



INCIDENT REPORT FORM

My Way Community Alliance Inc.
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Incident Report Date: DD/MM/YYYY

INCIDENT DETAILS

First Name Last Name

Gender Male Female Other Date of birth (DD / MM / YYYY) Phone

Staff Participant Participant's family/Public Other

Date of incident (DD / MM / YYYY) Time HH:MM Date of report (DD / MM / YYYY)

Specific Location:

Witness (1) name (if applicable)

Witness (2) name (if applicable)

Witness (1) Phone

Witness (2) Phone

Witness (1) Address

Witness (2) Address

Description of incident (tell us what happened):



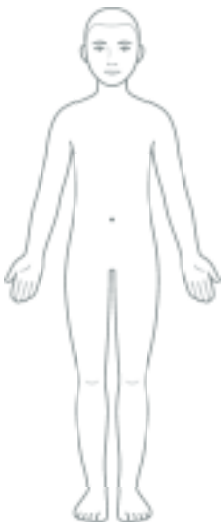
INCIDENT REPORT FORM

TYPE OF INCIDENT

- | | | |
|---|---|--|
| <input type="radio"/> the death | <input type="radio"/> behaviours of concern | <input type="radio"/> property damage |
| <input type="radio"/> medication error | <input type="radio"/> the unauthorised use of restrictive practice in relation to an NDIS participant | <input type="radio"/> equipment failure |
| <input type="radio"/> violence, abuse, neglect, exploitation & discrimination | <input type="radio"/> medication error | <input type="radio"/> motor vehicle accident |
| <input type="radio"/> unlawful sexual or physical contact with, or assault | <input type="radio"/> detected waste, infectious or hazardous substances | <input type="radio"/> absconding |
| <input type="radio"/> sexual misconduct | | others: <input type="text"/> |

INJURY DETAILS

Describe part(s) of the body injured (mark below with circle):



Mechanism of injury (tick one):

- Falls/trips/slips
- Chemicals/other substances
- Sound/pressure
- Hit by moving objects
- Mental stress
- Heat/electricity
- Body stress/manual handling
- Hitting objects with part of the body
- Biological factors
- Vehicle incident



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Nature of injury:

- | | | |
|---|---|---|
| <input type="radio"/> Head/intracranial | <input type="radio"/> Burns | <input type="radio"/> Strain/Pain |
| <input type="radio"/> Fractures | <input type="radio"/> Injury to spinal cord | <input type="radio"/> Electrocution |
| <input type="radio"/> Laceration/amputation | <input type="radio"/> Joint/ligament damage | <input type="radio"/> Diseases/conditions detail: |
| <input type="radio"/> Internal organ damage | <input type="radio"/> Foreign body | <input type="text"/> |

Incorporate police/emergency services

Notify CEO Guardian Family member Support Coordinator

NOTIFICATION (Line Manager)

- | | | | |
|---------------------------|--|---------------------------|--|
| SIR/ Reportable Incident? | <input type="radio"/> Yes <input type="radio"/> No | NDIS Commission notified? | <input type="radio"/> Yes <input type="radio"/> No |
| Immediate notification? | <input type="radio"/> Yes <input type="radio"/> No | 5 Day notification? | <input type="radio"/> Yes <input type="radio"/> No |

Date of notification: (DD / MM / YYYY)

Does this incident require to notify other parties (e.g. notifying family/guardian if the participant is a child)? Yes No

Does this incident require to notify police (e.g. crime, etc.)? Yes No

Does the severity of this incident require notification to Safe Work? Yes No

Date of notification: (DD / MM / YYYY)



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TREATMENT

Medically treated? Yes No

If yes; First aid Medical centre Hospital (Admission)

Lost Time Injury (LTI)? Yes No Days lost:

Details of Action Taken

SIGN OFF

Report completed by (Line Manager):

Date DD/MM/YYYY

Signature

INVESTIGATION (People and Culture (P/C)/ Line Manager)

Preliminary findings:



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ROOT CAUSES ANALYSIS

- Did the incident occur as part of the involved person's normal activities? Yes No N/A
- Did equipment contribute? Yes No N/A
- Was the equipment used designed for activity? Yes No N/A
- Was the equipment properly maintained? Yes No N/A
- Did the equipment fail? Yes No N/A
- Had a risk assessment been undertaken? Yes No N/A
- Did safety instructions accompany activity? Yes No N/A
- Are there documented safe work procedures (SWP) for activity? Yes No N/A
- Were these SWP followed? Yes No N/A
- Was appropriate Personal Protective Equipment (PPE) used? Yes No N/A
- Was the involved person trained in this activity? Yes No N/A
- Did a known behaviour problem contribute? Yes No N/A
- Was there a known behaviour management plan? Yes No N/A
- Was it followed? Yes No N/A
- Did poor housekeeping contribute? Yes No N/A
- Did the work environment contribute? Yes No N/A

Others:

CORRECTIVE ACTIONS (P/C and Line Manager)

Description of actions:

Responsible

Position

Date DD/MM/YYYY



INCIDENT REPORT FORM

REVIEW BY CEO AND P/C

Findings:

Completed on: (DD / MM / YYYY)

/ /

Status:

Open

More action required

Closed effectively

Outcomes:

Run training/induction session

Review/amend relevant process/documents

Review/update risk register

Create a new procedure

Others:

COMPLETION CHECKLIST

Incident details fully completed by the worker/person involved?

Relevant Line Manager completed and signed?

Incident register completed?

If Property damage, maintenance request completed?

Did the CEO / P/C complete and signed?

Is feedback given to relevant parties involved?

SIGN OFF (CEO/PC)

Investigation/Review completed by:

Position

Date DD/MM/YYYY

/ /

ACKNOWLEDGEMENT

I, _____ (Relevant Party(ies)) subject to this incident report have been engaged and informed with the detail of the investigation and I am satisfied with the with the outcome, I have received a copy of this report.

Signature

Date DD/MM/YYYY

/ /