# 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 one  box 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. | | | | | | | | |
| Consequence  1 2 3 4 5 | | Likelihood  A B C D E | | | Risk Rating  Low 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](mailto:riskmanagement@lions.org.au)
* Club President and Secretary
* Next Club Board Meeting