**INCIDENT REPORT - (PART 1)**

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| --- |
| **NOTIFIABLE INCIDENT – CERTAIN WORK RELATED INJURIES AND DANGEROUS OCCURANCES** |
| *Work Health & Safety Act 2012 notifiable incident means:*1. *The death of a person; or*
2. *A serious injury or illness of a person; or*
3. *A dangerous occurrence*

***Reason for Notification:…………………………………………………………………………….******For a notification the following contacts are to be made:****Executive Manager CSH&WSA 8215 6851, After Hours 0438 396 062 Yes* 🞏 *No* 🞏*PCBU Yes* 🞏 *No* 🞏 *Worksite Officer Yes* 🞏 *No* 🞏*The person with management or control of a workplace must so far as is reasonably practicable, preserve the incident site until an inspector attends the site, or directs otherwise.*  |

1. **TYPE OF INCIDENT: INCIDENT NUMBER: (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Hazard 🞏 Environmental 🞏 Property damage/ loss) 🞏 Psychological 🞏 Security 🞏 Injury 🞏 No Injury/Near Miss 🞏 Complaint 🞏 Notice of Entry 🞏 Bullying 🞏 Client/Resident 🞏 Student Injury 🞏

Short description of incident (include any injuries): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2. PERSON/S INVOLVED IN INCIDENT:**

FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTACT NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Employee 🞎 Client 🞎 Visitor 🞎 Volunteer 🞎 Contractor 🞎 Self-employed

🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. PERSON REPORTING THE INCIDENT:**

 FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. INCIDENT REPORTED TO:**

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. INCIDENT WITNESSED BY:**

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTACT NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. LOCATION DETAILS:**

Work Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exact Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Reported:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Reported:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. INCIDENT DETAILS:**

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

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**8. INJURY REPORT: (if no injury, go to Question 9)**

**8.1 – Nature of Injury/Disease**

|  |  |
| --- | --- |
| **NATURE OF INJURY** | **NATURE OF DISEASE** |
| **(Please tick box for principle Injury/Disease)** |
| **🞎**  | **Fracture (excluding of vertebral column)** | **🞎** | **Other and unspecified injuries** |
| **🞎** | **Fracture of vertebral column with or without mention of spinal cord lesion** | **🞎** | **Deafness** |
| **🞎** | **Dislocations** | **🞎** | **Eye disorders (non-traumatic)** |
| **🞎** | **Sprains and strains of joints and adjacent muscles (including acute trauma sprains and strains only)** | **🞎** | **Other diseases of the nervous system and sense organs** |
| **🞎** | **Intracranial injury, including concussion** | **🞎** | **Disorders of muscle, tendons and other soft tissues (includes synovitis, tenosynovitis, bursitis)** |
| **🞎** | **Internal injury of chest, abdomen and pelvis** | **🞎** | **Other diseases of the musculoskeletal system and connective tissue** |
| **🞎** | **Traumatic amputation, including enucleation of eye (loss of eyeball)** | **🞎** | **Dermatitis and other eczema** |
| **🞎** | **Open wound not involving traumatic amputation** | **🞎** | **Other diseases of the skin and subcutaneous tissue** |
| **🞎** | **Superficial injury** | **🞎** | **Hernia** |
| **🞎** | **Contusion with intact skin surface and crushing injury, excluding those with fracture** | **🞎** | **Other diseases of the digestive system** |
| **🞎** | **Foreign body of external eye, in ear or nose or in respiratory, digestive or reproductive systems (including choking)** | **🞎** | **Infectious and parasitic diseases** |
| **🞎** | **Burns** | **🞎** | **Diseases of the respiratory system (including asthma, legionnaires disease, asbestosis, pneumoconiosis)** |
| **🞎** | **Injuries to nerves and spinal cord without evidence of spinal bone injury** | **🞎** | **Disease of the circulatory system (including heart disease, hypertension, hypotension, varicose veins)** |
| **🞎** | **Poisoning and toxic effects of substances** | **🞎** | **Cancers and other neoplasms** |
| **🞎** | **Effects of weather, exposure, air pressure and other external causes (including bends, drowning, electrocution)** | **🞎** | **Mental disorders** |
| **🞎** | **Multiple injuries (only to be used where no principal injury can be identified)** | **🞎** | **Other diseases** |
| **🞎** | **Damage to artificial aids** | **🞎** | **Deafness** |

**8.2 – Body Location**

|  |
| --- |
| **BODILY LOCATION OF INJURY** / DISEASE(Please tick box for principle body location of injury/disease) |
|  |  | **LEFT/RIGHT** |  |  | **LEFT/RIGHT** |
| **🞎** | **Eye**  |  | **🞎** | **Shoulders and arms** |  |
| **🞎** | **Ear** |  | **🞎** | **Hands and Fingers** |  |
| **🞎** | **Face** |  | **🞎** | **Hips and legs** |  |
| **🞎** | **Head (other than eye, ear and face)** | **🞎** | **Feet and toes** |  |
| **🞎** | **Neck** |  | **🞎** | **Internal Organs (located in the trunk)** |
| **🞎** | **Back** |  | **🞎** | **Multiple locations (more than one of the above)** |
| **🞎** | **Trunk (other than back and excluding internal organs)** | **🞎** | **General and unspecified locations** |

**8.3 – Mechanism of Injury/Disease**

|  |  |
| --- | --- |
| **MECHANISM OF INJURY / DISEASE**  | **BREAKDOWN AGENCY/AND AGENCY OF INJURY/DISEASE** |
| (Please tick box for principle mechanism and breakdown agency of injury/disease) |
| **🞎** | **Falls from a height** | **🞎**  | **Unspecified mechanisms of injury** |
| **🞎** | **Falls on the same level (including trips and slips)** | **🞎**  | **Machinery and fixed plant** |
| **🞎** | **Hitting objects with a part of the body** | **🞎**  | **Mobile plant** |
| **🞎** | **Exposure to mechanical vibration** | **🞎** | **Road transport** |
| **🞎** | **Being hit by moving objects** | **🞎**  | **Other transport** |
| **🞎** | **Exposure to sharp, sudden sound** | **🞎**  | **Powered equipment, tools and appliances** |
| **🞎** | **Long term exposure to sounds** | **🞎**  | **Non-powered hand tools** |
| **🞎** | **Exposure to variations in pressure (other than sound)** | **🞎**  | **Non-powered equipment** |
| **🞎** | **Repetitive movement with low muscle loading** | **🞎**  | **Chemicals** |
| **🞎** | **Other muscular stress** | **🞎**  | **Non-metallic substances** |
| **🞎** | **Contact with electricity** | **🞎**  | **Other materials, substances or objects** |
| **🞎** | **Contact or exposure to heat and cold** | **🞎**  | **Outdoor environment** |
| **🞎** | **Exposure to radiation** | **🞎**  | **Indoor environment** |
| **🞎** | **Single contact with chemical or substance (excludes insect or spider bites and stings)** | **🞎**  | **Underground environment** |
| **🞎** | **Long term contact with chemical or substance** | **🞎**  | **Live animals** |
| **🞎** | **Other contact with chemical or substance (includes insect and spider bites and stings)** | **🞎**  | **Non-living animals** |
| **🞎** | **Contact with, or exposure to, biological factors** | **🞎**  | **Human agencies** |
| **🞎** | **Exposure to mental stress factors** | **🞎**  | **Biological agencies** |
| **🞎** | **Slide or cave-in** | **🞎**  | **Non-physical agencies** |
| **🞎** | **Vehicle accident** | **🞎**  | **Other agencies** |
| **🞎** | **Other and multiple mechanisms of injury** | **🞎** | **Unspecified agencies** |

**8-4 FIRST AID**

Was first aid given? □Yes □ No

First Aid given by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. IMMEDIATE ACTIONS**: Short description of immediate actions taken (investigation will be completed on separate form)

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**10. DISTRIBUTION LIST - WILL BE LISTED ON INCIDENT DATA BASE.**

**INCIDENT/NEAR MISS REPORT FORM**

**INVESTIGATION REPORT - (Part 2)**

**(to be completed by Work Health Safety Co-ordinator or delegate)**

1. **Investigation Team:**

This will be the same as the distribution list. Remove persons not required to be part of the investigation team.

1. **Investigation Details:**

Details of Incident:

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

When did this incident occur?

When was this incident reported?

Who was involved in the incident?

Further Investigation Details:

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

Incident Report Files □Yes □ No

Investigation Files □Yes □ No

1. **Interviews**

(Interview of all people involved, their co-workers and management, as appropriate.)

**Name:** **Job Title** **Record of Interview Attached:**

 **Yes** 🞎 **No** 🞎

**Details:**

1. **External Notification required**

**Was External Notification Required: Yes** 🞎 **No** 🞎

If yes:

Details:

* CCI Injury Management
* CCI Property Claims
* Office of the Technical Regulator
* SafeWork SA
* Other
1. **Potential risk of incident: (Risk Level)**

**Choose a consequence and likelihood.**

|  |  |
| --- | --- |
| What was the potential consequence that could have occurred during this incident? 1. Insignificant (No treatment/in-house first aid)
2. Minor (Medical Treatment )
3. Medium (Significant non-permanent injury)
4. Major (Extensive permanent injury)
5. Catastrophic (Death/Permanent disabling injury)
 | What is the likelihood of this incident occurring?1. Almost certain to occur in most circumstances
2. Likely to occur frequently
3. Possible and likely to occur at some time
4. Unlikely to occur but could happen
5. May occur but only in rare and exceptional circumstances
 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|

|  |
| --- |
|  Likelihood |
| Consequence

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **A** | **B** | **C** | **D** | **E** |
| **1** | **High** | **High** | **Extreme** | **Extreme** | **Extreme** |
| **2** | **Medium** | **High** | **High** | **Extreme** | **Extreme** |
| **3** | **Low** | **Medium** | **High** | **Extreme** | **Extreme** |
| **4** | **Low** | **Low** | **Medium** | **High** | **Extreme** |
| **5** | **Low** | **Low** | **Medium** | **High** | **High** |

 |
| **Legend:**  |  | Extreme |  | High |  | Medium |  | Low |

 |

1. **Root Causes**

Describe the factors which resulted in the incident:

**MANAGEMENT SYSTEM:** Procedures, processes, SOPS etc.

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**ENVIRONMENT:** Work surface, uneven, slippery, noise, heat, cold, lighting etc.

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**PLANT, EQUIPMENT, TOOLS:** Are the tools appropriate, are tools available, guarding, maintenance etc.

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**HUMAN FACTORS/BEHAVIOUR**: Culture, language, fatigue etc.

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**JOB/TASK/MATERIALS:** Work flow practice, training, supervision, SOPS, clothing, footwear, PPE.

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1. **Corrective Actions**

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| While defining corrective actions please make sure that you have considered the following.  |
|  | **•Elimination** - Can you eliminate the hazard altogether? |
|  | **•Substitution** - Can you substitute less hazardous equipment, substances or agents? |
|  | **•Engineering** - Would the hazard be reduced by ventilation, barriers or isolation? |
|  | **•Administration** - Is training, policy or safe working procedures required? |
|  | **•Personal Protective Equipment** - What personal protective equipment (PPE) would be appropriate?1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Due Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Due Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Due Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Due Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Due Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Distribution List**

Assigned Investigators appear on this list.