

## Work Health and Safety

# Incident Form

**The form contained in this folder must be used to record all incidents which may have arisen from Australia Post operations when:**

- any person (i.e., a worker, a member of the public, visitor, contractor, labour hire worker or volunteer is injured, contracts an illness or is killed; or
- an incident occurs in which no one was affected but which could have resulted in the injury, illness, or death of a person.
- a procedural user guide is available from your manager, HR Advisor, IPM Administrator or via the Enterprise Safety & Health site on Postnet to assist with this form.

The Incident Form comprises two parts:

- Sections 1 to 10 for a person to report an Incident; and
- Sections 11 to 16 used by management in investigating the Incident.

When completing an Incident Form note that all mandatory Sections are marked with an asterisk \*and must be answered. Answering Sections 11 to 16, which are used to record the outcome of the incident investigation, is only to be undertaken by Australia Post management personnel.

The Incident Form is to be completed using block letter handwriting using an ink pen.

# Australia Post Privacy Notice

The Australia Post Privacy Notice describes how personal information is collected by Australia Post to meet its legal obligations under the *Work Health & Safety Act 2011 (Cth)*.

## **It is Australia Post's requirement that the WHS Incident Form is used to report and investigate all incidents which may have arisen from Australia Post's operations where:**

- a worker or an Affected Person (i.e. a worker, contractor, labour hire worker, Commonwealth employee from another agency, visitor or member of the public, is injured, contracts an illness or is killed; or
- an incident occurs in which no one was affected but which could have resulted in the injury, illness or death of a person.

If the person involved in the incident is unable to complete the Incident Form because of impairment, then if able to do so, that person may nominate a representative to complete the Incident Form on their behalf. If you do not or cannot nominate someone, your Supervisor or Line Manager will complete the Form on your behalf. An Affected Person may have an Australia Post management representative or their contract manager complete the Incident Form on their behalf.

Use this Incident Form (Sections 1 to 10) if you are an Affected Person who is injured or may have been injured in the incident. A separate Incident Form is required for each Affected Person. In most instances an Affected Person will be both an Australia Post a worker and the Reporting Person.

If you are a worker of Australia Post and you are making a claim for workers compensation, you must use this Incident Form and also complete a Claim for Rehabilitation and Compensation Form (Form 8833038) (FAP138). In order for an Australia Post a worker to seek assistance under the Australia Post early intervention process for management of injury, they must first complete the Incident Form.

Upon completion of Sections 1 through to 10 of the Incident Form the person is to immediately give the Incident Form to their Supervisor or Line Manager or to an Australia Post management representative or, if they are not an employee of Australia Post, their contract manager.

If the worker is only reporting an incident then complete Sections 1 through to 10 within 24 hours.

## **Completing the WHS Incident Form**

At the top of the Incident Form enter either the name of the Affected Person (i.e. the person injured in the incident or the person reporting an incident where no injury is involved). The Australia Post eight digit Number (APS) should be provided where that Person is an Australia Post worker. The Australian Government Service number (AGS) should be provided in the case of any Commonwealth employee (such as Federal Police Personnel). If you are an Australia Post contractor, enter your 10 digit number commencing with the number 9.

## **Notifiable Incidents under the Work Health & Safety Act 2011 (Cth)**

Australia Post shall notify and report to Comcare Australia all work related incidents which result in:

- Death of a person, or
- Serious Injury or Illness - that is, where a person requires immediate treatment as an inpatient in hospital or; immediate treatment for prescribed serious injuries (eg amputation, serious eye injury, burn, spinal injury, laceration, de-gloving/scalping, head injury, loss of bodily function, paralysis) or; medical treatment within 48 hours of exposure to a substance, or other defined medically diagnosed illnesses, or
- Dangerous Incident – that is, exposing a person to a serious health or safety risk arising from immediate or imminent exposure to defined risks including; uncontrolled fire or escape or escape of a pressurised substance, collapse or partial collapse of a structure or building, electric shock, falling object, overturning or malfunction of plant that requires a certificate of competency to operate (forklift truck, boom-lift, crane).
- If this incident meets ANY of the above criteria Enterprise Safety & Health MUST be advised IMMEDIATELY by telephone. NOTE: Enterprise Safety & Health will carry out the external notification to Comcare.

## **Incidents Requiring Specialist Investigation and Analysis**

Due to their seriousness, notifiable incidents of the type listed above require detailed investigation. Contact the Enterprise Safety & Health administration in your State for advice concerning the investigation process to follow. The affected person shall not complete Sections 11 through to 16 of the Incident Form for these incidents. The manager completes these sections following the incident investigation.

## **Distribution and Routing Instructions**

Having received from an Affected Person an Incident Form with completed Sections 1 through to 10, the Supervisor or Line Manager is to;

- When sending Incident Reports via email send to [incidentreports@auspost.com.au](mailto:incidentreports@auspost.com.au);
- When sending Incident Reports via fax send to 03 8379 3840, which is different to the previous fax number;
- When sending Incident Reports via mail address them to:  
Incident Report Team  
PO BOX 5091  
MELBOURNE VIC 3001
- Please remember to provide detailed information when completing an Incident Report form such as the work locations, registration numbers and incident type to enable the correct classification of the incident (such as people or asset);
- For assistance and queries please email [incidentreports@auspost.com.au](mailto:incidentreports@auspost.com.au) or call 1800 016 245.

Supervisors or Line Managers need to complete Sections 11 through to 16 of the Incident Form, as applicable, and forward a copy to the Incident report team within 5 working days.

- Both the Incident Form Sections 1 through to 10 and Sections 11 through to 16 are to be retained for local action and records.
- The Affected Person should be given a copy of the completed Incident Form (all Sections).

Name of Affected Person \_\_\_\_\_ Australia Post Personnel Number \_\_\_\_\_

Answers are mandatory to questions marked with \* Please attach additional pages, if the space provided is insufficient

## 1 Australia Post Privacy Notice

### Authority

Your personal information is collected by Australia Post to meet its legal obligations under the *Work Health & Safety Act 2011 (Cth)*. You may be an Australia Post worker, contractor or member of the public.

### How your personal information will be used

Your personal information may be used by Australia Post:

- To comply with its obligations under either the *Work Health & Safety Act 2011 (Cth)*.
- For directly related purposes, such as the assessment of a subsequent claim for workers compensation under the *Safety Rehabilitation & Compensation Act 1988 (Cth)*, or for internal reporting, administration and risk management purposes. (Please note certain activities may be conducted by Australia Post or its contracted service providers.)

### To whom –or in what circumstances - your personal information may be disclosed

Your personal information may be disclosed:

- To Comcare Australia, as required by the *Work Health & Safety Act 2011 (Cth)*
- Where necessary to prevent or lessen a serious and imminent threat to your life or health or that of another person;
- Where you give Australia Post your consent, which may be either express or implied; or
- Where authorised, or required, by law. For example, to our external lawyers, or to a court or tribunal.

### Accessing your personal information

You are entitled to seek access to your personal information. This right is not absolute – the law recognises certain circumstances where Australia Post may refuse access. For more information:

**Employees:** Please refer to the Employee Records Access Policy contained in the Human Resources Manual.

**Contractors or members of the public:** Please refer to the Australia Post Privacy Policy found at [www.auspost.com.au/privacy](http://www.auspost.com.au/privacy)

## 2 Incident Time, Location and Type

2.1 \* When did the Incident occur or when were the symptoms noticed? \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Workers workplace \_\_\_\_\_

2.2 \* Where did the Incident happen? \_\_\_\_\_

(Work Area Name and Sub Work Area type) \_\_\_\_\_

Select the closest physical location (Work Area) where the incident occurred eg Dandenong Letter Centre - amenities, loading dock, etc

e.g. - • DLC - Bullring Area

• MPF – Northern Dock - Bay 3

• Street address including number suburb not just street corner on outdoor duties

# INCIDENT FORM



Name of Affected Person \_\_\_\_\_ Australia Post Personnel Number \_\_\_\_\_

Answers are mandatory to questions marked with \*

Please attach additional pages, if the space provided is insufficient

2.3 If offsite, include closest street, suburb, postcode, and /or round number \_\_\_\_\_  
 \_\_\_\_\_

2.4 \* Did the Incident happen at the affected person's normal place of work?  Yes  No

*Normal place of work includes delivery round or truck route*

2.5 \* What is the type of Incident and the Incident outcome ?

**Definition for Near Hit**

No harm was caused, but could have been caused

**Definition for Dangerous Incident**

An incident arising from Australia Post's activities that exposes a person to a serious health or safety risk from an immediate or imminent exposure to defined risks such as electric shock, falling object, overturning or malfunctioning plant (but did not cause death or serious injury or illness).

**Definition for Minor Injury**

An injury or illness that was not a serious injury or illness or a fatality. There was no need for the person to receive emergency treatment as an in-patient in a hospital or to receive immediate treatment for a serious injury or illness eg serious head or spinal injury, serious burn; or medical treatment within 48 hours of exposure to a substance.

**Definition for Minor Loss**

Where damage to property or loss is less than \$1,000  
 For environmental incidents, repeated exceptions to prescribed limits, statutory requirement or single community complaint

**Definition for Serious Injury and Illness**

An injury or illness which did require the person to receive emergency treatment as an in-patient in a hospital or receive immediate treatment for a serious injury or illness eg serious head or spinal injury, serious burn, or medical treatment within 48 hours of exposure to a substance. Includes certain defined medically diagnosed illnesses and diseases.

**Definition for Serious Loss**

Where damage to property is more than \$1,000  
 For environmental incidents, extensive measures required to restore environmental quality

**Definition for Catastrophe**

There is damage to property greater than \$1M or business interruption with over a \$1M impact  
 For environmental incidents, persistent environmental damage likely and/or major financial consequences

**Definition for Fatality**

Where there is a work-related death of any person including a member of the public, a contractor or an employee

For dangerous goods incidents, take the worst of either harm to people or asset damage

<input type="checkbox"/> People	<input type="checkbox"/> Near Hit
	<input type="checkbox"/> Dangerous Incident
	<input type="checkbox"/> Minor Injury
	<input type="checkbox"/> Serious Injury or Illness
	<input type="checkbox"/> Fatality
<input type="checkbox"/> Asset	<input type="checkbox"/> Near Hit
	<input type="checkbox"/> Minor Loss
	<input type="checkbox"/> Serious Loss
	<input type="checkbox"/> Catastrophe
<input type="checkbox"/> Environment	<input type="checkbox"/> Near Hit
	<input type="checkbox"/> Minor Loss
	<input type="checkbox"/> Serious Loss
	<input type="checkbox"/> Catastrophe
<input type="checkbox"/> Dangerous Goods	<input type="checkbox"/> Near Hit
	<input type="checkbox"/> Minor Loss
	<input type="checkbox"/> Serious Loss
	<input type="checkbox"/> Catastrophe

Name of Affected Person \_\_\_\_\_ Australia Post Personnel Number \_\_\_\_\_

Answers are mandatory to questions marked with \* Please attach additional pages, if the space provided is insufficient

### 3 Incident Details

3.1 \* Summarise in a few words what happened

\_\_\_\_\_  
*PDO crashed motorbike when avoiding a dog*

3.2 \* Provide a detailed description of what happened

*Please attach additional pages, if the space provided is insufficient*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Describe the Incident e.g. while riding my Honda motorcycle on the road between delivery points, a dog ran onto the road and I swerved to miss the dog and ran into a parked car. It was raining at the time of this Incident. Full safety clothing was worn.*

3.3 What was the exact work process undertaken at the time of the Incident, where appropriate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Describe the work process e.g. clearing output stackers on BCS, on the footpath between delivery points, serving customer at counter.*

### 4 Assets Involved in this Incident

4.1 Description of equipment / make and registration of vehicle

*e.g. - Mercedes Benz van XXX 999  
Man truck 28 ULD's ASC 123  
CT110 AZ 987*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.2 Was it a PDO motorcycle or powered cycle crash?

Yes

No

### 5 Contributing Factors

5.1 What do you know about the contributing factors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Describe the Incident causes, affecting objects and external influences, e.g. poor visibility, road slippery, other vehicle failed to give way at round-about, collided with car*

5.2 Was Personal Protective Equipment used or required?

Used

Not used

Not required

Name of Affected Person \_\_\_\_\_ Australia Post Personnel Number \_\_\_\_\_

Answers are mandatory to questions marked with \*

Please attach additional pages, if the space provided is insufficient

## 6 People Involved in this Incident

6.1 \* Were there any external people involved? If Yes, please specify

- Yes  No
- Employment Agency Contractor
  - Delivery Contractor
  - Commonwealth Employee from another Agency
  - Other Contractor
  - Member of Public

6.2 If an external person was involved, please provide further details and attach any witness statement

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*What was their role in the Incident, name, phone number, and car registration, if vehicle involved*

6.3 \* Please list all people who were involved in this Incident

	APS	Name
Reporting Person		
Affected Person		
Witness		
Other		
Other		

## 7 Affected Person's Details

7.1 What was the scheduled work start and finish time on the day of the Incident?

\_\_\_\_\_ Start Time \_\_\_\_\_ End Time

7.2 What was the duty status of the affected person at the time of the Incident?

- On Duty
- Travelling on Duty
- On Break, at Workplace
- Journey from / to Work
- On Break, Away from Workplace
- On Duty, Alternate Workplace
- Not Work Related

7.3 Does this Incident involve an injury or illness?  
 If the answer is No, please continue with section 10  
 If the answer is Yes, please answer the questions 8.1 to 8.3

- Yes  No

*Yes is to be indicated if the Incident is person related and the Incident Outcome is a Minor Injury, a Serious Injury or Illness, or Fatality.*

Name of Affected Person \_\_\_\_\_ Australia Post Personnel Number \_\_\_\_\_

Answers are mandatory to questions marked with \* Please attach additional pages, if the space provided is insufficient

## 8 Injury Details

8.1 What injuries were received? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Describe the injuries with the body parts that were affected, including nature of symptoms e.g. muscular pain, left thigh, laceration, right thumb, abrasion to left arm and hip*

8.2 What is the main injury? \_\_\_\_\_

8.3 Is this an aggravation from a previous injury/illness?  Yes  No

8.4 What is the start date of this previous injury/illness? \_\_\_\_\_ Date

8.5 \* What happened right after the Incident, and after first aid (if applicable)?

<input type="checkbox"/> Went Home	<input type="checkbox"/> Returned to Alternate Duties
<input type="checkbox"/> Went to Doctor	<input type="checkbox"/> Returned to Restricted Duties
<input type="checkbox"/> Went to Hospital	<input type="checkbox"/> Returned to Full Duties
<input type="checkbox"/> Went to Hospital by Ambulance	<input type="checkbox"/> Fatality

## 9 Treatment details

9.1 What first aid or initial treatment was provided? \_\_\_\_\_  
 \_\_\_\_\_

9.2 Name of person giving first aid or initial treatment \_\_\_\_\_

9.3 Date and time of first aid or initial treatment \_\_\_\_\_ Date \_\_\_\_\_ Time

## 10 Affected Person's Acknowledgement

10.1 Name/and APS No. of workplace Health and Safety Representative Name: \_\_\_\_\_ APS No.: \_\_\_\_\_

10.2 \* In relation to this Incident, do you authorise the supervisor or facility manager to disclose the personal details to the Health and Safety Representative?  Yes  No

### \* Declaration

I certify I have completed this form, myself or on behalf of someone else, honestly and to the best of my knowledge concerning the facts of this Incident

\_\_\_\_\_ Signature

\_\_\_\_\_ Print Name

\_\_\_\_\_ Date

If you are reporting an Incident, you do not need to answer any items beyond this page. The following pages are for Maintenance of the Incident by Australia Post management only. See fax numbers at bottom of page 8.

Name of Affected Person \_\_\_\_\_ Australia Post Personnel Number \_\_\_\_\_

Answers are mandatory to questions marked with \* Please attach additional pages, if the space provided is insufficient

## 11 Investigation Decision

11.1\* Use this matrix to determine the level of investigation necessary. Circle the number selected IN THE MATRIX

Explanation of action required for level selected

1. No investigation required
2. Local investigation within 5 days
3. Detailed investigation

Potential/Actual Impact Area				Frequency of Exposure to Hazard				
People	Potential for harm to:			Yearly	Few times a year	Monthly	Weekly	Daily
	Assets	Environment	Dangerous Goods					
First Aid/ Medical Treatment required - No effect on performance	<\$1000	Slight effect	Slight effect	1	1	1	1	1
Medical Treatment required - Work performance effected	<\$5K	Minor effect	Minor effect	1	1	2	2	2
Lost Time Injury	<\$100K	Localised effect	Localised effect	2	2	2	3	3
Disability	<\$1m	Major effect	Major effect	3	3	3	3	3
Fatality	>\$1m	Massive effect	Catastrophic effect	3	3	3	3	3

## 12 Investigation Findings

12.1 Please describe the investigation outcome or attach a report. If you attach a report, please refer to the attachment here

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## 13 Root Cause

13.1 Please indicate the detailed root cause if known

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OR

13.2 Select a generic root cause

Unsafe process or equipment    
  Unsafe environment    
  Unsafe behaviour

If behavioural, was it a human error or a deliberate violation of a rule?

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**Complete Section 14 where the incident was a PDO motorcycle or powered cycle crash (4.2) and is mandatory when the Investigation Decision is 3 (11.1)**

## 14 PDO Crash Analysis

### Environmental Conditions

- 14.1 Was the road surface slippery?  Yes  No
- 14.2 Was it raining at the time of the Incident ?  Yes  No
- 14.3 If the Incident was on the road, was the sign-posted speed limit over 60 km/hr ?  Yes  No



# INCIDENT FORM

Name of Affected Person \_\_\_\_\_ Australia Post Personnel Number \_\_\_\_\_

Answers are mandatory to questions marked with \*

Please attach additional pages, if the space provided is insufficient

- 14.4 Was it possible to anticipate the Incident ?  Yes  No
- 14.5 Were there any road works in the vicinity of the Incident ?  Yes  No
- 14.6 Was the Incident at a controlled intersection with functioning traffic lights?  Yes  No
- 14.7 Has a round hazard assessment been completed for this delivery round in the past year ?  Yes  No

### PDO Considerations

- 14.8 Does the motorcycle PDO ride a motorcycle other than for postal delivery (n/a for bicycle) ?  Yes  No  Not applicable
- 14.9 Was the behaviour of the PDO:  Not applicable  Human Error  Violation of rule
- 14.10 Was safe rider training attended in the past 2 years ?  Yes  No
- 14.11 Was the PDO a new outdoor delivery employee (under 3 months) ?  Yes  No
- 14.12 Is the PDO a reliever on an unfamiliar round ?  Yes  No
- 14.13 Is the PDO on a new unfamiliar round ?  Yes  No

### Equipment Condition

- 14.14 Were the tyres inflated correctly ?  Yes  No
- 14.15 Was there adequate tread on the tyres ?  Yes  No
- 14.16 Were the panniers overloaded with mail ?  Yes  No

### Behavioural Conditions

- 14.17 Did the PDO check the driveway?  Yes  No  Not applicable
- 14.18 Did the PDO slow down and position the bike for a roundabout?  Yes  No  Not applicable
- 14.19 Was there any indication of reading mail addresses while riding ?  Yes  No
- 14.20 Was there indication that the PDO was travelling within the speed limits (especially on the footpath - low speed of impact)?  Yes  No
- 14.21 Where another vehicle is involved, at the crash location, was there good visibility of the other vehicle (no tree, fence or other obstacle blocking the view) ?  Yes  No
- 14.22 Where another vehicle is involved, at the crash location, was there good visibility of the PDO ?  Yes  No

Name of Affected Person \_\_\_\_\_ Australia Post Personnel Number \_\_\_\_\_

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14.23 Was the PDO doing a second (cut) round?  Yes  No

14.24 Were there any reasons for the PDO to be hurrying (had to return to another location, upcoming appointment)?  Yes  No

**Abrasion Injuries**

14.25 If there was a fall from the bike, were there any abrasion injuries?  Yes  No

14.26 If there are any abrasion injuries, indicate if any of the following body parts were affected - select worst affected body part

Thighs  Lower legs  Torso

Lower arm  Shoulder  Hands

Not applicable

**Rider Weight - Safe Work Limit**

14.27 What weight range does the PDO fall into at the time of the crash  <90Kg  91-100Kg  >100Kg

**15 Cost**

15.1 What is the estimated incident cost, other than workers compensation (i.e. damage to asset, environment, etc)? AUD \$ \_\_\_\_\_

**16 Supervisor's or Manager's Statement**

16.1 Has the Health and Safety Representative been notified of this Incident?  Yes  No

16.2 Have the correct Incident details been confirmed and any subsequent safety measures, where required, been recorded?  Yes  No

**Legal Statement**

I confirm that the information provided by myself or recorded on behalf of someone else is accurate to the best of my knowledge \_\_\_\_\_ Signature

\_\_\_\_\_ Print Name

A user guide is available from your manager, HR Advisor, IPM Administrator or via the Australia Post Intranet to assist with this form.

\_\_\_\_\_ APS No.

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\_\_\_\_\_ Date

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