INJURY/INCIDENT/HAZARD REPORT FORM

IRF Number _____

THE UNIVERSITY OF THE SOUTH PACIFIC

This form must be completed for an incident involving injury/illness, property/environmental damage, near misses or reporting a workplace hazard, incidents involving actual or potential significant injury/illness must be reported immediately with in less than 24hrs to the University's Health & Safety Unit on Ph: 32019/32693 or Fax: 323 1518.

PART A: INVOLVED PERSON **(To be completed by ■ person or ■ first-aider. If not an injury complete name, work location & contact number only). Please check box.**

Family name (of injured person)_____Given names (s)_____
Employment No_____Student No. and Program of Study_____ DOB_____/_____/_____ Gender: ☐ M ☐ F

Phone (Work)_____ (Home)_____ Mobile_____ Email_____
Work Location (e.g. Campus/Faculty/School/Section/Org.Unit)_____ Occupation_____
Supervisor Name_____ Ph_____
Employment status: ☐ Tenured ☐ Fixed Term ☐ Casual ☐ Contractor ☐ Hourly Paid ☐ I&J ☐ Senior Staff ☐ Full Time
☐ Unpaid/volunteer ☐ Student ☐ Visitor ☐ Other _____ ☐ Part time

PART B: INCIDENT/HAZARD NOTIFICATION **(Please choose one or more of the following)**

☐ **PERSONAL INJURY/ILLNESS** ☐ **HAZARD** ☐ **NEAR MISS**
Date of Incident/Injury/illness/Hazard_____/_____/_____ Time of Incident/Injury/Illness/Hazard _____☐ am / ☐ pm
Explain what happen (Brief description of the occurrence/hazard)_____

Exact location of where it occurred (provide map if possible on a separate piece of paper)_____
Witness Name_____Address_____Ph_____Mb_____

PART C: THE INJURY/ILLNESS – **MUST BE COMPLETED WHEN REPORTING AN INJURY OR ILLNESS**

What part of your body was injured?_____What type of injury/illness did you suffer?_____
Brief description of the activity/task being undertaken at the time, and what caused the injury/illness _____

Did you receive first aid? ☐ Yes ☐ No Name of First Aider: _____ Ph_____ Mb_____
Treatment provided _____
Did you stop work/study? ☐ Yes ☐ No. If **yes**, state what date & time you stopped_____/_____/_____ Time_____ am / ☐ pm.
Did you go to Doctor? ☐ Yes ☐ No ☐ Not yet. Medical Certificate Provided? ☐ Yes ☐ No. Did you go to Hospital? ☐ Yes ☐ No

Signature of Reporting Person_____ **Date**_____/_____/_____

PART D: BASIC CAUSE/RISK ASSESSMENT – **MUST BE COMPLETED BY SUPERVISOR/MANAGER/HEAD OF SCHOOL**

☐ **BASIC CAUSE OF ACCIDENT**
- ☐ Lack of knowledge (Training)
- ☐ Employee Placement
- ☐ Not Endorsing Safe Work Practices
- ☐ Engineering
- ☐ Inadequate Personal Protective Equipment
- ☐ Inadequate Inspection/Maintenance Programs
- ☐ Purchasing Inadequate/Inferior Equipment
- ☐ Inadequate Feedback System
- ☐ Unsafe Method

CALCULATE THE RISK | In your **Risk Score,** enter **H** for High, **M** for Medium and **L** for Low

Likelihood	Consequences 1	2	3	4
A	H	H	H	M
B	H	H	M	M
C	H	M	M	L
D	M	M	L	L

CONSEQUENCES
Consider what did or could have happened.
1 - Death & extensive injuries
2 - Medical treatment
3 - First Aid treatment
4 - No treatment

Enter your **Risk Score** here ▶

LIKELIHOOD
How likely could this happen again?
A - Could occur in most circumstances
B - Could occur at some time
C - Could occur, but only rarely
D - May occur, but probably never will

PART E: CORRECTIVE ACTION – **MUST BE COMPLETED BY SUPERVISOR/MANAGER/HEAD OF SCHOOL**

HIERARCHY OF Risk Controls - can you:
1. Eliminate (remove the hazard),
2. Substitute (use alternative equipment or chemical),
3. Isolate (isolate hazard from employee)
4. Redesign (change equipment or process),
5. Administrative Controls (e.g. procedures, training), or
6. Personal Protective Equipment (e.g. hearing protection)

ACTION TAKEN/RECOMMENDED (You must complete this section)

Have you reported this to the Property & Facilities Management? ☐ Yes ☐ No Date_____/_____/_____

SUPERVISOR / MANAGER / DIRECTOR / HEAD OF SCHOOL

Name: (print)	**Designation:**
Signature:	**Phone:**
Date:	**Email address:**

OFFICE USE ONLY

Received	**Entered**

Time Lost: ☐ Yes ☐ No | **Med Certificate**: ☐ Yes ☐ No | **USP Insurer Notified**: ☐ Yes ☐ No | **USP Doctor Notified**: ☐ Yes ☐ No | **MOL Notified**: ☐ Yes ☐ No