



# Byron Shire Council Incident Notification & Initial Investigation

Yellow form

- 1) To be submitted to your Team Leader asap, but no later than the end of shift on day of Incident.
- 2) To be provided to the Safety Officer / Injury Management Officer / Risk Management Officer within 24hrs of the event.

<b>Byron Shire Council</b>
70 to 90 Station Street, MULLUMBIMBY 2482
Phone: 0427 593 661 – Safety Officer 6626 7042 – Injury management Officer
ABN: 14 472 131 473

<b>Register of Incident</b>			
<b>Date of report:</b>			
<b>Name of Person:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>Occupation:</b>		<b>Mobile Phone No.</b>	
<b>Dept. e.g. IS, OS, RR, Utilities, SSE, etc.</b>			
<b>Location where incident occurred:</b>			
<b>Name of employee's Team Leader / Supervisor:</b>			
<b>Date of incident / injury / illness:</b>		<b>Time:</b>	am / pm
<b>Nature of injury or illness / cause of injury or illness:</b> <i>(if applicable)</i>			
<b>Body part:</b>			
<b>First Aid provided:</b>			
<b>Name of person rendering first aid:</b>			
<b>Details of any referral for treatment:</b>			

<b>Initial Investigation Report:</b>		
<b>What was being done at time of incident:</b>		
<b>Other persons involved:</b>	1. _____	2. _____
<b>Equipment being used:</b>		
<b>Activity of person/s:</b>		

**Office use:**

Date Received	Date to Insurer	Employees Compensation <input type="radio"/> Yes <input type="radio"/> No	Cost Centre	Award	AWE	HRS	DOC #
		<input type="radio"/> Notification <input type="radio"/> Medical <input type="radio"/> Lost time					



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Initial Incident Classification (refer to Incident Classification matrix)			
Please circle:	Class 1	Class 2	Class 3

Is Statutory Notification to SafeWork required?	Yes	No
If a motor vehicle or theft incident, have police been notified?	Yes	No
Is there damage to a third party's property / vehicle?	Yes	No
If damage to a third party's property / vehicle please exchange contact & insurance details?	Yes	No

(Please circle)

**If damage has occurred to any plant please attach a Vehicle Damage Report**

**If an environmental incident has occurred e.g. uncontrolled release / spill of any hydrocarbon or hazardous substance please consult with your Team Leader as an additional report may be required to be made to external authorities.**

Incident Description:	
<b>Please describe the incident and immediate actions taken:</b>	<i>(e.g. tightening screen bolts, spanner slipped and crushed index finger on right hand between spanner and frame. Applied ice pack, reported to supervisor and transported to medical provider) – add additional sheets as required.</i>

<b>Name of person completing report:</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>Team Leader Name:</b>			
<b>Signature:</b>		<b>Date:</b>	