given Name: <u>Gaylyn</u>	Surname: <u>MORGAN</u>	EQ ID (if known):
---------------------------	------------------------	-------------------

Further information if the person was an "other person" - leave blank if staff or student.	Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Suburb:		
	Phone:	Post Code:	
	Why on school property:		

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: S. Morgan Date: 03/06/11  
 Name: Gaylyn Morgan Job title: Class Teacher

### 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)



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

Page 1



**Queensland  
Government**  
Education Queensland

**Fax Notification of: Injury**

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

**Fax to:** SCHOOL COPY

**CC:**

**From:** VARSITY COLLEGE - Education Queensland

**Pages:** \_\_\_\_\_

**Workplace Details:**

**Address:** VARSITY COLLEGE (1759) - Education Queensland  
198 VARSITY PARADE

**Workplace Registration No:** W237550

**Location No:** 1759

**Number of Staff:** 200

**Name of WHSO:** CRAIG HODGES

**Principal/Officer in Charge:** JEFF DAVIS

Varsity Lakes QLD 4227

**Telephone:** 07 5562 3575

**Incident Details:**

**Event Identification:**

866

**Description of Incident:**

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

**Details of Ill/Injured Person**

**Name:**

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

**DOB:**

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

**Address:**

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

**Emergency Contact Notified:**

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

**Treatment Required:**

First Aid on site (staff/ambulance)

**First Aid Treatment Given:** ICE PACK

**Cause of Incident:**

EXISTING INJURY/PROBLEM

**Activity at time of incident:**

Sport

**Severity:**

Minor (first aid - no time lost)

**ID No:**

s.47(3)(b)

**Type/Association:**

Student

**Phone:**

**Staff Designation:**

**Employee No:**

**Emerg. Contact Rel:** MOTHER

**Hospital:**

**Given by:** GAYLYN RUBY MORGAN

**Aggressive Act**

**Was this incident caused by an aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

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

## Injury/Illness Details:

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

## Organisations Contacted:

<u>Organisation</u>	<u>Notes</u>
N/A	NOT NECESSARY

## Contributing Hazards:

<u>Category</u>	<u>Type</u>	<u>Hazard Description</u>
Environment	Working/Learning Environment	N/A

## Reporting:

Incident initially reported to: GAYLYN RUBY MORGAN Association: Staff

## Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
GAYLYN RUBY MORGAN	MORGGA	Staff	

**Recommended Controls:** STUDENT TO ADVISE ANY INSTRUCTOR/TEACHER OF PROBLEM PRIOR TO SPORTING ACTIVITY

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

Signature:

Principal / Officer in Charge

Date:

9/16/11



# 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/or Electricity 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 Summary

Date: 22/6/11 Time: 1300 am ☒ pm ☐

Was any person injured or ill as a result of this incident? Yes ☒ No ☐ (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick)

☐ Staff Member

☒ School Student

☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - Contr	Surname: s.47(3)(b) - Cont	EQ ID (if known): s.47(3)(b) - Contrary to Public Interest
Address: s.47(3)(b) - Contrary to Public Interest		Association with school:
Suburb: s.47(3)(b) - Contrary to Public Interest	Post Code: s.47(3)(b) - C	<input type="checkbox"/> Parent
Phone:	Why on school property:	<input type="checkbox"/> Public
		<input type="checkbox"/> Visitor
		<input type="checkbox"/> Volunteer
		<input type="checkbox"/> Other:

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details

(who was the first person informed of the incident?)

(√ please tick)

☒ Staff Member

☐ School Student

☐ Other Person (e.g. volunteer)

Given Name: James	Surname: Grace	EQ ID (if known):
Address:		Association with school:
Suburb:	Post Code:	<input type="checkbox"/> Parent
Phone:	Why on school property:	<input type="checkbox"/> Public
		<input type="checkbox"/> Visitor
		<input type="checkbox"/> Volunteer
		<input type="checkbox"/> Other:

### 3. Location – Where the Incident Occurred

Location: School Oval	Name of the facility (if known):
-----------------------	----------------------------------

### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).

s.47(3)(b) - Contr

tripped over during a touch rugby game & injured his right shoulder.

### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

All control strategies were in place.

### 6. Incident Information

<b>Activity</b> (√ please tick) – what was the activity at the time of the incident?				
<input type="checkbox"/> Admin General	<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Lifting/Manual Handling	<input type="checkbox"/> Play – supervised	<input type="checkbox"/> Excursion/Trip
<input type="checkbox"/> Camp	<input type="checkbox"/> Equipment Usage	<input type="checkbox"/> Meeting	<input type="checkbox"/> Play – unsupervised	<input type="checkbox"/> Tuckshop
<input type="checkbox"/> Chemicals/Poisons	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Movement Around School	<input type="checkbox"/> Lesson Prep/Cleanup	<input type="checkbox"/> Unauthorised Activity
<input type="checkbox"/> Computer Work	<input type="checkbox"/> First Aid	<input type="checkbox"/> Grounds Care	<input type="checkbox"/> Restraining Student	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Prac	<input type="checkbox"/> School Activity	<input type="checkbox"/> Non-School Activity	<input checked="" type="checkbox"/> Sport	<input type="checkbox"/> Other:
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Assisting Student		<input type="checkbox"/> Travel to/from School	
<b>Cause</b> (√ please tick) – what caused the injury?				
<input type="checkbox"/> Caught In / Between	<input type="checkbox"/> Exposure to ...	<input type="checkbox"/> Lifting/Handling	<input type="checkbox"/> Stepping On / In	<input type="checkbox"/> Other:
<input type="checkbox"/> Contact with ...	<input type="checkbox"/> Object Falling/Flying	<input type="checkbox"/> Repetitive Movement	<input type="checkbox"/> Walking	
	<input checked="" type="checkbox"/> Person Falling	<input type="checkbox"/> Running/Jumping	<input type="checkbox"/> Struck by / or against	
<b>Severity</b> (√ please tick)	<input type="checkbox"/> Minor (first aid / no time lost)	<input checked="" type="checkbox"/> Moderate (needs medical care)	<input type="checkbox"/> Serious (> 4 days away / permanent injury/damage)	<input type="checkbox"/> Fatal
<b>Treatment Required</b> (√ please tick)	<input type="checkbox"/> Nil (none / not applicable)	<input checked="" type="checkbox"/> First Aid (on site by staff/ambulance officer)	<input type="checkbox"/> Doctor / Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation (overnight stay or longer)
<b>If Hospitalised</b> – what is hospital name?				
Who provided first aid? (name) R De Silva				
If first aid – what first aid was provided?				
Possible number of days absent (estimate)		Actual number of days absent		



<b>Possible WorkCover Claim? –</b> Is a claim for compensation likely? (staff only)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Possible Legal Action –</b> Is legal action against the department likely /pending	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	---	--	---

## 7. Injury / Illness Details

Injury/Illness	Location on Body
<input type="checkbox"/> Ache/Pain <input type="checkbox"/> Amputation <input type="checkbox"/> Bite/Sting <input checked="" type="checkbox"/> Bruise/Crush <input type="checkbox"/> Bump/Knock <input type="checkbox"/> Burn/Scald <input type="checkbox"/> Concussion <input type="checkbox"/> Cumulative	<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye(s) <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Tooth/Teeth <input type="checkbox"/> Ear(s) <input type="checkbox"/> Neck <input type="checkbox"/> Back Upper <input type="checkbox"/> Back Lower
<input type="checkbox"/> Cut/Laceration <input checked="" type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Headache <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Infection/Disease <input type="checkbox"/> Irritation/Allergy <input type="checkbox"/> Nausea	<input type="checkbox"/> Chest <input checked="" type="checkbox"/> Shoulder(s) <input type="checkbox"/> Arm(s) <input type="checkbox"/> Elbow(s) <input type="checkbox"/> Wrist(s) <input type="checkbox"/> Hand(s) <input type="checkbox"/> Finger(s) <input type="checkbox"/> Stomach <input type="checkbox"/> Hip(s) <input type="checkbox"/> Groin
<input type="checkbox"/> Poisoning <input type="checkbox"/> Respiratory <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Stress Reaction <input type="checkbox"/> Unconscious <input type="checkbox"/> Unspecified <input type="checkbox"/> Other:	<input type="checkbox"/> Leg(s) <input type="checkbox"/> Knee(s) <input type="checkbox"/> Ankle(s) <input type="checkbox"/> Foot/Feet <input type="checkbox"/> Toe(s) <input type="checkbox"/> Skin <input type="checkbox"/> Respiratory System <input type="checkbox"/> Internal <input type="checkbox"/> Stress Related <input type="checkbox"/> Other:

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified? <input checked="" type="checkbox"/>	(please complete – "reason not contacted" below)
Emergency Contact Name: <b>Rana</b> Phone Number: <b>23/6/2011</b> If "no" - <b>s.47(3)(b) - Contrary to Public Interest</b>	Surname: _____ Date: _____ Time: _____ am _____ pm
Was the injured person aggressive? <b>has strained ligament in shoulder.</b>	Have you been contacted? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Type of Contact: _____	Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special <input type="checkbox"/> Both Physical and Verbal <input type="radio"/>
10. Hazard: What was the hazard?	(stance from school WHSO to determine the hazard) <b>contact sport</b>
Contributing Factors: <input type="checkbox"/> Animal <input type="checkbox"/> Blood / <input type="checkbox"/> Building <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)
Associated Equipment? <b>N/A</b>	<input type="checkbox"/> Non Powered Tool <input type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel
Who identified the Hazard?	When was the hazard identified? Date: _____ Time: _____ am _____ pm

## 11. Details of Witnesses (if any)

(✓ please tick) ☐ Staff Member ☐ School Student ☐ Other Person e.g. volunteer

Details if "Staff" or "Student"

Given Name:	Surname:	EQ ID (if known):
-------------	----------	-------------------

Further information if the person was an "other person" - leave blank if staff or student	Address:	Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
	Suburb:	
	Post Code:	
	Phone:	
Why on school property:		

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: **James Grace** Date: **23/6/11**  
 Name: **James Grace** Job title: **Teacher**

### Further Actions:

- Consult the school Workplace Health and Safety Officer (WSHO) 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WSHO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)

**RESET**



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

Page 1



**Queensland  
Government**  
Education Queensland

**Fax Notification of: Injury**

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

**Fax to:** REGIONAL HEALTH AND SAFETY CONSULTANT

**No:** 07 5562 4844

**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

**Number of Staff:** 200

**Name of WHSO:** CRAIG HODGES

**Principal/Officer in Charge:** JEFF DAVIS

VARSITY LAKES QLD 4227

**Telephone:** 07 5562 3575

**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) - Contrar TRIPPED OVER DURING A TOUCH RUGBY GAME AND INJURED HIS RIGHT SHOULDER. STRAINED LIGEMENT IN SHOULDER.

**Details of Ill/Injured Person**

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

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

**DOB:** Gender: M

**Type/Association:** Student

**Address:**

**Phone:** s.47(3)(b) - Contrary

**Staff Designation:**

**Employee No:**

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

**Emerg. Contact Rel:** FATHER

**Treatment Required:** Doctor / Ambulance / Out-patients

**Hospital**

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

**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 aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 873 s.47(3)(b) - Contrary TRIPPED AND INJURED RIGHT SHOULDER  
Person: s.47(3)(b) - Contrary to Public Int

## Injury/Illness Details:

Nature of Injury/Illness

Part of Body Affected

Sprain / Strain

Shoulder(s)

Ache / Pain / Discomfort

Possible Number of Days Lost:

Possible WorkCover Claim:

No

Actual Number of Days Lost:

Possible Legal Action:

No

## Organisations Contacted:

Organisation

Notes

## Contributing Hazards:

Category

Type

Hazard Description

## Reporting:

Incident initially reported to:

JAMES KIRKHAM GRACE

Association:

Staff

## Witnesses:

Name

ID

Type

Association

JAMES KIRKHAM GRACE

GRACJA

Staff

**Recommended Controls:** ALL CONTROL STRATEGIES WERE IN PLACE

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

Signature:

  
Principal / Officer in Charge

Date:

23/6/11



# 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

6487

**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:** 1/8/11 **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: JOHN	Surname: AIELLO	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:			
Suburb:		Postcode:	
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 10.15am

\* **Location of Incident:** Where the Incident occurred

Departmental Location/Base Location OVAL	Name of Facility HPE SPORTS OVAL.
Actual Incident Address: (Street Address of any non-DET location)	

## \* Summary/Description of Incident:

CORKED CALF MUSCLE (LEFT) DURING A GAME OF TOUCH FOOTBALL.

## \* Immediate Action Taken:

<input type="checkbox"/> Nil -- (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		JOHN AIELLO WITH FEMALE STUDENT ASSISTANCE.		
If First Aid - what first aid was provided?		ICE-PACK APPLIED		

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

Did an evacuation occur? ☐ Yes ☒ No Did a lockdown occur? ☐ Yes ☒ No

Location/s involved:

**INSTRUCTIONS:** Select one or more Incident Types – however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

RTI application 340/5/3026 - Varsity College - Document 201 of 269



Did this incident occur during a journey to or from work or during an ordinary recess break at work? ☐ Yes ☐ No

**INJURY/ILLNESS DETAILS**

\* Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval)

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contr	Given Name: s.47(3)(b) - Contrary to Public Interest	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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: Varsity College

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): TEACHER / SUPERVISING H.P.E.

Do you want to lodge a workcover claim for this incident? ☐ Yes ☐ No

<input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)	<input type="checkbox"/> Work Caused Injury (Class A)	<input type="checkbox"/> Bodily Injury (Class B)
<input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A)	<input type="checkbox"/> Psychological Illness (Class P)	<input type="checkbox"/> Workcover Journey/Recess Claim (Class C)
<input checked="" type="checkbox"/> Minor Injury or Incident (Class C)		

<input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Tooth/Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Elbows <input type="checkbox"/> Shoulders	<input type="checkbox"/> Hands <input type="checkbox"/> Wrists <input type="checkbox"/> Back <input type="checkbox"/> Mouth <input type="checkbox"/> Chest <input type="checkbox"/> Fingers <input type="checkbox"/> Abdomen/Stomach <input type="checkbox"/> Hips <input checked="" type="checkbox"/> Legs <input type="checkbox"/> Groin Area	<input type="checkbox"/> Knees <input type="checkbox"/> Foot/Feet <input type="checkbox"/> Toes <input type="checkbox"/> Ankles <input type="checkbox"/> Skin <input type="checkbox"/> Respiratory System <input type="checkbox"/> Internal Organs <input type="checkbox"/> Spine <input type="checkbox"/> Psychological Condition <input checked="" type="checkbox"/> Other <u>CALF MUSCLE</u>	<input checked="" type="checkbox"/> Ache/Pain <input type="checkbox"/> Cut/Laceration <input type="checkbox"/> Amputation <input type="checkbox"/> Bite/Sting <input checked="" type="checkbox"/> Bruise/Crush <input type="checkbox"/> Dislocation <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Burn/Scald <input type="checkbox"/> Fracture	<input type="checkbox"/> Infection/Disease <input type="checkbox"/> Hearing Loss/Deafness <input type="checkbox"/> Psychological Stress <input type="checkbox"/> Allergy <input type="checkbox"/> Skin Irritation/Dermatitis <input type="checkbox"/> Heat/Cold Stress <input type="checkbox"/> Poisoning <input type="checkbox"/> Respiratory <input type="checkbox"/> Puncture/Needlestick	<input type="checkbox"/> Weld Flash <input type="checkbox"/> Eye Disorder <input type="checkbox"/> Foreign Body <input type="checkbox"/> Head Injury <input type="checkbox"/> Internal Injury <input type="checkbox"/> Heart or Circulatory Condition <input type="checkbox"/> Other _____
--	--	--	--	--	--

<input type="checkbox"/> Slip, Trip or Fall <input checked="" type="checkbox"/> Contact with, or striking against object <input type="checkbox"/> Vibration <input type="checkbox"/> Struck by falling or moving object <input type="checkbox"/> Noise <input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Repetitive movement <input type="checkbox"/> Muscular effort – single event <input type="checkbox"/> Electricity <input type="checkbox"/> Thermal (heat/cold) <input type="checkbox"/> Radiation <input type="checkbox"/> Chemical/Substance	<input type="checkbox"/> Animal or insect <input type="checkbox"/> Biological <input type="checkbox"/> Psychological <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____
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<input type="checkbox"/> Machinery and fixed plant <input type="checkbox"/> Mobile plant/machinery <input type="checkbox"/> Vehicle (Government) <input type="checkbox"/> Vehicle (Private) <input type="checkbox"/> Powered equipment, tools and appliances <input type="checkbox"/> Non-powered tools <input type="checkbox"/> Non-powered equipment (eg.playground)	<input type="checkbox"/> Chemicals <input type="checkbox"/> Foreign Objects (eg.projectors, splinters) <input checked="" type="checkbox"/> Outdoor environment <input type="checkbox"/> Indoor environment <input type="checkbox"/> Animals <input type="checkbox"/> Human agencies <input type="checkbox"/> Biological agent	<input type="checkbox"/> Needlestick <input type="checkbox"/> Fire/explosion <input type="checkbox"/> Electricity <input type="checkbox"/> Radiation/Arc Flash <input type="checkbox"/> Stress/Trauma <input type="checkbox"/> Temperature <input type="checkbox"/> Other _____
--	---	---

<input type="checkbox"/> Admin General <input type="checkbox"/> Chemical use <input type="checkbox"/> Computer work <input type="checkbox"/> Curriculum Prac <input type="checkbox"/> Curriculum Theory <input type="checkbox"/> Playground Duty <input type="checkbox"/> Equipment Usage	<input type="checkbox"/> First Aid <input type="checkbox"/> Lifting/Manual handling <input type="checkbox"/> Movement around the worksite <input type="checkbox"/> Grounds care <input type="checkbox"/> Play (supervised/unsupervised) <input type="checkbox"/> Restraining a students	<input checked="" type="checkbox"/> Sports <input type="checkbox"/> Travel to/from the workplace <input type="checkbox"/> Excursions/field trips <input type="checkbox"/> Work General <input type="checkbox"/> Other _____
---	--	---

Name of person completing form: JOHN AIELLO

Date: 1/8/11

Signature: [Signature]

Job title: TEACHER



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-6997

## Entered By

Meatchem, Francesca Lucinda, s 47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Signed Off and Closed

## Reporting Details

## \* Reported Date

01/08/11

## Reported Time (24 hour HH:MM)

13:58

## Reported by Staff

Aiello, John Angelo, s 47(3)(f) Male, OneSchool Role, 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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

01/08/11

## Incident Time (24 hour HH:MM)

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

198 Varsity Parade

## Actual Incident Address 2

## \* Suburb

Varsity lakes

## \* State (eg. QLD)

QLD

## Post Code

4227

## \* Summary of Incident

Corked calf muscle

## Detailed Description of Incident

During a game of touch football s.47(3)(b) - corked her calf muscle

## Immediate Action Taken



Ice pack applied

**Related Hazards**

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

**\* Supervising Officer**[Click here for help selecting Supervising Officer](#)Thomas, Lisa Dawn s.47(3)(b) Female, Princpl Advisor, South East One**Elected Workplace Health and Safety Representative**Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College**Evacuation Details****Did an evacuation occur?**☐ Yes ☒ No**Did a lockdown occur?**☐ Yes ☒ No**Locations Involved**

Location
No Records

**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

**Was this a Dangerous Incident as defined under Legislation?**[Click here for definition of Dangerous Incident](#)☐ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.**

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
IND-6487	Student corked calf muscle during game of touch football.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>

Submit Incident Record for Review

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

**\* Submit Incident Record for review?**☒ Yes ☐ No

Incident Review

**Review Incident Classification****Incident Classification (generated on save)**

B - Investigation is Required

**If this is a Psychological Illness, is the Incident notifiable to Workplace Health and Safety Queensland (WHSQ)?**☐ Yes ☒ No[Click here for Information on Incident Classifications and WHSQ notification requirements](#)



## Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

## Details of Further Actions

## Further Actions Undertaken By

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

## Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

## Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No
[Click here for a list of trained Health and Safety Investigators](#)

## Person Responsible for Investigation

## Reasons for Not Investigating

Not required

File Attachments

## File Attachment

Attached File	File Type	Date Loaded	File Upload
No Records	No Records	No Records	No

Actions

## Actions

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

Case Notes

## Case Notes

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



# 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): **14:45**

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: <b>TRACEE</b>	Surname: <b>STEELE</b>	EQ ID (if known): <b>s.47(3)(b) - Contra</b>	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: <b>s.47(3)(b) - Contrary to Public Interest</b>			
Suburb: <b>s.47(3)(b) - Contrary to</b>	Postcode: <b>s.47(3)(b) - C</b>		
Phone: (M) <b>s.47(3)(b) - Cont</b>	(W)	(H)	
Other person Employer:			

Reported to: **TRACEE STEELE (Teacher)**  
Who 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	Name of Facility
Actual Incident Address: (Street Address of any non-DET location)	

## \* Summary/Description of Incident:

**Student was playing soccer (as part of yr 7 sport programme) and tripped and hurt his knee.**

## \* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name) <b>Tracee Steele</b>				
First Aid - what first aid was provided? <b>Ice to knee</b>				

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)

Did an evacuation occur? ☐ Yes ☒ No Did a lockdown occur? ☐ Yes ☒ No

Location/s involved:

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Other	



Did this incident occur during a journey to or from 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)

Injured left knee

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contrary to P	Given Name: s.47(3)(b) - Contrary to P	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	

(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: 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? ☐ Yes ☐ No

<input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)	<input type="checkbox"/> Work Caused Injury (Class A)	<input checked="" type="checkbox"/> Bodily Injury (Class B)
<input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A)	<input type="checkbox"/> Psychological Illness (Class P)	<input type="checkbox"/> Workcover Journey/Recess Claim (Class C, <input type="checkbox"/> Minor Injury or Incident (Class C)

<input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Tooth/Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Elbows <input type="checkbox"/> Shoulders	<input type="checkbox"/> Hands <input type="checkbox"/> Wrists <input type="checkbox"/> Back <input type="checkbox"/> Mouth <input type="checkbox"/> Chest <input type="checkbox"/> Fingers <input type="checkbox"/> Abdomen/Stomach <input type="checkbox"/> Hips <input type="checkbox"/> Legs <input type="checkbox"/> Groin Area	<input checked="" type="checkbox"/> Knees <input type="checkbox"/> Foot/Feet <input type="checkbox"/> Toes <input type="checkbox"/> Ankles <input type="checkbox"/> Skin <input type="checkbox"/> Respiratory System <input type="checkbox"/> Internal Organs <input type="checkbox"/> Spine <input type="checkbox"/> Psychological Condition <input type="checkbox"/> Other _____	<input type="checkbox"/> Ache/Pain <input type="checkbox"/> Cut/Laceration <input type="checkbox"/> Amputation <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Bruise/Crush <input type="checkbox"/> Dislocation <input checked="" type="checkbox"/> Sprain/Strain <input type="checkbox"/> Burn/Scald <input type="checkbox"/> Fracture	<input type="checkbox"/> Infection/Disease <input type="checkbox"/> Hearing Loss/Deafness <input type="checkbox"/> Psychological Stress <input type="checkbox"/> Allergy <input type="checkbox"/> Skin Irritation/Dermatitis <input type="checkbox"/> Heat/Cold Stress <input type="checkbox"/> Poisoning <input type="checkbox"/> Respiratory <input type="checkbox"/> Puncture/Needlestick	<input type="checkbox"/> Weld Flash <input type="checkbox"/> Eye Disorder <input type="checkbox"/> Foreign Body <input type="checkbox"/> Head Injury <input type="checkbox"/> Internal Injury <input type="checkbox"/> Heart or Circulatory Condition <input type="checkbox"/> Other _____
--	---	---	---	--	--

<input checked="" type="checkbox"/> Slip, Trip or Fall <input type="checkbox"/> Contact with, or striking against object <input type="checkbox"/> Vibration <input type="checkbox"/> Struck by falling or moving object <input type="checkbox"/> Noise <input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Repetitive movement <input type="checkbox"/> Muscular effort – single event <input type="checkbox"/> Electricity <input type="checkbox"/> Thermal (heat/cold) <input type="checkbox"/> Radiation <input type="checkbox"/> Chemical/Substance	<input type="checkbox"/> Animal or insect <input type="checkbox"/> Biological <input type="checkbox"/> Psychological <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____
--	--	--

<input type="checkbox"/> Machinery and fixed plant <input type="checkbox"/> Mobile plant/machinery <input type="checkbox"/> Vehicle (Government) <input type="checkbox"/> Vehicle (Private) <input type="checkbox"/> Powered equipment, tools and appliances <input type="checkbox"/> Non-powered tools <input type="checkbox"/> Non-powered equipment (eg. playground)	<input type="checkbox"/> Chemicals <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) <input checked="" type="checkbox"/> Outdoor environment <input type="checkbox"/> Indoor environment <input type="checkbox"/> Animals <input type="checkbox"/> Human agencies <input type="checkbox"/> Biological agent	<input type="checkbox"/> Needlestick <input type="checkbox"/> Fire/explosion <input type="checkbox"/> Electricity <input type="checkbox"/> Radiation/Arc Flash <input type="checkbox"/> Stress/Trauma <input type="checkbox"/> Temperature <input type="checkbox"/> Other _____
---	--	---

<input type="checkbox"/> Admin General <input type="checkbox"/> Chemical use <input type="checkbox"/> Computer work <input type="checkbox"/> Curriculum Prac <input type="checkbox"/> Curriculum Theory <input type="checkbox"/> Playground Duty <input type="checkbox"/> Equipment Usage	<input type="checkbox"/> First Aid <input type="checkbox"/> Lifting/Manual handling <input type="checkbox"/> Movement around the worksite <input type="checkbox"/> Grounds care <input type="checkbox"/> Play (supervised/unsupervised) <input type="checkbox"/> Restraining a students	<input checked="" type="checkbox"/> Sports <input type="checkbox"/> Travel to/from the workplace <input type="checkbox"/> Excursions/field trips <input type="checkbox"/> Work General <input type="checkbox"/> Other _____
---	--	---

Name of person completing form: Trace Steere

Date: 16/8/11

Signature: 

Job title: Teacher

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## Incident

Incident Record

## \*Required Fields


## Incident ID (generated on save)

INC-2273

## Entered By

Jackson, Vanessa Laurice Maria, s.47(3)(b) Female, Adm Officer (AAEP), OneSchool Role, Varsity College

## Incident Status

Signed Off and Closed 

## Reporting Details

## \* Reported Date

12/08/11

## Reported Time (24 hour HH:MM)

14:45

## Reported by Staff

Steele, Tracee Lee, s.47(3)(b) Female, OneSchool Role, 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 Person State (eg. QLD)

## Other Person Post Code

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

12/08/11

## Incident Time (24 hour HH:MM)

14:45

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

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

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4227

## \* Summary of Incident

Student tripped and hurt his knee

## Detailed Description of Incident

Student was playing soccer(as part of Y7 sport programme) and tripped and hurt his knee

## Immediate Action Taken



First Aid on site - ice

**Related Hazards**

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

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

Steele, Tracee Lee, s.47(3)(b) 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 College

**Evacuation Details**

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No**Locations Involved**

Location
No Records

**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☐ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.**

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name	Staff Name	Other Name
INJ-2096	Injured left knee	s.47(3)(b) - Contrary to Public Interest		

Submit Incident Record for Review

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

**\* Submit Incident Record for review?**☒ Yes ☐ No

Incident Review

**Review Incident Classification****Incident Classification (generated on save)**

B - Investigation is Required

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

☐ Yes ☒ No



### Review and Provide Actions

☒ Yes ☐ No

☐ Yes ☒ No

## No further action

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

☐ Yes ☐ No

### Additional People to Notify

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

Assign Investigator

☐ Yes ☐ No

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

Person Responsible for Investigation

### Reasons for Not Investigating

No further action required

File Attachments

**File Attachment**

Attached File	File Type	Date Loaded	File Uploaded By - User
No Records	No Records	No Records	No Records

### Actions

### Actions

Due Date	Action ID	Action Title	Assigned To
No Records	No Records	No Records	No Records

### Case Notes

### Case Notes

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

6930

**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:** 1/9/11 **Reported Time (24Hour HH:mm):** 14:00

\* **Reported by:** - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☐ Student ☐ Other person

Given Name: DANE	Surname: POWELL	EQ ID (if known):	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public Interest			
Suburb: s.47(3)(b) - Contrary to Public Interest		Postcode: s.47(3)(b)	
Phone: (M) (W) (H)			
Other person Employer:			

**Reported to:**

(who was the first person informed of the incident, if known?)

\* **Date of Incident:** 1/9/2011 \* **Time incident Occurred:** (24 hour hh:mm) 14:00

\* **Location of Incident:** Where the Incident occurred

Departmental Location/Base Location Varsity College	Name of Facility SPORTS HALL
Actual Incident Address: (Street Address of any non-DET location)	

\* **Summary/Description of Incident:**

Playing ball games. s.47(3)(b) - stepped on a ball and rolled his ankle.

\* **Immediate Action Taken:**

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		Dane Powell, James Grace		
If First Aid - what first aid was provided?		Rest, Ice, Elevation		

**Was a hazard identified as a result of the incident:**

(⇒New hazards can be entered online into MyHR WHS Solution via 'enter new hazard')

3:30pm left msg Dad's mob, # on mum's mob, mum's hm disconnected. ☐ Yes (please provide hazard details below) ☒ No

\* **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 an evacuation occur?** ☐ Yes ☒ No **Did a lockdown occur?** ☐ Yes ☒ No

**Location/s involved:**

**INSTRUCTIONS:** Select one or more Incident Types – however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	



Did this incident occur during a journey to or from work or during an ordinary recess break at work? ☐ Yes ☐ No

### INJURY/ILLNESS DETAILS

\* Provide a detailed description of the injury or illness (i.e. Fractured right ankle following fall on school oval)

Minor injury - Rolled ankle.

\* The injured Person's Details (select one box only)

(✓ please tick) ☐ Staff ☒ Student ☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contra	Given Name: s.47(3)(b) - Co	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public Interest		
Suburb:	Postcode: s.47(3)(b) - Co	

(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: SPORTS HALL

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): TE

Do you want to lodge a workcover claim for this incident? ☐ Yes ☒ No

<input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)	<input type="checkbox"/> Work Caused Injury (Class A)	<input type="checkbox"/> Bodily Injury (Class B)
<input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A)	<input type="checkbox"/> Psychological Illness (Class P)	<input type="checkbox"/> Workcover Journey/Recess Claim (Class C)
		<input checked="" type="checkbox"/> Minor Injury or Incident (Class C)

<input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Tooth/Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Elbows <input type="checkbox"/> Shoulders	<input type="checkbox"/> Hands <input type="checkbox"/> Wrists <input type="checkbox"/> Back <input type="checkbox"/> Mouth <input type="checkbox"/> Chest <input type="checkbox"/> Fingers <input type="checkbox"/> Abdomen/Stomach <input type="checkbox"/> Hips <input type="checkbox"/> Legs <input type="checkbox"/> Groin Area	<input type="checkbox"/> Knees <input type="checkbox"/> Foot/Feet <input type="checkbox"/> Toes <input checked="" type="checkbox"/> Ankles <input type="checkbox"/> Skin <input type="checkbox"/> Respiratory System <input type="checkbox"/> Internal Organs <input type="checkbox"/> Spine <input type="checkbox"/> Psychological Condition <input type="checkbox"/> Other _____	<input type="checkbox"/> Ache/Pain <input type="checkbox"/> Cut/Laceration <input type="checkbox"/> Amputation <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Bruise/Crush <input type="checkbox"/> Dislocation <input checked="" type="checkbox"/> Sprain/Strain <input type="checkbox"/> Burn/Scald <input type="checkbox"/> Fracture	<input type="checkbox"/> Infection/Disease <input type="checkbox"/> Hearing Loss/Deafness <input type="checkbox"/> Psychological Stress <input type="checkbox"/> Allergy <input type="checkbox"/> Skin Irritation/Dermatitis <input type="checkbox"/> Heat/Cold Stress <input type="checkbox"/> Poisoning <input type="checkbox"/> Respiratory <input type="checkbox"/> Puncture/Needlestick	<input type="checkbox"/> Weld Flash <input type="checkbox"/> Eye Disorder <input type="checkbox"/> Foreign Body <input type="checkbox"/> Head Injury <input type="checkbox"/> Internal Injury <input type="checkbox"/> Heart or Circulatory Condition <input type="checkbox"/> Other _____
--	---	---	---	--	--

<input checked="" type="checkbox"/> Slip, Trip or Fall <input type="checkbox"/> Contact with, or striking against object <input type="checkbox"/> Vibration <input type="checkbox"/> Struck by falling or moving object <input type="checkbox"/> Noise <input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Repetitive movement <input type="checkbox"/> Muscular effort – single event <input type="checkbox"/> Electricity <input type="checkbox"/> Thermal (heat/cold) <input type="checkbox"/> Radiation <input type="checkbox"/> Chemical/Substance	<input type="checkbox"/> Animal or insect <input type="checkbox"/> Biological <input type="checkbox"/> Psychological <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____
--	--	--

<input type="checkbox"/> Machinery and fixed plant <input type="checkbox"/> Mobile plant/machinery <input type="checkbox"/> Vehicle (Government) <input type="checkbox"/> Vehicle (Private) <input type="checkbox"/> Powered equipment, tools and appliances <input type="checkbox"/> Non-powered tools <input type="checkbox"/> Non-powered equipment (eg. playground)	<input type="checkbox"/> Chemicals <input type="checkbox"/> Foreign Objects (eg. projectors, splinters) <input type="checkbox"/> Outdoor environment <input type="checkbox"/> Indoor environment <input type="checkbox"/> Animals <input type="checkbox"/> Human agencies <input type="checkbox"/> Biological agent	<input type="checkbox"/> Needlestick <input type="checkbox"/> Fire/explosion <input type="checkbox"/> Electricity <input type="checkbox"/> Radiation/Arc Flash <input type="checkbox"/> Stress/Trauma <input type="checkbox"/> Temperature <input checked="" type="checkbox"/> Other <u>SPORTS</u>
---	---	--

<input type="checkbox"/> Admin General <input type="checkbox"/> Chemical use <input type="checkbox"/> Computer work <input type="checkbox"/> Curriculum Prac <input type="checkbox"/> Curriculum Theory <input type="checkbox"/> Playground Duty <input type="checkbox"/> Equipment Usage	<input type="checkbox"/> First Aid <input type="checkbox"/> Lifting/Manual handling <input type="checkbox"/> Movement around the worksite <input type="checkbox"/> Grounds care <input type="checkbox"/> Play (supervised/unsupervised) <input type="checkbox"/> Restraining a students	<input checked="" type="checkbox"/> Sports <input type="checkbox"/> Travel to/from the workplace <input type="checkbox"/> Excursions/field trips <input type="checkbox"/> Work General <input type="checkbox"/> Other _____
---	--	---

Name of person completing form: DANE POWELL Date: 1/9/2011

Signature: [Signature] Job title: TEACHER



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-6930

## Entered By

Meatchem, Francesca Lucinda, s.47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Signed Off and Closed

## Reporting Details

## \* Reported Date

01/09/11

## Reported Time (24 hour HH:MM)

15:07

## Reported by Staff

Grace, James Kirkham, s.47(3)(f) Male, OneSchool Role, 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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

01/09/11

## Incident Time (24 hour HH:MM)

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

198 Varsity College

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4213

## \* Summary of Incident

Playing ball. s.47(f) stepped on a ball and rolled his ankle.

## Detailed Description of Incident

Student rolled ankle when he stepped on a ball

## Immediate Action Taken



Rest/Ice/Elevation

**Related Hazards**

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

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

Thomas, Lisa Dawn, s.47(3)(f) Female, Prncpl Advisor, South East One

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
INJ-6425	Student playing ball - stepped on ball, rolled ankle.	s.47(3)(b) - Contrary to Public Interest

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

**Review Incident Classification**

Incident Classification (generated on save)

B - Investigation is Required

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

☒ Yes ☒ No

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



## Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

## Details of Further Actions

--

## Further Actions Undertaken By

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

## Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

## Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No
[Click here for a list of trained Health and Safety Investigators](#)

## Person Responsible for Investigation

--

## Reasons for Not Investigating

Not required
--------------

File Attachments

## File Attachment

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

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



# 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

Given Name: Sam	Surname: Fowler	EQ ID (if known): s.47(3)(b) - Contrary to P	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address: s.47(3)(b) - Contrary to Public Interest			
Suburb: s.47(3)(b) - Contrary to	Postcode: s.47(3)(b)		
Phone: (M) s.47(3)(b) - Contrary to (W) (H)			
Other person Employer:			

Reported to:

(who was the first person informed of the incident, if known?)

## INCIDENT DETAILS

\* Date of Incident: 9-9-14

\* Time incident Occurred: (24 hour hh:mm) Morning Tea.

\* Location of Incident: Where the Incident occurred Owl

Departmental Location/Base Location PE office.	Name of Facility, Varsity College.
Actual Incident Address: (Street Address of any non-DET location) Varsity Parade, Varsity Lakes 4226	

\* Summary/Description of Incident:

Playing touch football, tripped over and hurt head.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name) Sam Fowler				
First Aid - what first aid was provided?		Initial inspection of wound, spoke to victim, suggest further examination by office nurse.		

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: Sam 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

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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	



Did this incident occur during a journey to or from 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 injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname:

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

Given Name:

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

Type of other Person

☐ Client

☐ Contractor

☐ Parent

☐ Visitor

☐ Volunteer

☐ Other

Address:

Suburb:

Postcode:

(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)

☐ Serious Bodily Injury - Non Fatality (Class A)

☐ Work Caused Injury (Class A)

☐ Psychological Illness (Class P)

☐ Bodily Injury (Class B)

☐ Workcover Journey/Recess Claim (Class C)

☒ Minor Injury or Incident (Class C)

**Bodily Location (main 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

☐ Knees

☐ Foot/Feet

☐ Toes

☐ Ankles

☐ Skin

☐ Respiratory System

☐ Internal Organs

☐ Spine

☐ Psychological

☐ Condition

☐ Other \_\_\_\_\_

**Nature of Injury/Illness (main injury) - select one**

☒ Ache/Pain

☐ Cut/Laceration

☐ Amputation

☐ Bite/Sting

☐ Bruise/Crush

☐ Dislocation

☐ Sprain/Strain

☐ Burn/Scald

☐ Fracture

☐ Infection/Disease

☐ Hearing Loss/Deafness

☐ Psychological Stress

☐ Allergy

☐ Skin

☐ Irritation/Dermatitis

☐ Heat/Cold Stress

☐ Poisoning

☐ Respiratory

☐ Puncture/Needlestick

☐ Weld Flash

☐ Eye Disorder

☐ Foreign Body

☒ Head Injury

☐ Internal Injury

☐ Heart or

Circulatory

Condition

☐ Other \_\_\_\_\_

**Cause of Injury/Illness - 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

☐ Animal or insect

☐ Biological

☐ Psychological

☐ Vehicle

☐ Other \_\_\_\_\_

**Contributing Factor / Agency - 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 Objects (eg. projectors, splinters)

☒ Outdoor environment

☐ Indoor environment

☐ Animals

☐ Human agencies

☐ Biological agent

☐ Needlestick

☐ Fire/explosion

☐ Electricity

☐ Radiation/Arc Flash

☐ Stress/Trauma

☐ Temperature

☐ Other \_\_\_\_\_

**Activity - select one of the following**

☐ Admin General

☐ Chemical use

☐ Computer work

☐ Curriculum Prac

☐ Curriculum Theory

☐ Playground Duty

☐ Equipment Usage

☐ First Aid

☐ Lifting/Manual handling

☐ Movement around the worksite

☐ Grounds care

☐ Play (supervised/unsupervised)

☐ Restraining a students

☒ Sports

☐ Travel to/from the workplace


☐ Excursions/field trips

☐ Work General

☐ Other \_\_\_\_\_

Name of person completing form: Sam Fowler

Date: 13-9-11

Signature: 

Job title: PE TEACHER

**RTI application 340/5/3026 - Varsity College - Document 217 of 269**



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-2938

## Entered By

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

13/09/11

## Reported Time (24 hour HH:MM)

09:26

## Reported by Staff

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 Person State (eg. QLD)

## Other Person Post Code

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

09/09/11

## Incident Time (24 hour HH:MM)

11:15

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

Senior School Oval

## \* Actual Incident Address 1

198 Varsity Parade

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

qld

## Post Code

4227

## \* Summary of Incident

Tripped and hurt head

## Detailed Description of Incident

Playing touch football on the oval, tripped over and hurt head

## Immediate Action Taken



initial inspection of wound, spoke to victim, suggested further examination by office/nurse

#### 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

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 Worker, Varsity College

#### Evacuation Details

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

#### Locations Involved

Location
No Records

#### Incident Types

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

☒ Yes ☒ No

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

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

#### Injury/Illness

##### Injury/Illness

Injury/Illness ID	Description	Student Name	Staff Name Other Name
INJ-2733	Student playing touch football on the oval, tripped over and hurt head	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Public Interest</span>	

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

#### Incident Review

#### Review Incident Classification

##### Incident Classification (generated on save)

C - Investigation is Optional

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

#### Details of Further Actions

No further action required

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☒

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No

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

Person Responsible for Investigation

Reasons for Not Investigating

No further action required

File Attachments

#### File Attachment

Attached File	File Type	Date Loaded	File Uploaded By - User
No Records	No Records	No Records	No Records

Actions

#### Actions

Due Date	Action ID	Action Title	Assigned To
No Records	No Records	No Records	No Records

Case Notes

#### Case Notes

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



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-3156

## Entered By

Meatchem, Francesca Lucinda, s 47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

New

## Reporting Details

## \* Reported Date

20/09/11

## Reported Time (24 hour HH:MM)

15:45

## Reported by Staff

Aiello, John Angelo, s 47(3)(f) Male, OneSchool Role, 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 Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

01/08/11

## Incident Time (24 hour HH:MM)

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

HPE Sports Oval

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

Qld

## Post Code

## \* Summary of Incident

Corked calf muscle (left) during a game of touch football

## Detailed Description of Incident

Corked calf muscle (left) during a game of touch football

## Immediate Action Taken



Ice pack applied by John Aiello and a female student assisting

**Related Hazards**

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

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

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(f) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name	Staff Name
No Records	No Records	No Records	No Records

[Add New Injury/Illness](#)

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

Actions

**Actions**

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

[Add New Actions](#)



# 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: 05 October 2011 Reported Time (24Hour HH:mm): 1115.

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

<input checked="" type="checkbox"/> Staff		<input type="checkbox"/> Student	<input type="checkbox"/> Other person
Given Name: Kathy	Surname: Smith	EQ ID (if known): s.47(3)(b) - Contrary to Pub	
Address:		Type of other Person	
Suburb:		<input type="checkbox"/> Client	
Postcode:		<input type="checkbox"/> Contractor	
Phone: (M) (W) (H)		<input type="checkbox"/> Parent	
Other person Employer: Education Queensland		<input type="checkbox"/> Visitor	
		<input type="checkbox"/> Volunteer	
		<input type="checkbox"/> Other	

Reported to:

(who was the first person informed of the incident, if known?)

## INCIDENT DETAILS

\* Date of Incident: 05 October 2011 \* Time incident Occurred: (24 hour hh:mm) 1115

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location	Name of Facility
Senior Oval, Varsity College	Varsity College
Actual Incident Address: (Street Address of any non-DET location)	
Assembly Drive, Varsity Lakes	

\* Summary/Description of Incident:

s.47(3)(b) was playing touch football on the oval with friends when he was knocked to the ground by another student. It appeared to be accidental, s.47(3)(b) hr.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		Kathy Smith.		
If First Aid - what first aid was provided?		Moved into recovery position.		

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:

Lise Thomas.  
(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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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.

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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)

Severe knock to the head during touch football game on oval.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname:	s.47(3)(b) - Contrary to	Given Name:	s.47(3)(b) - C	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:				
Suburb:	s.47(3)(b) - Contrary to Public Inte	Postcode:		

(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: 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? ☐ Yes ☐ No

**INJURY/ILLNESS CLASSIFICATION – Select one of the following**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)     | <input type="checkbox"/> Work Caused Injury (Class A)    | <input type="checkbox"/> Bodily Injury (Class B)                  |
| <input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A) | <input type="checkbox"/> Psychological Illness (Class P) | <input type="checkbox"/> Workcover Journey/Recess Claim (Class C) |
| <input checked="" type="checkbox"/> Minor Injury or Incident (Class C)  |  |   |

Bodily Location (main injury) – select one			Nature of Injury/illness (main injury) – select one		
<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees	<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes	<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input checked="" type="checkbox"/> Head Injury
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin	<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	Circulatory
<input type="checkbox"/> Arms	<input type="checkbox"/> Hips	<input type="checkbox"/> Spine	<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	Condition
<input type="checkbox"/> Elbows	<input type="checkbox"/> Legs	<input type="checkbox"/> Psychological Condition	<input type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____		<input type="checkbox"/> Puncture/ Needlestick	

**Cause of Injury/illness – select one of the following**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Slip, Trip or Fall                            | <input type="checkbox"/> Repetitive movement            | <input type="checkbox"/> Animal or insect |
| <input type="checkbox"/> Contact with, or striking against object      | <input type="checkbox"/> Muscular effort – single event | <input type="checkbox"/> Biological       |
| <input type="checkbox"/> Vibration                                     | <input type="checkbox"/> Electricity                    | <input type="checkbox"/> Psychological    |
| <input checked="" type="checkbox"/> Struck by falling or moving object | <input type="checkbox"/> Thermal (heat/cold)            | <input type="checkbox"/> Vehicle          |
| <input type="checkbox"/> Noise   | <input type="checkbox"/> Radiation                      | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Explosion or implosion (pressure variation)   | <input type="checkbox"/> Chemical/Substance             |   |

**Contributing Factor / Agency – select one of the following**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Machinery and fixed plant               | <input type="checkbox"/> Chemicals                                  | <input type="checkbox"/> Needlestick         |
| <input type="checkbox"/> Mobile plant/machinery                  | <input type="checkbox"/> Foreign Objects (eg.projectors, splinters) | <input type="checkbox"/> Fire/explosion      |
| <input type="checkbox"/> Vehicle (Government)                    | <input checked="" type="checkbox"/> Outdoor environment             | <input type="checkbox"/> Electricity         |
| <input type="checkbox"/> Vehicle (Private)                       | <input type="checkbox"/> Indoor environment                         | <input type="checkbox"/> Radiation/Arc Flash |
| <input type="checkbox"/> Powered equipment, tools and appliances | <input type="checkbox"/> Animals                                    | <input type="checkbox"/> Stress/Trauma       |
| <input type="checkbox"/> Non-powered tools                       | <input type="checkbox"/> Human agencies                             | <input type="checkbox"/> Temperature         |
| <input type="checkbox"/> Non-powered equipment (eg.playground)   | <input type="checkbox"/> Biological agent                           | <input type="checkbox"/> Other _____         |

**Activity – select one of the following**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Admin General     | <input type="checkbox"/> First Aid                                 | <input type="checkbox"/> Sports                       |
| <input type="checkbox"/> Chemical use      | <input type="checkbox"/> Lifting/Manual handling                   | <input type="checkbox"/> Travel to/from the workplace |
| <input type="checkbox"/> Computer work     | <input type="checkbox"/> Movement around the worksite              | <input type="checkbox"/> Excursions/field trips       |
| <input type="checkbox"/> Curriculum Prac   | <input type="checkbox"/> Grounds care                              | <input type="checkbox"/> Work General                 |
| <input type="checkbox"/> Curriculum Theory | <input checked="" type="checkbox"/> Play (supervised/unsupervised) | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Playground Duty   | <input type="checkbox"/> Restraining a students                    |   |
| <input type="checkbox"/> Equipment Usage   |  |   |

Name of person completing form: Kathy Smith Date: 05/10/2011

Signature: KSmith Job title: Teacher



## Incident

Incident Record

**\*Required Fields****Incident ID (generated on save)**

INC-5641

**Entered By**

Firth, Wendy Christine, s.47(3) Female, OneSchool Aide, Varsity College

**Incident Status**

Signed Off and Closed

**Reporting Details****\* Reported Date**

28/10/11

**Reported Time (24 hour HH:MM)**

12:03

**Reported by Staff**

Harriott, Stephen Ronald, s.47(3) Male, HOD-Prac Arts, OneSchool Role, 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 Post****Other Person Phone Number****Other Person Employer****Reported To****Incident Details****\* Incident Date**

28/10/11

**Incident Time (24 hour HH:MM)**

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

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

**\* Departmental Incident Location or Base Location**

Varsity College

**Non-Departmental Incident Location****\* Actual Incident Address 1**

Assembly Drive

**Actual Incident Address 2****\* Suburb**

Varsity Lakes

**\* State (eg. QLD)**

Qld

**Post Code**

4227

**\* Summary of Incident**

s.47 was accidentally kicked in the eye by another student in the class during a game of futsal during PE lesson.

**Detailed Description of Incident**

s.47(3) suffered a black eye and redness in the left eye as a result of the contact. Ice was applied for 20 mins but due to the bruising and irritation in the eye, she was sent to first aid.

**Immediate Action Taken**



ice applied

**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**

Harriott, Stephen Ronald, s.47(3) Male, HOD-Prac Arts, OneSchool Role, 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 Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☐ Yes ☒ No

Did a lockdown occur?

☐ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

☐ Yes ☒ No

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

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student
INJ-13402	<span style="border: 1px solid red; padding: 0 2px;">s.47</span> suffered a black eye and redness in the left eye as a result of the contact. Ice was applied for 20 mins but due to the bruising and irritation in the eye, she was sent to first aid.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - C</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☐ No

Incident Review

**Review Incident Classification**

Incident Classification (generated on save)

C - Investigation is Optional

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



☐ Yes ☐ No

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

#### Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No

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

#### Person Responsible for Investigation

#### Reasons for Not Investigating

Not required

File Attachments

#### File Attachment

Attached File	File Type	Date Loaded	File Upload
No Records	No Records	No Records	No

Actions

#### Actions

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

Case Notes

#### Case Notes



Date of Note  
*No Records*

Person Making Note  
*No Records*

Who was Spoken To  
*No Records*



## Incident

Incident Record

**\*Required Fields****Incident ID (generated on save)**

INC-5667

**Entered By**

Firth, Wendy Christine, s.47(3)(f) Female, OneSchool Aide, Varsity College

**Incident Status**

Signed Off and Closed

## Reporting Details

**\* Reported Date**

01/11/11

**Reported Time (24 hour HH:MM)**

14:40

**Reported by Staff**

Firth, Wendy Christine, s.47(3)(f) 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 State (eg. QLD)****Other Person Post****Other Person Phone Number****Other Person Employer****Reported To**

## Incident Details

**\* Incident Date**

01/11/11

**Incident Time (24 hour HH:MM)**

12:40

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

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

**\* Departmental Incident Location or Base Location**

Varsity College

**Non-Departmental Incident Location****\* Actual Incident Address 1**

198 Varsity Parade

**Actual Incident Address 2****\* Suburb**

Varsity Lakes

**\* State (eg. QLD)**

Qld

**Post Code**

4227

**\* Summary of Incident**

Playing soccer, ball hit hand

**Detailed Description of Incident**

s.47(3)(f) was playing soccer as goalie, when he went to stop a goal the ball hit the top of his fingers.

**Immediate Action Taken**



Ice was applied

**Related Hazards**

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

**\* Supervising Officer**[Click here for help selecting Supervising Officer](#)Brazeau, Nicole, s.47(3)(f) 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
- ☐ Environmental
- ☐ Property/Plant/Equipment
- ☐ Near Miss

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☒ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.**

Injury/Illness

**Injury/Illness**Injury/Illness ID  
INJ-13405Description  
Playing soccer, ball hit hand

Student Name

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

Submit Incident Record for Review

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

**\* Submit Incident Record for review?**☒ Yes ☒ No

Incident Review

**Review Incident Classification****Incident Classification (generated on save)**C - Investigation is Optional

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

☒ Yes ☒ No



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

#### Review and Provide Actions

\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No

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

#### Person Responsible for Investigation

#### Reasons for Not Investigating

not required

File Attachments

#### File Attachment

Attached File	File Type	Date Loaded	File Uploader
No Records	No Records	No Records	No

Actions

#### Actions

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

Case Notes

#### Case Notes

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







## Incident

Incident Record

## \*Required Fields

Incident ID (generated on save)

INC-6915

Entered By

Meatchem, Francesca Lucinda, s.47(3)(b) Female, O  
Teacher Aide, Varsity College

Incident Status

New

## Reporting Details

\* Reported Date

07/12/11

Reported Time (24 hour HH:MM)

13:47

Reported by Staff

Smith, Kathy Maree, s.47(3)(b) Female, OneSchool Role, Snr-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 Person State (eg. QLD)

Other Person Post

Other Person Phone Number

Other Person Employer

Reported To

## Incident Details

\* Incident Date

05/10/11

Incident Time (24 hour HH:MM)

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

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

\* Departmental Incident Location or Base Location

Varsity College

Non-Departmental Incident Location

\* Actual Incident Address 1

Senior/middle oval

Actual Incident Address 2

\* Suburb

Varsity Lakes

\* State (eg. QLD)

QLD

Post Code

4227

\* Summary of Incident

s.47 was playing football on the oval

Detailed Description of Incident

s.47 was playing football on the oval with friends when he was knocked to the ground by another student. It appeared to be accidental. Severe knock to the head.

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

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

Hodges, Craig Wayne, s 47(3), Male, OneSchool Role, Youth Worker, Varsity College

Location
No Records

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

- | Injury/Illness ID | Description | Student Name | Staff Name |
|-------------------|-------------|--------------|------------|
| No Records        | No Records  | No Records   | No Records |

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

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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

## REPORTING DETAILS

\* **Date Reported:** 19.10.2011 **Reported Time (24Hour HH:mm):** 11:15

\* **Reported by:** - (NOTE at least one 'reported by' field must be populated)

(✓ please tick)

☒ Staff

☐ Student

☐ Other person

Given Name:

Kathy

Surname:

Smith

EQ ID (if known):

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

Type of other Person

- ☐ Client  
☐ Contractor  
☐ Parent  
☐ Visitor  
☐ Volunteer  
☐ Other

Address:

Suburb:

Postcode:

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 \* **Time incident Occurred:** (24 hour hh:mm) 11:10

\* **Location of Incident:** Where the Incident occurred

Departmental Location/Base Location

SCHOOL oval

Name of Facility

VARSITY COLLEGE - SENIOR CAMPUIS

Actual Incident Address: (Street Address of any non-DET location)

ASSEMBLY DRIVE VARSITY COLLEGE

\* **Summary/Description of Incident:**

During morning tea, student approached me on duty and told me he had broken his arm. On observation, this appeared to be the case.

\* **Immediate Action Taken:**

- ☐ Nil - (Returned to work/class) ☒ First Aid (on site by staff) ☒ Ambulance attended ☐ Doctor/Out Patients (medical treatment) ☐ Hospitalisation

Who provided First Aid? (name)

MICHELLE PERRONE

If First Aid - what first aid was provided?

CHILD WAS SEATED + INJURY SUPPORTED + (COVERED)

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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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 ☐ Fire ☐ Near Miss  
☐ Security Threat ☐ Environmental

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(476)

Did this incident occur during a journey to or from 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)

Fractured right wrist following fall on school oval.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname:	s.47(3)(b) - Contrary to Public Interest	Given Name:	s.47(3)(b) - Contrary to Public Interest	Type of other Person
Address:	s.47(3)(b) - Contrary to Public Interest			<input type="checkbox"/> Client
Suburb:	s.47(3)(b) - Contrary to Public Interest	Postcode:	s.47(3)(b) - Contrary to Public Interest	<input type="checkbox"/> Contractor
				<input type="checkbox"/> Parent
				<input type="checkbox"/> Visitor
				<input type="checkbox"/> Volunteer
				<input type="checkbox"/> Other

(NOTE: If more than one person was injured 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**

<input type="checkbox"/> Serious Bodily Injury – Fatality (Class A)	<input type="checkbox"/> Work Caused Injury (Class A)	<input checked="" type="checkbox"/> Bodily Injury (Class B)
<input type="checkbox"/> Serious Bodily Injury – Non Fatality (Class A)	<input type="checkbox"/> Psychological Illness (Class P)	<input type="checkbox"/> Workcover Journey/Recess Claim (Class C)
		<input type="checkbox"/> Minor Injury or Incident (Class C)

**Bodily Location (main injury) – select one**

<input type="checkbox"/> Face	<input type="checkbox"/> Hands	<input type="checkbox"/> Knees
<input type="checkbox"/> Head	<input checked="" type="checkbox"/> Wrists	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Eyes	<input type="checkbox"/> Back	<input type="checkbox"/> Toes
<input type="checkbox"/> Ears	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ankles
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Skin
<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Fingers	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen/Stomach	<input type="checkbox"/> Internal Organs
<input type="checkbox"/> Arms	<input type="checkbox"/> Hips	<input type="checkbox"/> Spine
<input type="checkbox"/> Elbows	<input type="checkbox"/> Legs	<input type="checkbox"/> Psychological Condition
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Groin Area	<input type="checkbox"/> Other _____

**Nature of Injury/Illness (main injury) – select one**

<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Weld Flash
<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Hearing Loss/Deafness	<input type="checkbox"/> Eye Disorder
<input type="checkbox"/> Amputation	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Foreign Body
<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Allergy	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Skin	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Irritation/Dermatitis	<input type="checkbox"/> Heart or
<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Condition
<input checked="" type="checkbox"/> Fracture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Puncture/Needlestick	

**Cause of Injury/Illness – select one of the following**

<input checked="" type="checkbox"/> Slip, Trip or Fall	<input type="checkbox"/> Repetitive movement	<input type="checkbox"/> Animal or insect
<input type="checkbox"/> Contact with, or striking against object	<input type="checkbox"/> Muscular effort – single event	<input type="checkbox"/> Biological
<input type="checkbox"/> Vibration	<input type="checkbox"/> Electricity	<input type="checkbox"/> Psychological
<input type="checkbox"/> Struck by falling or moving object	<input type="checkbox"/> Thermal (heat/cold)	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Noise	<input type="checkbox"/> Radiation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Explosion or implosion (pressure variation)	<input type="checkbox"/> Chemical/Substance	

**Contributing Factor / Agency – select one of the following**

<input type="checkbox"/> Machinery and fixed plant	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Needlestick
<input type="checkbox"/> Mobile plant/machinery	<input type="checkbox"/> Foreign Objects (eg. projectors, splinters)	<input type="checkbox"/> Fire/explosion
<input type="checkbox"/> Vehicle (Government)	<input checked="" type="checkbox"/> Outdoor environment	<input type="checkbox"/> Electricity
<input type="checkbox"/> Vehicle (Private)	<input type="checkbox"/> Indoor environment	<input type="checkbox"/> Radiation/Arc Flash
<input type="checkbox"/> Powered equipment, tools and appliances	<input type="checkbox"/> Animals	<input type="checkbox"/> Stress/Trauma
<input type="checkbox"/> Non-powered tools	<input type="checkbox"/> Human agencies	<input type="checkbox"/> Temperature
<input type="checkbox"/> Non-powered equipment (eg. playground)	<input type="checkbox"/> Biological agent	<input type="checkbox"/> Other _____

**Activity – select one of the following**

<input type="checkbox"/> Admin General	<input type="checkbox"/> First Aid	<input type="checkbox"/> Sports
<input type="checkbox"/> Chemical use	<input type="checkbox"/> Lifting/Manual handling	<input type="checkbox"/> Travel to/from the workplace
<input type="checkbox"/> Computer work	<input type="checkbox"/> Movement around the worksite	<input type="checkbox"/> Excursions/field trips
<input type="checkbox"/> Curriculum Prac	<input type="checkbox"/> Grounds care	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Theory	<input checked="" type="checkbox"/> Play (supervised/unsupervised)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Restraining a students	
<input type="checkbox"/> Equipment Usage		

Name of person completing form: Kathy Smith Date: 19.10.2011

Signature: KMSmith Job title: Teacher



## Incident

Incident Record

**\*Required Fields****Incident ID (generated on save)**

INC-4176

**Entered By**Meatchern, Francesca Lucinda, s.47(3)(b) Female, O  
Teacher Aide, Varsity College**Incident Status**

Signed Off and Closed

**Reporting Details****\* Reported Date**

24/10/11

**Reported Time (24 hour HH:MM)**

14:27

**Reported by Staff**Meatchern, Francesca Lucinda, s.47(3)(b) 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 State (eg. QLD)****Other Person Post****Other Person Phone Number****Other Person Employer****Reported To****Incident Details****\* Incident Date**

19/10/11

**Incident Time (24 hour HH:MM)**

11:15

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

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

**\* Departmental Incident Location or Base Location**

Varsity College

**Non-Departmental Incident Location****\* Actual Incident Address 1**

School Oval

**Actual Incident Address 2**

Varsity College school oval

**\* Suburb**

Varsity Lakes

**\* State (eg. QLD)**

QLD

**Post Code**

4227

**\* Summary of Incident**

Broken arm at morning tea

**Detailed Description of Incident**

During morning tea, the student approached me (Kathy Smith) on duty and told me he had broken his arm. On observation this appeared to be the case.

**Immediate Action Taken**



First Aid by Michelle Perrone. Ambulance attended

**Related Hazards**

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

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

Smith, Kathy Maree, s.47(3)(b) Female, OneSchool Role, Snr-General, Varsity College

**Elected Workplace Health and Safety Representative**

Hodges, Craig Wayne, s.47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College

**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No

**Locations Involved**

Location
No Records

**Incident Types**

\* Select one or more Incident Types

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

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

Was this a Dangerous Incident as defined under Legislation?

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

☒ Yes ☒ No

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

Injury/Illness

**Injury/Illness**

Injury/Illness ID	Description	Student Name
INJ-4477	During morning tea, the student approached me on duty and told me he had broken his arm. On observation this appeared to be the case.	<span style="border: 1px solid red; padding: 0 2px;">s.47(3)(b) - Contrary to Pub</span>

Submit Incident Record for Review

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

\* Submit Incident Record for review?

☒ Yes ☒ No

Incident Review

**Review Incident Classification**

Incident Classification (generated on save)

B - Investigation is Required

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



☐ Yes ☐ No

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

#### Review and Provide Actions

\* Immediate actions reviewed?

☐ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☐ No

#### Details of Further Actions

No further details have been provided

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

INCIDENT RECORD DETAILS REVIEWED? ☐

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☐ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☐ No

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

#### Person Responsible for Investigation

#### Reasons for Not Investigating

No further details have been provided

File Attachments

#### File Attachment

Attached File	File Type	Date Loaded	File Upload
No Records	No Records	No Records	No

Actions

#### Actions

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

Case Notes

#### Case Notes



# 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.

\* Denotes Mandatory Fields that must be completed

## REPORTING DETAILS

\* Date Reported: 4/11/11 Reported Time (24Hour HH:mm): 11:17am

\* Reported by: - (NOTE at least one 'reported by' field must be populated)

(✓ please tick) ☒ Staff ☒ Student ☐ Other person

Given Name: s.47(3)(b) - Contrary to Public Interest	Surname: s.47(3)(b) - Contrary to Public Interest	Type of other Person <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Address:		
Suburb:	Postcode:	
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: 4/11/11 \* Time incident Occurred: (24 hour hh:mm) 11:17am

\* Location of Incident: Where the Incident occurred

Departmental Location/Base Location Secondary Campus, Varsity College	Name of Facility Oval
Actual Incident Address: (Street Address of any non-DET location) 198 Varsity Parade Varsity College	

\* Summary/Description of Incident:

She had her hands above her head when a ball hit them.

\* Immediate Action Taken:

<input type="checkbox"/> Nil - (Returned to work/class)	<input checked="" type="checkbox"/> First Aid (on site by staff)	<input type="checkbox"/> Ambulance attended	<input type="checkbox"/> Doctor/Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation
Who provided First Aid? (name)		Nurse Helen Dudge		
If First Aid - what first aid was provided?		Ice		

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')

Ball hit hand hard. Noticeable bruising. Unable to move.

Went to Epping Hospital. 2 Broken Fingers.

\*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 individual 'sub-form' for completion.

**INSTRUCTIONS:** Select one or more Incident Types - however if the incident is 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

<input checked="" type="checkbox"/> Injury/Illness	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Property/Plant/Equipment
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Security Threat	<input type="checkbox"/> Environmental	

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Did this incident occur during a journey to or from 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)

Had hand on head & a ball hit one hand hard causing pain & unable to move. Nurse noticed discolouration. Applied ice.

\* The injured Person's Details (select one box only)

(✓ please tick)

☐ Staff

☒ Student

☐ Other person \_\_\_\_\_

Surname: s.47(3)(b) - Contrary to Publ

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

Address:

Suburb:

Postcode:

Type of other Person

☐ Client

☐ Contractor

☐ Parent

☐ Visitor

☐ 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: Varsity College - Secondary Campus

DET Staff role at time of injury/illness (i.e. Teacher, admin officer etc): Admin Officer

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)

☐ Serious Bodily Injury – Non Fatality (Class A)

☐ Work Caused Injury (Class A)

☐ Psychological Illness (Class P)

☐ Bodily Injury (Class B)

☐ Workcover Journey/Recess Claim (Class C)

☒ Minor Injury or Incident (Class C)

**Bodily Location (main 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

☐ Knees

☐ Foot/Feet

☐ Toes

☐ Ankles

☐ Skin

☐ Respiratory System

☐ Internal Organs

☐ Spine

☐ Psychological

Condition

☐ Other \_\_\_\_\_

**Nature of Injury/illness (main injury) – select one**

☐ Ache/Pain

☐ Cut/Laceration

☐ Amputation

☐ Bite/Sting

☐ Bruise/Crush

☐ Dislocation

☐ Sprain/Strain

☐ Burn/Scald

☐ Fracture

☐ Infection/Disease

☐ Hearing Loss/Deafness

☐ Psychological Stress

☐ Allergy

☐ Skin

Irritation/Dermatitis

☐ Heat/Cold Stress

☐ Poisoning

☐ Respiratory

☐ Puncture/Needlestick

☐ Weld Flash

☐ Eye Disorder

☐ Foreign Body

☐ Head Injury

☐ Internal Injury

☐ Heart or

Circulatory

Condition

☐ Other \_\_\_\_\_

**Cause of Injury/illness – 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

☐ Animal or insect

☐ Biological

☐ Psychological

☐ Vehicle

☐ Other \_\_\_\_\_

**Contributing Factor / Agency – 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 Objects (eg. projectors, splinters)

☒ Outdoor environment

☐ Indoor environment

☐ Animals

☐ Human agencies

☐ Biological agent

☐ Needlestick

☐ Fire/explosion

☐ Electricity

☐ Radiation/Arc Flash

☐ Stress/Trauma

☐ Temperature

☒ Other \_\_\_\_\_

**Activity – select one of the following**

☐ Admin General

☐ Chemical use

☐ Computer work

☐ Curriculum Prac

☐ Curriculum Theory

☐ Playground Duty

☐ Equipment Usage

☐ First Aid

☐ Lifting/Manual handling

☐ Movement around the worksite

☐ Grounds care

☒ Play (supervised/unsupervised)

☐ Restraining a students

☐ Sports

☐ Travel to/from the workplace

☐ Excursions/field trips

☐ Work General

☐ Other \_\_\_\_\_

Name of person completing form:

Susan Sæhres

Date:

4/11/11

Signature:

S. Sæhres

Job title:

Facilities Manager



## Incident

Incident Record

## \*Required Fields

## Incident ID (generated on save)

INC-7007

## Entered By

Meatchem, Francesca Lucinda, s 47(3)(f) Female, O  
Teacher Aide, Varsity College

## Incident Status

Signed Off and Closed

## 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

NE

## Other Person Address 1

## Other Person Address 2

## Other Person Suburb

## Other Person State (eg. QLD)

## Other Person Post

## Other Person Phone Number

## Other Person Employer

## Reported To

## Incident Details

## \* Incident Date

04/11/11

## Incident Time (24 hour HH:MM)

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

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

## \* Departmental Incident Location or Base Location

Varsity College

## Non-Departmental Incident Location

## \* Actual Incident Address 1

198 Varsity Parade

## Actual Incident Address 2

## \* Suburb

Varsity Lakes

## \* State (eg. QLD)

QLD

## Post Code

4227

## \* Summary of Incident

2 broken fingers

## Detailed Description of Incident

s.47(3)(b) had her hands above her head when a ball hit them very hard.

## Immediate Action Taken

Ice applied



**Related Hazards**

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

**\* Supervising Officer**[Click here for help selecting Supervising Officer](#)Thomas, Lisa Dawn, s.47(3)(b) Female, Prncpl Advisor, South East One**Elected Workplace Health and Safety Representative**Hodges, Craig Wayne, s 47(3)(b) Male, OneSchool Role, Youth Worker, Varsity College**Evacuation Details**

Did an evacuation occur?

☒ Yes ☒ No

Did a lockdown occur?

☒ Yes ☒ No**Locations Involved**

Location
No Records

**Incident Types****\* Select one or more Incident Types**[Click here for help selecting Incident Types](#)

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

Was this a Dangerous Incident as defined under Legislation?

[Click here for definition of Dangerous Incident](#)☒ Yes ☒ No**SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.****Injury/Illness****Injury/Illness**Injury/Illness ID  
IN3-6495

Description

Student had hands above head - hit by ball, broke 2 fingers.

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)**

B - Investigation is Required

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

☒ Yes ☒ No[Click here for Information on Incident Classifications and WHSQ notification requirements](#)**Review and Provide Actions**



\* Immediate actions reviewed?

☒ Yes ☐ No

\* Have any further actions been undertaken?

☐ Yes ☒ No

#### Details of Further Actions

#### Further Actions Undertaken By

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

#### Review Acknowledgement and Notifications

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

#### INCIDENT RECORD DETAILS REVIEWED? ☒

Escalate to Human Resources? ☐

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

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

Is legal action anticipated?

☐ Yes ☒ No

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

#### Additional People to Notify

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

Assign Investigator

\* Investigation required?

☐ Yes ☒ No

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

#### Person Responsible for Investigation

#### Reasons for Not Investigating

Sport incident. Injury not serious

File Attachments

#### File Attachment

Attached File	File Type	Date Loaded	File Upload
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



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

## Injury/Illness Details Summary

Date: 30/11/10 Time: 2:45 am/pm

Was any person injured or ill as a result of this incident? Yes / No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick)

☐ Staff Member

☒ School Student

☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - Cont	Surname: s.47(3)(b) - Contrary	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:		
Post Code:	Why on school property:	
Phone:		

Further information if the person was an "other person" - leave blank if staff or student

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(√ please tick)

☐ Staff Member

☐ School Student

☐ Other Person (e.g. volunteer)

Given Name: DARREN	Surname: RACKEMANN	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:		
Post Code:	Why on school property:	
Phone:		

Further information if the person was an "other person" - leave blank if staff or student

### 3. Location – Where the Incident Occurred

Location: SCHOOL CVAL	Name of the facility (if known):
-----------------------	----------------------------------

### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).	OBJECT (POSSIBLY) ROCK WAS THROWN THROUGH THE AIR AND HIT THE STUDENT IN THE HEAD
--	---

### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

REMINDER OF RULES IN CLASS AND ON ASSEMBLY
--

### 6. Incident Information

Activity (√ please tick) – what was the activity at the time of the incident?				
<input type="checkbox"/> Admin General	<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Lifting/Manual Handling	<input type="checkbox"/> Play – supervised	<input type="checkbox"/> Excursion/Trip
<input type="checkbox"/> Camp	<input type="checkbox"/> Equipment Usage	<input type="checkbox"/> Meeting	<input type="checkbox"/> Play – unsupervised	<input type="checkbox"/> Tuckshop
<input type="checkbox"/> Chemicals/Poisons	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Movement Around School	<input type="checkbox"/> Lesson Prep/Cleanup	<input type="checkbox"/> Unauthorised Activity
<input type="checkbox"/> Computer Work	<input type="checkbox"/> First Aid	<input type="checkbox"/> Grounds Care	<input type="checkbox"/> Restraining Student	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Prac	<input checked="" type="checkbox"/> School Activity	<input type="checkbox"/> Non-School Activity	<input type="checkbox"/> Sport	<input type="checkbox"/> Other:
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Assisting Student		<input type="checkbox"/> Travel to/from School	
Cause (√ please tick) – what caused the injury?				
<input type="checkbox"/> Caught In / Between	<input type="checkbox"/> Exposure to ...	<input type="checkbox"/> Lifting/Handling	<input type="checkbox"/> Stepping On / In	<input type="checkbox"/> Other:
<input type="checkbox"/> Contact with ...	<input checked="" type="checkbox"/> Object Falling/Flying	<input type="checkbox"/> Repetitive Movement	<input type="checkbox"/> Walking	<input type="checkbox"/>
	<input type="checkbox"/> Person Falling	<input type="checkbox"/> Running/Jumping	<input type="checkbox"/> Struck by / or against	
Severity (√ please tick)	<input type="checkbox"/> Minor (first aid / no time lost)	<input checked="" type="checkbox"/> Moderate (needs medical care)	<input type="checkbox"/> Serious (> 4 days away / permanent injury/damage)	<input type="checkbox"/> fatal
Treatment Required (√ please tick)	<input type="checkbox"/> Nil (none / not applicable)	<input type="checkbox"/> First Aid (on site by staff/ambulance officer)	<input checked="" type="checkbox"/> Doctor / Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation (overnight stay or longer)
If Hospitalised – what is the name of the hospital?				
ROBINA HOSPITAL				
Who provided first aid? (name)				
WENDY FIRTH				
If first aid – what first aid was provided?				
ICE AND CLOTH OFFERED TO CONTROL BLEEDING				
Possible number of days absent (estimate)	0	Actual number of days absent	0	
Possible WorkCover Claim? – Is a claim for compensation likely? (staff only)	Yes / No	Possible Legal Action – Is legal action against the department likely/pending?	Yes / No	



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

## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input type="checkbox"/> Ache/Pain	<input checked="" type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Mouth	<input type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input type="checkbox"/> Irritation/Allergy	Other: _____	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea		<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other: _____

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input checked="" type="checkbox"/> Yes (please complete contact details)	<input type="checkbox"/> No (please complete – "reason not contacted" below)
Emergency Contact:	First Name: <span style="border: 1px solid red; padding: 2px;">s.47(3)(b) - Contrary to Pub</span>	Surname: <span style="border: 1px solid red; padding: 2px;">s.47(3)(b) - Contrary to Pub</span>
Phone No:		Date: 30/11/10 Time: 2.50pm
If "no" - reason not notified:		

## 9. Was the injury/illness caused by a confrontation or aggressive act? Yes ☒ No ☐

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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 (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input checked="" type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non Powered Tool <input type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input type="checkbox"/> _____
Associated Equipment?		When was the hazard identified?	Date: _____ Time: _____am/pm
Who identified the Hazard?			

## 11. Details of Witnesses (if any)

(✓ please tick) ☐ Staff Member ☐ School Student ☐ Other Person e.g. volunteer

Details if "Staff" or "Student"

Given Name:	Surname:	EQ ID (if known):
-------------	----------	-------------------

Further information if the person was an "other person" - leave blank if staff or student	Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Suburb:		
	Post Code:		
	Phone:	Why on school property:	

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: [Signature] Date: 1/12/10  
 Name: Darren Rackemann Job title: DP Middle School

### 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)



8H-291

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

Page 1



**Queensland  
Government**  
Education Queensland

**Fax Notification of: Injury**

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

**Fax to:** REGIONAL HEALTH AND SAFETY CONSULTANT

**No:** 07 5562 4844

**CC:**

**From:** VARSITY COLLEGE - Education Queensland

**Pages:**

**FAXED**  
3/3/11

**Workplace Details:**

**Address:** VARSITY COLLEGE (1759) - Education Queensland  
PO BOX 2685

**Workplace Registration. No:** W237550

**Location No:** 1759

**Number of Staff:** 200

**Name of WHSO:** NEIL BLACKBEARD

**Principal/Officer in Charge:** JEFF DAVIS

BURLEIGH MDC QLD 4220

**Telephone:**

**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 Ill/Injured Person**

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

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

**DOB:** Gender: M

**Type/Association:** Student

**Address:**

**Phone:** s.47(3)(b) - Contr

**Staff Designation:**

**Employee No:**

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

**Emerg. Contact Rel:** FATHER

**Treatment Required:** Doctor / Ambulance / Out-patients

**Hospital:**

**First Aid Treatment Given:** ICE AND CLOTH OFFERED TO CONTROL BLEEDING

**Given by:** WENDY CHRISTINE FIRTH

**Cause of Incident:** Object Falling/Flying

**Activity at time of incident:** School activity/function

**Severity:** Moderate (eg needs medical care)

**Aggressive Act**

**Was this incident caused by an aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 771

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

- HIT IN HEAD BY OBJECT

Person:

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

## Injury/Illness Details:

Nature of Injury/Illness

Cut / Laceration / Bleeding

Ache / Pain / Discomfort

Possible Number of Days Lost: 0

Actual Number of Days Lost: 0

Part of Body Affected

Head

Possible WorkCover Claim: No

Possible Legal Action: No

## Organisations Contacted:

Organisation

Ambulance

Notes

AMBULANCE CALLED AS PRECAUTION DUE TO HEAD INJURY. FATHER ADVISED. TAKEN TO ROBINA HOSPITAL.

## Contributing Hazards:

Category

Type

Hazard Description

## Reporting:

Incident initially reported to:

DARREN GRANT RACKEMANN

Association:

Staff

## Witnesses:

Name

ID

Type

Association

**Recommended Controls:** REMINDER OF RULES IN CLASS AND ON ASSEMBLY

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

Signature:

Principal / Officer in Charge

Date:

21/3/11



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

## Injury/Illness Details Summary

Date: 27/10/10

Time: 2.10 am/pm

Was any person injured or ill as a result of this incident? Yes / No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick)

☐ Staff Member

☒ School Student

☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - Con

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

EQ ID (if known):

Address:

Suburb:

Post Code:

Phone:

Why on school property:

Association with school:

☐ Parent

☐ Public

☐ Visitor

☐ Volunteer

☐ Other:

Further information if the person was an "other person" - leave blank if staff or student

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(√ please tick)

☐ Staff Member

☐ School Student

☐ Other Person (e.g. volunteer)

Given Name: CRAIG

Surname: HODGES

EQ ID (if known):

Address:

Suburb:

Post Code:

Phone:

Why on school property:

Association with school:

☐ Parent

☐ Public

☐ Visitor

☐ Volunteer

☐ Other:

Further information if the person was an "other person" - leave blank if staff or student

### 3. Location – Where the Incident Occurred

Location: SPORTS oval

Name of the facility (if known): Varsity School

### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).

Playing touch footy, s.47(3)(b) collided with another student and fell onto his arm on the ground

### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

### 6. Incident Information

Activity (√ please tick) – what was the activity at the time of the incident?

☐ Admin General  
☐ Camp  
☐ Chemicals/Poisons  
☐ Computer Work  
☐ Curriculum Prac  
☐ Curriculum Theory

☐ Playground Duty  
☐ Equipment Usage  
☐ Maintenance  
☐ First Aid  
☐ School Activity  
☐ Assisting Student

☐ Lifting/Manual Handling  
☐ Meeting  
☐ Movement Around School  
☐ Grounds Care  
☐ Non-School Activity

☐ Play – supervised  
☐ Play – unsupervised  
☐ Lesson Prep/Cleanup  
☐ Restraining Student  
☒ Sport  
☐ Travel to/from School

☐ Excursion/Trip  
☐ Tuckshop  
☐ Unauthorised Activity  
☐ Work General  
☐ Other:

Cause (√ please tick) – what caused the injury?

☐ Caught In / Between  
☒ Contact with another student then ground

☐ Exposure to ...  
☐ Object Falling/Flying  
☐ Person Falling

☐ Lifting/Handling  
☐ Repetitive Movement  
☐ Running/Jumping

☐ Stepping On / In  
☐ Walking  
☐ Struck by / or against

☐ Other:  
☐

Severity

(√ please tick)

☐ Minor  
(first aid / no time lost)

☒ Moderate  
(needs medical care)

☐ Serious  
(> 4 days away / permanent injury/damage)

☐ fatal

Treatment Required

(√ please tick)

☐ Nil  
(none / not applicable)

☐ First Aid (on site by staff/ambulance officer)

☒ Doctor / Out Patients  
(medical treatment)

☐ Hospitalisation  
(overnight stay or longer)

If Hospitalised – what is the name of the hospital?

Robina Hospital

Who provided first aid? (name)

Wendy Firth

If first aid – what first-aid was provided?

ice applied to wrist

Possible number of days absent (estimate)

Actual number of days absent

Possible WorkCover Claim? – Is a claim for compensation likely? (staff only)

Yes / No

Possible Legal Action – Is legal action against the department likely/pending?

Yes / No



## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input checked="" type="checkbox"/> Ache/Pain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input checked="" type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Mouth	<input checked="" type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input type="checkbox"/> Irritation/Allergy	Other: _____	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea		<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other: _____

**Broken Wrist.**

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input type="checkbox"/> Yes (please complete contact details)	<input type="checkbox"/> No (please complete – "reason not contacted" below)
Emergency Contact: <b>DAD</b>	First Name: s.47(3)(b) - Contrary to	Surname: s.47(3)(b) - Contrary to Public Interest
Phone No:	s.47(3)(b) - Contrary to Public Interest	Date: 27/10/10 Time: 2-19
If "no" - reason not notified:		

## 9. Was the injury/illness caused by a confrontation or aggressive act? Yes / ☒ No

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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 (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non Powered Tool <input type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input type="checkbox"/> _____
Associated Equipment?		When was the hazard identified?	Date: ...../...../..... Time: ..... am/pm
Who identified the Hazard?			

## 11. Details of Witnesses (if any)

(✓ please tick) ☐ Staff Member ☒ School Student ☐ Other Person e.g. volunteer

Details if "Staff" or "Student"

Given Name: s.47(3)(b) - Contrary	Surname: s.47(3)(b) - Contrary to Publ	EQ ID (if known):
-----------------------------------	--	-------------------

Further information if the person was an "other person" - leave blank if staff or student	Address:	Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Suburb:	
	Post Code:	
	Phone:	
	Why on school property	

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: CRAIG RODGERS Date: 27/10/10  
 Name: \_\_\_\_\_ Job title: YOUTH WORKER

## 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)



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

Page 1



**Queensland  
Government**  
Education Queensland

**Fax Notification of: Injury**

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

**Fax to:** REGIONAL HEALTH AND SAFETY CONSULTANT

**No:** 07 5562 4844

**CC:**

**From:** VARSITY COLLEGE - Education Queensland

**Pages:**

**Workplace Details:**

**Address:** VARSITY COLLEGE (1759) - Education Queensland  
PO BOX 2685

**Workplace Registration No:** W237550

**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 Public Interest 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 Public Interest PLAYING TOUCH FOOTBALL COLLIDED WITH ANOTHER STUDENT AND FELL ONTO ARM.

**Details of Ill/Injured Person**

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

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

**DOB:** s.47(3)(b) - Contrary to Public Interest **Gender:** M

**Type/Association:** Student

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

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

**Staff Designation:**

**Employee No:**

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

**Emerg. Contact Rel:** FATHER

**Treatment Required:** 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 aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 758 s.47(3)(b) - Contrary to Public Interest - 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 Contacted:

Organisation

Notes

## Contributing Hazards:

Category

Type

Hazard Description

## Reporting:

Incident initially reported to:

CRAIG HODGES

Association:

Staff

## Witnesses:

Name

ID

Type

Association

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

Student

CRAIG HODGES

HODGCR

Staff

**Recommended Controls:** NIL.

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

Signature:

  
Principal / Officer in Charge

Date:

29/10/10



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

## Injury/Illness Details Summary

Date: 20/10/10 Time: 1410 am/pm

Was any person injured or ill as a result of this incident? Yes / No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick)

☐ Staff Member

☒ School Student

☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - Contrary	Surname: s.47(3)(b) - Contrary	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:	Post Code:	
Phone:	Why on school property:	
Further information if the person was an "other person" - leave blank if staff or student.		

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(√ please tick)

☒ Staff Member

☐ School Student

☐ Other Person (e.g. volunteer)

Given Name: James	Surname: Grace	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:	Post Code:	
Phone:	Why on school property:	
Further information if the person was an "other person" - leave blank if staff or student.		

### 3. Location – Where the Incident Occurred

Location: School Oval	Name of the facility (if known): Varsity College
-----------------------	--

### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).	s.47(3)(b) - Contrary was playing a tag game & tripped over another student's foot and fell over. He landed on his side. (Arm)
--	--

### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

All control measures were put in place. The accident was unavoidable.
---

### 6. Incident Information

Activity (√ please tick) – what was the activity at the time of the incident?				
<input type="checkbox"/> Admin General	<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Lifting/Manual Handling	<input type="checkbox"/> Play – supervised	<input type="checkbox"/> Excursion/Trip
<input type="checkbox"/> Camp	<input type="checkbox"/> Equipment Usage	<input type="checkbox"/> Meeting	<input type="checkbox"/> Play – unsupervised	<input type="checkbox"/> Tuckshop
<input type="checkbox"/> Chemicals/Poisons	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Movement Around School	<input type="checkbox"/> Lesson Prep/Cleanup	<input type="checkbox"/> Unauthorised Activity
<input type="checkbox"/> Computer Work	<input type="checkbox"/> First Aid	<input type="checkbox"/> Grounds Care	<input type="checkbox"/> Restraining Student	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Prac	<input type="checkbox"/> School Activity	<input type="checkbox"/> Non-School Activity	<input checked="" type="checkbox"/> Sport	<input type="checkbox"/> Other:
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Assisting Student		<input type="checkbox"/> Travel to/from School	
Cause (√ please tick) – what caused the injury?				
<input type="checkbox"/> Caught In / Between	<input type="checkbox"/> Exposure to ...	<input type="checkbox"/> Lifting/Handling	<input type="checkbox"/> Stepping On / In	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Contact with ...	<input type="checkbox"/> Object Falling/Flying	<input type="checkbox"/> Repetitive Movement	<input type="checkbox"/> Walking	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Person Falling	<input checked="" type="checkbox"/> Running/Jumping	<input type="checkbox"/> Struck by / or against	
Severity (√ please tick)				
<input type="checkbox"/> Minor (first aid / no time lost)	<input type="checkbox"/> Moderate (needs medical care)	<input checked="" type="checkbox"/> Serious (> 4 days away / permanent injury/damage)	<input type="checkbox"/> fatal	
Treatment Required (√ please tick)				
<input type="checkbox"/> Nil (none / not applicable)	<input checked="" type="checkbox"/> First Aid (on-site by staff/ambulance officer)	<input type="checkbox"/> Doctor / Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation (overnight stay or longer)	
If Hospitalised – what is the name of the hospital?				
Who provided first aid? (name): Wendy Firth				
If first aid – what first aid was provided?				
Possible number of days absent (estimate): 5		Actual number of days absent:		
Possible WorkCover Claim? – Is a claim for compensation likely? (staff only)		Possible Legal Action – Is legal action against the department likely/pending?		Yes / No



## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input checked="" type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye(s)	<input checked="" type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Mouth	<input type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input type="checkbox"/> Irritation/Allergy	Other: _____	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea		<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other: _____

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input checked="" type="checkbox"/> Yes (please complete contact details)	<input type="checkbox"/> No (please complete – "reason not contacted" below)
Emergency Contact:	First Name:	Surname:
Phone No:		Date: ..... Time: .....
If "no" - reason not notified:		

## 9. Was the injury/illness caused by a confrontation or aggressive act? Yes / ☒ No

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff	<input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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 (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non Powered Tool <input checked="" type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input type="checkbox"/> _____
Associated Equipment?	N/A	When was the hazard identified?	Date: ..... Time: ..... am/pm
Who identified the Hazard?	N/A		

## 11. Details of Witnesses (if any)

(✓ please tick) ☐ Staff Member ☒ School Student ☐ Other Person e.g. volunteer

Details if "Staff" or "Student"

Given Name:	Surname:	EQ ID (if known):
-------------	----------	-------------------

Further information if the person was an "other person" - leave blank if staff or student	Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Suburb:		
	Post Code:		
	Phone:	Why on school property:	

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: James Grate Date: 20/10/10  
 Name: James Grate Job title: Teacher

## 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)



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

104 - 2011  
Page 1

COPY



Queensland  
Government  
Education Queensland

Fax Notification of: Injury

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

Fax to: REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 5562 4844

CC:

FAXED  
3/3/11

From: VARSITY COLLEGE - Education Queensland

Pages:

Workplace Details:

Address: VARSITY COLLEGE (1759) - Education Queensland  
PO BOX 2685

BURLEIGH MDC QLD 4220

Telephone:

Workplace Registration No: W237550

Location No: 1759

Number of Staff: 200

Name of WHSO: NEIL BLACKBEARD

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) - Contrary - PLAYING A GAME OF TAG AND TRIPPED OVER ANOTHER STUDENT'S FOOT AND FELL LANDING ON SIDE

Details of Ill/Injured Person

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

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

DOB: Gender: M

Type/Association: Student

Address:

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

Staff Designation:

Employee No:

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

Emerg. Contact Rel: MOTHER

Treatment Required: Doctor / Ambulance / Out-patients

Hospital:

First Aid Treatment Given: REST, ICE

Given by: WENDY CHRISTINE FIRTH

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 aggressive act?

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 760 s.47(3)(b) - Contrary to

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

## Injury/Illness Details:

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

## Organisations Contacted:

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

## Contributing Hazards:

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

Incident initially reported to:	JAMES KIRKHAM GRACE	Association:	Staff
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## Witnesses:

<u>Name</u>	<u>ID</u>	<u>Type</u>	<u>Association</u>
JAMES KIRKHAM GRACE	GRACJA	Staff	

Recommended Controls: NIL

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

Signature:

  
Principal / Officer in Charge

Date:

15, 11, 2010



# Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

Page 1



**Queensland  
Government**  
Education Queensland

## Fax Notification of: Injury

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

**Fax to:** REGIONAL HEALTH AND SAFETY CONSULTANT

**No:** 07 5562 4844

**CC:**

**From:** VARSITY COLLEGE - Education Queensland

**Pages:**

**FAXED**  
3/3/11

## Workplace Details:

**Address:** VARSITY COLLEGE (1759) - Education Queensland  
PO BOX 2685

**Workplace Registration No:** W237550

**Location No:** 1759

**Number of Staff:** 200

**Name of WHSO:** NEIL BLACKBEARD

**Principal/Officer in Charge:** JEFF DAVIS

BURLEIGH MDC QLD 4220

**Telephone:**

## Incident Details:

**Event Identification:** 760

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

**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) - Contrary to PLAYING A GAME OF TAG AND TRIPPED OVER ANOTHER STUDENT'S FOOT AND FELL LANDING ON SIDE

## Details of Ill/Injured Person

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

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

**DOB:** Gender: M

**Type/Association:** Student

**Address:**

**Phone:** s.47(3)(b) - Contra

**Staff Designation:**

**Employee No:**

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

**Emerg. Contact Rel:** MOTHER

**Treatment Required:** Doctor / Ambulance / Out-patients

**Hospital:**

**First Aid Treatment Given:** REST, ICE

**Given by:** WENDY CHRISTINE FIRTH

**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 aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 760 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(s)

Fracture

Arm(s)

Ache / Pain / Discomfort

Possible Number of Days Lost:

Possible WorkCover Claim:

No

Actual Number of Days Lost:

Possible Legal Action:

No

## Organisations Contacted:

Organisation

Notes

## Contributing Hazards:

Category

Type

Hazard Description

## Reporting:

Incident initially reported to:

JAMES KIRKHAM GRACE

Association:

Staff

## Witnesses:

Name

ID

Type

Association

JAMES KIRKHAM GRACE

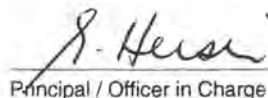
GRACJA

Staff

**Recommended Controls:** NIL

I endorse that this is a true and accurate account of the incident.

Signature:

  
Principal / Officer in Charge

Date:

15, 11, 2010



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

125

## Injury/Illness Details Summary

Date: 21/6/10 Time: 2-40 am/pm

Was any person injured or ill as a result of this incident? (Yes) / No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(✓ please tick)

☐ Staff Member

☒ School Student

☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - Cont	Surname: s.47(3)(b) - Contrary to Pub	EQ ID (if known): s.47(3)(b) - Contrary to Pub
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:		
Post Code:	Why on school property:	
Phone:		

Further information if the person was an "other person" - leave blank if staff or student

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(✓ please tick)

☒ Staff Member

☐ School Student

☐ Other Person (e.g. volunteer)

Given Name: ANNE	Surname: FERRIS	EQ ID (if known): s.47(3)(b) - Contrary to Pub
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:		
Post Code:	Why on school property:	
Phone:		

Further information if the person was an "other person" - leave blank if staff or student

### 3. Location – Where the Incident Occurred

Location: School Oval	Name of the facility (if known):
-----------------------	----------------------------------

### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).	student running to base (kickball) on oval - turned ankle - no visible cause for turning ankle
--	--

### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

### 6. Incident Information

Activity (✓ please tick) – what was the activity at the time of the incident?				
<input type="checkbox"/> Admin General	<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Lifting/Manual Handling	<input type="checkbox"/> Play – supervised	<input type="checkbox"/> Excursion/Trip
<input type="checkbox"/> Camp	<input type="checkbox"/> Equipment Usage	<input type="checkbox"/> Meeting	<input type="checkbox"/> Play – unsupervised	<input type="checkbox"/> Tuckshop
<input type="checkbox"/> Chemicals/Poisons	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Movement Around School	<input type="checkbox"/> Lesson Prep/Cleanup	<input type="checkbox"/> Unauthorised Activity
<input type="checkbox"/> Computer Work	<input type="checkbox"/> First Aid	<input type="checkbox"/> Grounds Care	<input type="checkbox"/> Restraining Student	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Prac	<input type="checkbox"/> School Activity	<input type="checkbox"/> Non-School Activity	<input checked="" type="checkbox"/> Sport	<input type="checkbox"/> Other:
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Assisting Student		<input type="checkbox"/> Travel to/from School	
Cause (✓ please tick) – what caused the injury?				
<input type="checkbox"/> Caught In / Between	<input type="checkbox"/> Exposure to ...	<input type="checkbox"/> Lifting/Handling	<input type="checkbox"/> Stepping On / In	<input type="checkbox"/> Other:
<input type="checkbox"/> Contact with ...	<input type="checkbox"/> Object Falling/Flying	<input checked="" type="checkbox"/> Repetitive Movement	<input type="checkbox"/> Walking	<input type="checkbox"/>
	<input type="checkbox"/> Person Falling	<input checked="" type="checkbox"/> Running/Jumping	<input type="checkbox"/> Struck by / or against	
Severity (✓ please tick)	<input checked="" type="checkbox"/> Minor (first aid / no time lost)	<input type="checkbox"/> Moderate (needs medical care)	<input type="checkbox"/> Serious (> 4 days away / permanent injury/damage)	<input type="checkbox"/> fatal
Treatment Required (✓ please tick)	<input type="checkbox"/> Nil (none / not applicable)	<input checked="" type="checkbox"/> First Aid (on site by staff/ambulance officer)	<input checked="" type="checkbox"/> Doctor / Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation (overnight stay or longer)
If Hospitalised – what is the name of the hospital?				
Who provided first aid? (name) Anne Ferris				
If first aid – what first aid was provided? ICE - ELEVATION OF LEG				
Possible number of days absent (estimate)		Actual number of days absent		
Possible WorkCover Claim? – Is a claim for compensation likely? (staff only)		Possible Legal Action – Is legal action against the department likely/pending?		
Yes / No		Yes / No		



## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Fracture	<input checked="" type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Arm(s)	<input checked="" type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Mouth	<input type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input type="checkbox"/> Irritation/Allergy	Other: _____	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea		<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other: _____

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input checked="" type="checkbox"/> Yes (please complete contact details)	<input type="checkbox"/> No (please complete – "reason not contacted" below)
Emergency Contact:	First Name: s.47(3)(b) - Contrary to Pub	Surname: s.47(3)(b) - Contrary to Pub
Phone No:	s.47(3)(b) - Contrary to Public Interest	Date: 21/6/10 Time: 2-50
If "no" - reason not notified:		

## 9. Was the injury/illness caused by a confrontation or aggressive act? Yes / ☒ No

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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 (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non Powered Tool <input type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input type="checkbox"/> _____
Associated Equipment?	NIL	When was the hazard identified?	Date: .../.../... Time: ...am/pm
Who identified the Hazard?			

## 11. Details of Witnesses (if any)

(✓ please tick)	<input type="checkbox"/> Staff Member	<input type="checkbox"/> School Student	<input type="checkbox"/> Other Person e.g. volunteer								
Details if "Staff" or "Student"											
Given Name:	Surname:	EQ ID (if known):									
<div> <div>           Further information if the person was an "other person" - leave blank if staff or student         </div> <div> <table border="1"> <tr> <td>Address:</td> <td>Association with school:</td> </tr> <tr> <td>Suburb:</td> <td> <input type="checkbox"/> Parent  <input type="checkbox"/> Public  <input type="checkbox"/> Visitor  <input type="checkbox"/> Volunteer  <input type="checkbox"/> Other: _____           </td> </tr> <tr> <td>Phone:</td> <td>Post Code:</td> </tr> <tr> <td colspan="2">Why on school property:</td> </tr> </table> </div> </div>				Address:	Association with school:	Suburb:	<input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____	Phone:	Post Code:	Why on school property:	
Address:	Association with school:										
Suburb:	<input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____										
Phone:	Post Code:										
Why on school property:											

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: ANNE FERRIS Date: 21/6/10  
Name: ANNE FERRIS Job title: TEACHER

### 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)



**Health and Safety Incident Notification Form**  
(for Injury / Work Caused Illness / Dangerous Event)

Page 1



**Queensland  
Government**  
Education Queensland

**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:**

A VARSITY COLLEGE (1759) - Education Queensland  
PO BOX 2685

Workplace Registration. No: W237550

Location No: 1759

Number of Staff 200

Name of WHSO: ANDREW MARK ROGERS

BURLEIGH MDC QLD 4220

Telephone:

Principal/Officer in Charge: JEFF DAVIS

**Incident Details:**

Event Identification: 725

Description of Incident: s.47(3)(b) - Contr

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

**Details of Ill/Injured Person**

DOB: s.47(3)(b) - Contrary to Public I

Gender: F

Address:

ID No: s.47(3)(b) - Co

Type/Association: Student

Phone: s.47(3)(b) - Contrary

Staff Designation:

Employee No:

Emergency Contact Notified: s.47(3)(b) - Contrary to P

Emerg. Contact Rel:

Treatment Required: First Aid on site (staff/ambulance)

Hospital:

First Aid Treatment Given: ICE/ELEVATION OF LAG

Given by: ANNE MAREE FERRIS

Cause of Incident: Running/Jumping

Activity at time of incident: Sport

Severity: Minor (first aid - no time lost)

**Aggressive Act**

**Was this incident caused by an aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

717

## Injury/Illness Details Summary

Date: 4.1.10 Time: 2-35 pm

Was any person injured or ill as a result of this incident? Yes / No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick)

☐ Staff Member

☒ School Student

☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - Contrary to	Surname: s.47(3)(b) - Co	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:	Post Code:	
Phone:	Why on school property:	

Further information if the person was an "other person" - leave blank if staff or student

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(√ please tick)

☒ Staff Member

☐ School Student

☐ Other Person (e.g. volunteer)

Given Name: Tracee	Surname: Steele	EQ ID (if known): s.47(3)(b) - Contrary to
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:	Post Code:	
Phone:	Why on school property:	

Further information if the person was an "other person" - leave blank if staff or student

### 3. Location – Where the Incident Occurred

Location: School oval	Name of the facility (if known): Oval
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### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).	Two students were running to 'tag' a student during a game of 'Capture the Flag'. One student has bumped into s.47(3)(b) - Con with their shoulder as they were trying to 'tag'.
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### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

### 6. Incident Information

Activity (√ please tick) – what was the activity at the time of the incident?				
<input type="checkbox"/> Admin General	<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Lifting/Manual Handling	<input checked="" type="checkbox"/> Play – supervised	<input type="checkbox"/> Excursion/Trip
<input type="checkbox"/> Camp	<input type="checkbox"/> Equipment Usage	<input type="checkbox"/> Meeting	<input type="checkbox"/> Play – unsupervised	<input type="checkbox"/> Tuckshop
<input type="checkbox"/> Chemicals/Poisons	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Movement Around School	<input type="checkbox"/> Lesson Prep/Cleanup	<input type="checkbox"/> Unauthorised Activity
<input type="checkbox"/> Computer Work	<input type="checkbox"/> First Aid	<input type="checkbox"/> Grounds Care	<input type="checkbox"/> Restraining Student	<input type="checkbox"/> Work General
<input type="checkbox"/> Curriculum Prac	<input checked="" type="checkbox"/> School Activity	<input type="checkbox"/> Non-School Activity	<input checked="" type="checkbox"/> Sport	<input type="checkbox"/> Other:
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Assisting Student		<input type="checkbox"/> Travel to/from School	
Cause (√ please tick) – what caused the injury?				
<input type="checkbox"/> Caught In / Between	<input type="checkbox"/> Exposure to ...	<input type="checkbox"/> Lifting/Handling	<input type="checkbox"/> Stepping On / In	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Contact with	<input type="checkbox"/> Object Falling/Flying	<input type="checkbox"/> Repetitive Movement	<input type="checkbox"/> Walking	<input type="checkbox"/>
s.47(3)(b) - Contrary to	<input type="checkbox"/> Person Falling	<input type="checkbox"/> Running/Jumping	<input type="checkbox"/> Struck by / or against	
Severity (√ please tick)	<input checked="" type="checkbox"/> Minor (first aid / no time lost)	<input type="checkbox"/> Moderate (needs medical care)	<input type="checkbox"/> Serious (> 4 days away / permanent injury/damage)	<input type="checkbox"/> fatal
Treatment Required (√ please tick)	<input type="checkbox"/> Nil (none / not applicable)	<input checked="" type="checkbox"/> First Aid (on site by staff/ambulance officer)	<input type="checkbox"/> Doctor / Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation (overnight stay or longer)
If Hospitalised – what is the name of the hospital?				
Who provided first aid? (name)		Tracee Steele		
If first aid – what first aid was provided?		Towels and ice once bleeding stopped		
Possible number of days absent (estimate)		Nil		
Possible WorkCover Claim? – Is a claim for compensation likely? (staff only)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
		Possible Legal Action – Is legal action against the department likely/pending?		
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		



## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input type="checkbox"/> Ache/Pain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input checked="" type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Mouth	<input type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input type="checkbox"/> Irritation/Allergy	Other: <u>Blood</u>	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea	<u>nose</u>	<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other: _____

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input checked="" type="checkbox"/> Yes (please complete contact details)	<input type="checkbox"/> No (please complete – "reason not contacted" below)
Emergency Contact:	First Name: <u>s.47(3)(b) - Contrary to Publ</u>	Surname: <u>s.47(3)(b) - Con</u>
Phone No:	<u>s.47(3)(b) - Contrary to Public Interest</u>	Date: <u>4.6.10</u> Time: <u>2-45pm</u>
If "no" - reason not notified:		

## 9. Was the injury/illness caused by a confrontation or aggressive act? Yes / No

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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 (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non Powered Tool <input type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input type="checkbox"/> _____
Associated Equipment?		When was the hazard identified?	Date: <u>4.6.10</u> Time: <u>2-45pm</u>
Who identified the Hazard?			

## 11. Details of Witnesses (if any)

(✓ please tick) ☒ Staff Member ☐ School Student ☐ Other Person e.g. volunteer

Details if "Staff" or "Student"

Given Name: <u>Tracee</u>	Surname: <u>Steele</u>	EQ ID (if known): <u>s.47(3)(b) - Contrary</u>
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Further information if the person was an "other person" - leave blank if staff or student

Address:	Association with school:
Suburb:	<input type="checkbox"/> Parent
Post Code:	<input type="checkbox"/> Public
Phone:	<input type="checkbox"/> Visitor
Why on school property:	<input type="checkbox"/> Volunteer
	<input type="checkbox"/> Other: _____

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: Tracee Steele Date: 4.6.10  
 Name: Tracee Steele Job title: Teacher

### 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)



**Health and Safety Incident Notification Form**  
(for Injury / Work Caused Illness / Dangerous Event)



**Fax Notification of: Injury**

**NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE**

**Fax to:** SCHOOL COPY

**CC:**

**From:** VARSITY COLLEGE - Education Queensland

**Pages:**

**Workplace Details:**

**Address:** VARSITY COLLEGE (1759) - Education Queensland  
PO BOX 2685

BURLEIGH MDC QLD 4220

**Telephone:**

**Workplace Registration. No:** W237550

**Location No:** 1759

**Number of Staff:** 200

**Name of WHSO:** ANDREW MARK ROGERS

**Principal/Officer in Charge:** JEFF DAVIS

**Incident Details:**

**Event Identification:** 717

**Description of Incident:** s.47(3)(b) - Contrary to

**Date of Incident:** 4/06/2010

**Time of Incident:** 14:35

**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 Ill/Injured Person**

**Name:** s.47(3)(b) - Contrary to Public Int

**ID No:** s.47(3)(b)

**DOB:** Gender: F

**Type/Association:** Student

**Address:** s.47(3)(b) - Contrary to Public Intere

**Phone:**

**Staff Designation:**

**Employee No:**

**Emergency Contact Notified:** s.47(3)(b) - Contra

**Emerg. Contact Rel:**

**Treatment Required:** First Aid on site (staff/ambulance)

**Hospital:**

**First Aid Treatment Given:** TOWELS AND ICE ONCE BLEEDING STOPPED

**Given by:** TRACEE LEE STEELE

**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 aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 717 s.47(3)(b) - Contrary to Pub

Person: s.47(3)(b) - Contrary to Pub

## Injury/Illness Details:

Nature of Injury/Illness

Part of Body Affected

BLOOD NOSE

Nose

Possible Number of Days Lost:

Possible WorkCover Claim: No

Actual Number of Days Lost:

Possible Legal Action: No

## Organisations Contacted:

Organisation

Notes

## Contributing Hazards:

Category

Type

Hazard Description

## Reporting:

Incident initially reported to:

TRACEE LEE STEELE

Association:

Staff

## Witnesses:

Name

ID

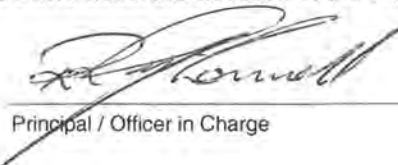
Type

Association

Recommended Controls: N/A

I endorse that this is a true and accurate account of the incident.

Signature:



Principal / Officer in Charge

Date:

5 / 6 / 10



# Health and Safety Incident – SMS Data Entry Form

(Effective version 2007.1 SMS release)

## Injury/Illness Details Summary

Date: 19/5/2010 Time: 9.20 am/pm

Was any person injured or ill as a result of this incident? Yes / No (if "no" – only complete form if incident was a dangerous event)

### 1. Injured Person's Details

(√ please tick) ☐ Staff Member ☒ School Student ☐ Other Person e.g. volunteer

Given Name: s.47(3)(b) - Contra	Surname: s.47(3)(b) - Contrary to R	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:		
Post Code:	Why on school property:	
Phone:		

Further information if the person was an "other person" - leave blank if staff or student

If more than one person was injured/ill complete the details on another form

### 2. First Person Informed of the Incident – Details (who was the first person informed of the incident?)

(√ please tick) ☒ Staff Member ☐ School Student ☐ Other Person (e.g. volunteer)

Given Name: LANA	Surname: MITCHELL	EQ ID (if known):
Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:
Suburb:		
Post Code:	Why on school property:	
Phone:		

Further information if the person was an "other person" - leave blank if staff or student

### 3. Location – Where the Incident Occurred

Location: SCHOOL OVAL	Name of the facility (if known): OVAL
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### 4. What Happened?

Detailed description of incident (consider the activity, what happened and why).	Student was playing touch football without her knee brace. She was running with the ball & then she fell over as she felt her knee weaken.
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### 5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

Student to wear kneebrace at all times
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### 6. Incident Information

Activity (√ please tick) – what was the activity at the time of the incident?				
<input type="checkbox"/> Admin General	<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Lifting/Manual Handling	<input type="checkbox"/> Play – supervised	<input type="checkbox"/> Excursion/Trip
<input type="checkbox"/> Camp	<input type="checkbox"/> Equipment Usage	<input type="checkbox"/> Meeting	<input type="checkbox"/> Play – unsupervised	<input type="checkbox"/> Tuckshop
<input type="checkbox"/> Chemicals/Poisons	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Movement Around School	<input type="checkbox"/> Lesson Prep/Cleanup	<input type="checkbox"/> Unauthorised Activity
<input type="checkbox"/> Computer Work	<input type="checkbox"/> First Aid	<input type="checkbox"/> Grounds Care	<input type="checkbox"/> Restraining Student	<input type="checkbox"/> Work General
<input checked="" type="checkbox"/> Curriculum Prac	<input type="checkbox"/> School Activity	<input type="checkbox"/> Non-School Activity	<input type="checkbox"/> Sport	<input type="checkbox"/> Other:
<input type="checkbox"/> Curriculum Theory	<input type="checkbox"/> Assisting Student		<input type="checkbox"/> Travel to/from School	
Cause (√ please tick) – what caused the injury?				
<input type="checkbox"/> Caught In / Between	<input type="checkbox"/> Exposure to ...	<input type="checkbox"/> Lifting/Handling	<input type="checkbox"/> Stepping On / In	<input checked="" type="checkbox"/> Other: Not wearing brace
<input type="checkbox"/> Contact with ...	<input type="checkbox"/> Object Falling/Flying	<input type="checkbox"/> Repetitive Movement	<input type="checkbox"/> Walking	
	<input type="checkbox"/> Person Falling	<input type="checkbox"/> Running/Jumping	<input type="checkbox"/> Struck by / or against	
Severity (√ please tick)	<input type="checkbox"/> Minor (first aid / no time lost)	<input checked="" type="checkbox"/> Moderate (needs medical care)	<input type="checkbox"/> Serious (> 4 days away / permanent injury/damage)	<input type="checkbox"/> fatal
Treatment Required (√ please tick)	<input type="checkbox"/> Nil (none / not applicable)	<input checked="" type="checkbox"/> First Aid (on site by staff/ambulance officer)	<input type="checkbox"/> Doctor / Out Patients (medical treatment)	<input type="checkbox"/> Hospitalisation (overnight stay or longer)
If Hospitalised – what is the name of the hospital?				
Who provided first aid? (name): removed pressured from leg & applied ice				
If first aid – what first aid was provided? LANA MITCHELL				
Possible number of days absent (estimate)		Actual number of days absent		
Possible WorkCover Claim? – Is a claim for compensation likely? (staff only)		Yes / No		Possible Legal Action – Is legal action against the department likely/pending?
				Yes / No



## 7. Injury / Illness Details

Injury/Illness			Location on Body		
<input checked="" type="checkbox"/> Ache/Pain	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder(s)	<input checked="" type="checkbox"/> Knee(s)
<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Arm(s)	<input type="checkbox"/> Ankle(s)
<input type="checkbox"/> Bruise/Crush	<input type="checkbox"/> Headache	<input type="checkbox"/> Stress Reaction	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow(s)	<input type="checkbox"/> Foot/Feet
<input type="checkbox"/> Bump/Knock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Mouth	<input type="checkbox"/> Wrist(s)	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Infection/Disease	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Tooth/Teeth	<input type="checkbox"/> Hand(s)	<input type="checkbox"/> Skin
<input type="checkbox"/> Concussion	<input type="checkbox"/> Irritation/Allergy	Other: _____	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cumulative	<input type="checkbox"/> Nausea		<input type="checkbox"/> Neck	<input type="checkbox"/> Stomach	<input type="checkbox"/> Internal
			<input type="checkbox"/> Back Upper	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Stress Related
			<input type="checkbox"/> Back Lower	<input type="checkbox"/> Groin	<input type="checkbox"/> Other: _____

## 8. Emergency Contact Details

Has the injured person's emergency contact been notified?	<input type="checkbox"/> Yes (please complete contact details)	<input type="checkbox"/> No (please complete - "reason not contacted" below)
Emergency Contact:	First Name: s.47(3)(b) - Contrary	Surname: s.47(3)(b) - Contrary
Phone No:		Date: 19/5/2010 Time: 9.30
If "no" - reason not notified:		

## 9. Was the injury/illness caused by a confrontation or aggressive act?

Yes ☐ No ☒

Aggressor?	<input type="checkbox"/> Parent <input type="checkbox"/> Member of Public <input type="checkbox"/> Staff	<input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> SEU/SEDU/Special
Type of Confrontation	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> 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 (✓ please tick)			
<input type="checkbox"/> Animal/Insect <input type="checkbox"/> Blood / Body Substance <input type="checkbox"/> Building Fixtures <input type="checkbox"/> Built Environment <input type="checkbox"/> Electricity / Gas <input type="checkbox"/> Electrical Appliance <input type="checkbox"/> Environmental Factors	<input type="checkbox"/> Equipment (eg. playground) <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Floor / Ground <input type="checkbox"/> Foreign Object (eg. splinter) <input type="checkbox"/> Furniture <input type="checkbox"/> Machinery (Fixed) <input type="checkbox"/> Machinery (Mobile)	<input type="checkbox"/> Non Powered Tool <input type="checkbox"/> Person/People <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Stress / Trauma <input type="checkbox"/> Sunburn / UV Radiation <input type="checkbox"/> Temperature <input type="checkbox"/> Travel	<input type="checkbox"/> Radiation / Arc Flash <input type="checkbox"/> Virus / Disease <input type="checkbox"/> Water / Pool <input type="checkbox"/> Working / Learning Environment <input checked="" type="checkbox"/> Previous injury
Associated Equipment?		When was the hazard identified?	Date: ..... Time: ..... am/pm
Who identified the Hazard?			

## 11. Details of Witnesses (if any)

(✓ please tick)	<input type="checkbox"/> Staff Member	<input checked="" type="checkbox"/> School Student	<input type="checkbox"/> Other Person e.g. volunteer
Details if "Staff" or "Student"			
Given Name: s.47(3)(b) - Contrary	Surname: s.47(3)(b) - Contrary	EQ ID (if known):	

Further information if the person was an "other person" - leave blank if staff or student	Address:		Association with school: <input type="checkbox"/> Parent <input type="checkbox"/> Public <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Suburb:		
	Phone:	Post Code:	
	Why on school property:		

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form: [Signature] Date: 19/5/2010  
 Name: Laura Mitchell Job title: Teacher

### 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.
- Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report
- Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.
- Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.
- Note: a copy of a student 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)



**Health and Safety Incident Notification Form**  
(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:**

**Address:** VARSITY COLLEGE (1759) - Education Queensland  
PO BOX 2685

BURLEIGH MDC QLD 4220

**Telephone**

**Workplace Registration No:** W237550

**Location No:** 1759

**Number of Staff** 200

**Name of WHSO:** ANDREW MARK ROGERS

**Principal/Officer in Charge:** JEFF DAVIS

**Incident Details:**

**Event Identification:** 710

**Description of Incident:** s.47(3)(b) - Contrary to PLAYING TOUCH FELL OVER

**Date of Incident:** 19/05/2010 **Time of Incident:** 09:20

**Facility:** GROU; GROUNDS OVAL

**Exact location of incident:** OVAL

**Detailed Description of incident:** s.47(3)(b) - Contrary to PLAYING TOUCH FOOTBALL (WITHOUT KNEE BRACE) RUNNING WITH THE BALL AND THEN SHE FELL OVER AND FELT HER KNEE WEAKEN

**Details of Ill/Injured Person**

**Name:** s.47(3)(b) - Contrary to Public Interest

**ID No:** s.47(3)(b) - C

**Gender:** F

**Type/Association:** Student

**Address:**

**Phone:**

**Staff Designation:**

**Employee No:**

**Emergency Contact Notified:** s.47(3)(b) - Contrary to

**Emerg. Contact Rel:** UNCLE

**Treatment Required:** First Aid on site (staff/ambulance)

**Hospital**

**First Aid Treatment Given:** REMOVED PRESSURE FROM LEG AND APPLIED ICE

**Given by:** LIANA NICOLE MITCHELL

**Cause of Incident:** Repetitive Movement

**Activity at time of incident:** Curriculum (Practical)

**Severity:** Minor (first aid - no time lost)

**Aggressive Act**

**Was this incident caused by an aggressive act?**

Aggressor

Confrontation Type



# Health and Safety Incident Notification Form

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 710 s.47(3)(b) - Contrary to PUBLIC PLAYING 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:

Possible Legal Action:

No

## Organisations Contacted:

### Organisation

### Notes

## Contributing Hazards:

### Category

### Type

### Hazard Description

## Reporting:

Incident initially reported to:

LIANA NICOLE MITCHELL

Association:

Staff

## Witnesses:

### Name

### ID

### Type

### Association

s.47(3)(b) - Contrary to Public Interest

Student

**Recommended Controls:** STUDENT TO WEAR KNEEBRACE AT ALL TIMES

I endorse that this is a true and accurate account of the incident.

Signature:

Principal / Officer in Charge

Date:

21/5/10