



SAFETY RISK REPORT FORM

Section A: Personal Hazard / Incident Details

1. PERSON INVOLVED DETAILS <small>(please complete all applicable fields)</small>			
Given name:		Family name:	
Position title:		HE number:	
Employee ID:	CHHS	Mobile:	
EMPLOYMENT TYPE - Tick one in each box			
<input type="checkbox"/> WACHS Employee <input type="checkbox"/> Trainee / Student / Work Experience <input type="checkbox"/> Contractor / Agency <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Other			
DETAILS OF LINE MANAGER			
Name (please print):			Date reported:
Email:	Contact No:	Time reported:	
2. DETAILS OF HAZARD / INCIDENT <input type="checkbox"/> HAZARD OR <input type="checkbox"/> INCIDENT		Date:	Time:
Location of hazard / incident	Site:	Building:	Room:
What was being done at the time? <small>Describe the activity:</small>			
What happened unexpectedly? <small>Describe it as it occurred:</small>			
Where did the incident occur? <small>Describe where it happened:</small>			
Who was involved? Witnesses:			
Patient UMRN (if applicable):			
3. WAS AN INJURY / ILLNESS SUSTAINED? <input type="checkbox"/> No Injury <input type="checkbox"/> Injury			
Complete only if an injury/illness was sustained:		Have you taken time off work as a result of this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Injury / medical condition:		Treatment: <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor	
BODY LOCATION OF INJURY – Tick one only			
<input type="checkbox"/> Back	<input type="checkbox"/> Ear	<input type="checkbox"/> General and Unspecified locations	<input type="checkbox"/> Neck
<input type="checkbox"/> Eye	<input type="checkbox"/> Face	<input type="checkbox"/> Head (Other than eye, ear and face)	<input type="checkbox"/> Psychological Injury
<input type="checkbox"/> Feet and Toes	<input type="checkbox"/> Hips and Legs	<input type="checkbox"/> Shoulder and Arms	<input type="checkbox"/> Multiple locations
<input type="checkbox"/> Hands and Fingers	<input type="checkbox"/> Internal Organs (located in trunk)	<input type="checkbox"/> Trunk (other than back and excluding internal organs)	<input type="checkbox"/> Other (specify):
4. EMERGENCY CODE RESPONSE		Did you declare an Emergency Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , please tick which one: <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Orange		How did you activate the code?	
Was a duress alarm activated as a result of this incident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did Security attend as a result of this incident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A Time Attended:
Did WA Police attend as a result of this incident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A Time Attended:
Has staff member been provided EAP contact details?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Were patient restraints used?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A If yes, what type? Select Type ▼
If this incident is related to an occupational violence restraint, name the clinical lead:			
Risk Rating for this Hazard / Incident - tick one as appropriate (Refer to Appendix B for Risk Matrix on page 3)			
Extreme Risk <input type="checkbox"/>	High Risk <input type="checkbox"/>	Moderate Risk <input type="checkbox"/>	Low Risk <input type="checkbox"/>

Your Manager's email: _____



Section B: Hazard / Incident Investigation and Control

Is this a Major Incident as listed in Appendix A on page 3?

- YES** - Refer to the Major Incident Investigation Report for further information on the investigation of this Safety Risk
- NO** - Continue Minor Incident Investigation below:

5. MINOR HAZARD / INCIDENT INVESTIGATION - TO BE COMPLETED BY MANAGER / SUPERVISOR AND SAFETY AND HEALTH REPRESENTATIVE			
Consider the below contributing factors:			
Systems	Plant / Equipment	Environment	
<input type="checkbox"/> Procedures <input type="checkbox"/> Maintenance <input type="checkbox"/> Workload <input type="checkbox"/> Task allocation <input type="checkbox"/> Security <input type="checkbox"/> Communication <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Size / Weight <input type="checkbox"/> Maintenance <input type="checkbox"/> Design <input type="checkbox"/> Chemicals <input type="checkbox"/> Equipment failure <input type="checkbox"/> Equipment unavailable <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Lighting <input type="checkbox"/> Weather/Temperature <input type="checkbox"/> Access <input type="checkbox"/> Housekeeping <input type="checkbox"/> Ergonomics <input type="checkbox"/> Floor/Ground surface <input type="checkbox"/> Other (specify)	
Staff	Psychological		Person / Patient
<input type="checkbox"/> Failure to follow policy / procedure <input type="checkbox"/> Fatigue <input type="checkbox"/> Job competency <input type="checkbox"/> Training <input type="checkbox"/> Supervision <input type="checkbox"/> PPE not used <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Culture <input type="checkbox"/> Worker characteristics <input type="checkbox"/> Level of engagement <input type="checkbox"/> Workplace relationships <input type="checkbox"/> Role clarity <input type="checkbox"/> Workplace support <input type="checkbox"/> Work demands <input type="checkbox"/> Other (specify): <input type="checkbox"/> Work environment <input type="checkbox"/> Workplace change		<input type="checkbox"/> Bariatric <input type="checkbox"/> Confusion / Dementia <input type="checkbox"/> Drugs or Alcohol <input type="checkbox"/> Family members <input type="checkbox"/> History of Aggression <input type="checkbox"/> Psychiatric Illness <input type="checkbox"/> Other (specify):
OBSERVATIONS / COMMENTS			

6. RISK CONTROL/S - THIS SECTION MUST BE COMPLETED AND EMAILED TO WHS ONCE ACTION AGREED				
List any short term actions taken to control the risk of a repeat action:				
Has the hazard/incident been resolved with this short term action? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What corrective actions need to be taken to control the risk? (Please tick all required controls)				
<input type="checkbox"/> Elimination Control	<input type="checkbox"/> Substitution Control	<input type="checkbox"/> Engineering Control	<input type="checkbox"/> Administrative Control	<input type="checkbox"/> Personal Protective Equipment (PPE)
Corrective Action Required	By whom	By when	Consultation	
		<input type="checkbox"/> Completed	<input type="checkbox"/> Employee <input type="checkbox"/> WHS Rep <input type="checkbox"/> WHS Coordinator <input type="checkbox"/> WHS Committee <input type="checkbox"/> Supervisor / Manager <input type="checkbox"/> HR Department <input type="checkbox"/> Other:	
		<input type="checkbox"/> Completed		
		<input type="checkbox"/> Completed		
NOTE: WHS Legislation requires that the reporting employee is notified of action taken to address the hazard / incident.				
Date employee was notified:		Name of Notifier:		

Risk Rating for this Hazard / Incident - tick one as appropriate (Refer to Appendix B for Risk Matrix on page 3)			
Extreme Risk <input type="checkbox"/>	High Risk <input type="checkbox"/>	Moderate Risk <input type="checkbox"/>	Low Risk <input type="checkbox"/>

*** TIER 4 MANAGERS MUST BE INFORMED OF HIGH AND EXTREME RISKS ***



Appendix A - Major Incident Categories

Major Incident Categories

A Major Incident is defined as but is not limited to:

- A work related death
- An injury that:
 - requires admittance to hospital as an inpatient
 - is from exposure to any substance that causes acute symptoms, electric shock
 - is a dangerous occurrence (examples include):
 - the damage to, or failure of major plant or equipment
 - the collapse of a floor, wall or ceiling of a building used as a workplace
 - an electrical short, malfunction or explosion
 - an uncontrolled explosion, fire or escape of gas, steam or other hazardous substance
- Incidents identified by the WHS Manager or Directors as being 'Major' by virtue of their outcome or potential outcome and may be subject to:
 - Legal advice (and establishment of legal professional privilege) and / or
 - More comprehensive root cause analysis investigation by a competent person
 - Reporting to our insurance provider for public liability issues
 - A statutory reportable incident to a Regulator i.e., WorkSafe WA.

Appendix B - Risk Matrix

Assessing the Risk

Use the DOH Corporate Risk Matrix 2019 to assess the risk of the event:

Risk Level Matrix		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Very Likely
Consequences	5 Catastrophic	Medium	High	High	Extreme	Extreme
	4 Major	Low	Medium	High	High	Extreme
	3 Moderate	Low	Medium	Medium	High	High
	2 Minor	Low	Low	Medium	Medium	High
	1 Insignificant	Low	Low	Low	Low	Medium

Likelihood Rating	Time Scale
1 Rare	Once in more than 10 years
2 Unlikely	Once in 5 to 10 years
3 Possible	Once in 3 to 5 years
4 Likely	Once in 1 to 3 years
5 Very Likely	More than once per year

Source: Risk Assessment Tables for WA Health System (October 2019)

Consequence Rating	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
Health Impacts	First Aid or equivalent only.	Routine medical attention. Up to 1 week incapacity/time lost. No disability.	Increased level of medical attention required. 1 week to 1 month incapacity/time lost. No significant permanent disability.	Severe health crisis and/or injuries. Prolonged incapacity or absence for more than 1 month. Significant permanent disability.	Death or permanent total disability.

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