# Appendix C – Incident & Work Related Illness/Injury Report

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| Incident & Work Related Illness/Injury Report |  Lions Clubs International Multiple District 201  |
| **Lions Club of:**  | **Incident No.** |
| PART A To be completed by Lion, Leo, volunteer or other, with assistance if required. |

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| **PERSONAL DETAILS** |  |
| Title: | Family Name: | First Name: | Designation: |
| Email: | Phone (w): | Phone (h): | Mobile: |
| Lions Club of: | Project/Function: |
| □ Lion/Lioness/Leo | □ Volunteer | □ Contractor | □ Employee | Other: |
| Position: | Gender: | □ Male | □ Female |
| 1. Residential address:
 |
| **INCIDENT DETAILS** |  |
| Tick onebox only | □ Incident with no injury or illness | □ Work related illness | □ Work related injury |
| Date incident occurred: | / / | Time of incident: |  | am/pm |
| Date of onset of symptoms (if applicable): |  / / |
| Date incident reported: |  / / |
| To whom was the incident first reported: |  |
| Incident location: | □ At project | □ Away from Project | □ In area of Project | □ On journey to or from project |

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| Describe location of incident as follows: building name, room number or street address or project site. |
| Names and contact details of any witnesses: |
| Describe how the incident occurred and any contributing factors: |
| Attach additional information if space insufficient including sketches and photographs |

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| **INJURY DETAILS** |  |  |  |  |  |  |  |  |
| *Complete sections A, B and C if injury/illness occurred* |
| **A. PART OF BODY INJURED** |
| □ ankle, left /right | □ arm, left / right | □ back | □ chest | □ elbow, left/right | □ ear, left / right |
| □ eye, left / right | □ face | □ fingers | □ foot, left / right | □ hand, left / right | □ head |
| □ groin | □ knee, left / right | □ leg, left / right | □ lungs | □ mouth | □ neck |
| □ psychological | □ shoulder | □ stomach | □ teeth | □ toes | □ wrist, left/right |
| Other: |
| **B. NATURE OF INJURY** |
| □ amputation | □ anxiety | □ asthma | □ bruising/crushing | □ burns | □ concussion | □ depression |
| □ fracture | □ infectious disease | □ laceration | □ needle-stick | □ OOS/RSI | □ poisoning | □ rash |
| □ sharps injury | □ sprain/strain | □ trauma to joints and ligaments | □ trauma to muscles and tendons | □ zoonoses |
| Other: |

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| **C. TYPE OF INCIDENT** |
| □ bending, stretching | □ bit by animal | □ bite/sting by insect | □ chemical exposure | □ contact with cold object | □ contact with hot object | □ electricity |
| □ falling from same level | □ falling from height | □ hit by animal | □ hitting stationary object | □ lifting | □ noise exposure | □ repetitive muscle injury |
| □ psychological | □ pulling, pushing | □ radiation exposure | □ struck by moving object | □ sunstroke | □ vehicle accident | □ weather exposure |
| Other: |

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| DETAILS OF TREATMENT AND WORK STATUS |  |
| Did you receive First Aid? | □ Yes | □ No | Name of First Aid Coordinator: |  |
| Did you see a doctor? | □ Yes | □ No | □ Not Yet | Did the doctor issue a medical certificate? | □ Yes | □ No |
| Did you cease work for Lions? | □ Yes | □ No | Date and time of cessation: |  |
| Date and time of return: |
| Did you cease work at your normal employment? | □ Yes | □ No | Date and time of cessation: |  |
| Date and time of return: |
| Did you go to hospital? | □ Yes | □ No | If yes, state which hospital: |  |

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| **ACTION** |  |
| Lion, Leo, Lioness, Volunteer, Employee or Contractor to complete Part A and send to Club Safety Coordinator within 1 working day.Club Safety Coordinator to complete Part B and distribute copies of form (see Send Copies To) within 2 working days of notification of incident. |

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| **SIGNATURE** |  |
| I approve the release of the information in this form to approved authorities, which may include medical practitioners, legal representatives, employee associations and Lions insurance. |
| Signature: | Date: |
| **PRIVACY STATEMENT** |  |
| The personal information you provide on this form is protected by the Privacy and Personal Information Protection Legislation |
| Access to the information you provide is only available to those persons authorised to access the information in the course of their duties to Lions Clubs International. |

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| PART B To be completed by Club Safety Coordinator |

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| Incident date: / /  | Incident reported by: |

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| I**MMEDIATE INCIDENT MANAGEMENT RESPONSE** |  |  |
| □ Club President notified | □ Project Coordinator notified | □ First Aid Coordinator notified | □ Police notified |
| □ Other: |

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| **CONTRIBUTING FACTORS** |  |  |
| □ Slip/trip/fall hazard | □ Risk assessment incomplete | □ Personal Protective Equipment not worn or not available | □ Insufficient training |
| □ Lifting equipment not used | □ Workplace ergonomics | □ Electrical hazard | □ Weather |
| □ Other: |

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| **RISK RATING** |  |  |
| The risk rating of an incident is based on a combination of Consequence and Likelihood. Circle one option only in each section below. |
| Consequence1 2 3 4 5 | LikelihoodA B C D E | Risk RatingLow Medium High Very High |
| Action required: | Very High .. Act Immediately | High .. Today | Medium .. This Week | Low .. This Month |

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| **CORRECTIVE ACTION PLAN** |  |
| To complete the following Corrective Action Plan, use the following Hierarchy of Risk Controls. Give priority to eliminating the hazard. |  |
| 1. Eliminate | 2. Substitute | 3. Engineering control | 4. Administrative control | 5. Personal Protective Equipment |  |
| Actions recommended to be taken | By whom | By when |  |
| A. |  |  |  |
| B. |  |  |  |
| C. |  |  |  |
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| **SIGNATURE** |  |
| I approve the release of the information in this form to approved authorities, which may include medical practitioners, legal representatives, employee associations and Lions insurance.  |
| Club Safety Coordinator’s name: | Signature: | Date: |
| Contact phone number: | Email address: |  |

Copies to be forwarded (Email or post) by Club Safety Coordinator to;

* District Governor
* District Safety Coordinator
* LIONS RISK MANAGEMENT CONSULTANT **Email:**riskmanagement@lions.org.au
* Club President and Secretary
* Next Club Board Meeting