



Shire of Wyndham East Kimberley
Council Policy Manual
OHS4

POLICY No:	OHS 4
DIVISION:	Occupational Safety and Health
SUBJECT:	Occupational Safety and Health Reporting
REPORTING OFFICER:	Executive Manager Engineering and Development Services
ENABLING LEGISLATION:	Occupational Safety and Health Act 1984

OBJECTIVE:

To ensure that all accidents and/or injuries to Council employees are reported to the appropriate supervisor/manager as soon as possible after the accident/incident occurs.

POLICY:

Personal Injuries [Workers Compensation]

All injuries to a Council employee must be reported to the appropriate supervisor/manager and departmental Executive Manager as soon as possible after the accident/incident occurs.

All injuries that require consultation with a doctor, hospitalisation, compensation or more than one day off shall be investigated by the Payroll Officer, the Safety Representative and the supervisor/manager of that injured person.

All injuries that require compensation and ten or more working days off shall be fully investigated by Council's appointed Accident Investigation Committee as detailed hereunder.

Should a serious accident occur, the Chief Executive Officer shall nominate three persons in Council's employ, as the Accident Investigation Committee. This Committee shall have the authority to question any or all personnel they consider may have input. The investigation shall commence within 24 hours of the occurrence. Where practical, sites where serious injuries occur must be isolated by means of a "Tape Fence" and no person shall enter this area without authorisation from the Accident Investigation Committee.

Injury reports must be completed as soon as possible by any person/s involved and given to the relevant supervisor/manager for comment. The supervisor/manager must then deliver the completed report to the Safety Representative.



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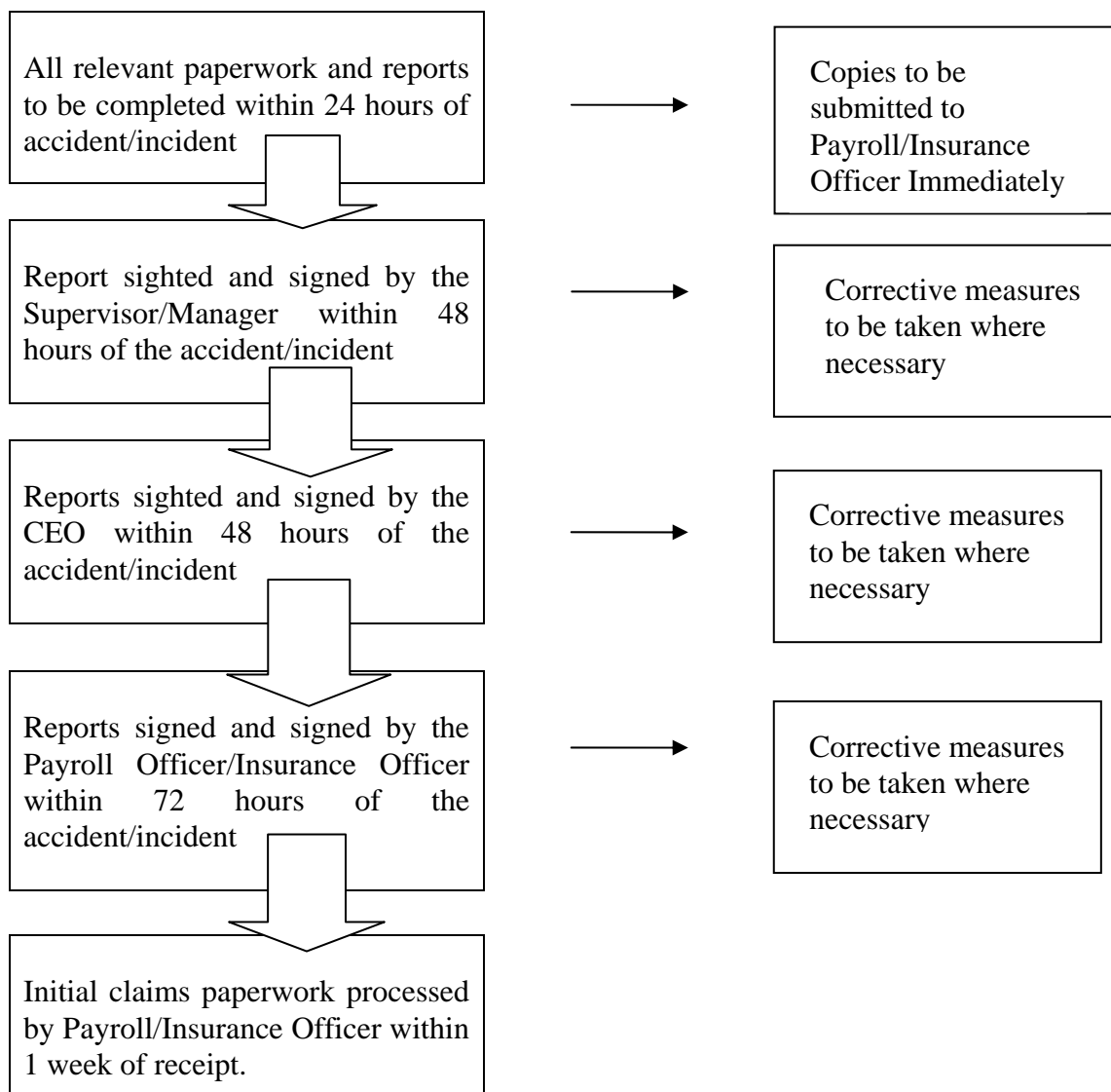
The injury reporting procedure is as follows and must be strictly adhered to:

- Employee must advise Supervisor/Manager as soon as possible after the accident.
- Employee must complete a Workers' Compensation Claim Form 2B and give it to Supervisor/Manager.
- Employee must complete a Shire of Wyndham East Kimberley Accident/Incident Report and give to Supervisor/Manager.
- Employee must complete Workers' Compensation Claimant's Statement (Municipal Workcare Form 7) and give it to Supervisor/Manager.
- Employee must accompany his/her Supervisor/Manager to accident site and assist the Accident Investigation Committee.

The Occupational Health and Safety Committee and/or Safety Representative get involved only when the outcome is not to the satisfaction of the above mentioned parties.

- The Occupational Health and Safety Committee will receive a copy of the incident report from Manager/Supervisor for the Committee's information.

Flow chart for reporting accident/incidents





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SHIRE OF WYNDHAM EAST KIMBERLEY
INCIDENT/ACCIDENT REPORT

Ensure a copy of this form is given to the Payroll/Insurance Officer immediately. An original of this form must be submitted to your supervisor/manager within 48 hours of the accident/incident.

SURNAME OF EMPLOYEE		FIRST NAME	
OCCUPATION		LOCATION	
DEPARTMENT & TOWN		SUPERVISOR	
DATE & TIME OF INCIDENT		TIME & DATE REPORT	
SURNAME OF WITNESS		FIRST NAME	
ACCIDENT/INCIDENT TYPE (PLEASE TICK)			
INJURY <input type="checkbox"/> DAMAGE <input type="checkbox"/> NEAR MISS <input type="checkbox"/>			
ACCIDENT/INCIDENT TYPE (PLEASE TICK)			
MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> MAJOR <input type="checkbox"/> LOST TIME <input type="checkbox"/>			
ACCIDENT/INCIDENT DESCRIPTION - Attach additional details if required			
SIGNATURE:		DATE:	
DIAGRAM			
1. Name Streets	<div style="display: flex; justify-content: space-between; align-items: center;"> N W E </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 100px;"> S </div>		
2. Show direction of vehicles etc.			
3. Show distances involved			
4. Show positions of all vehicles, pedestrians, equipment, object etc involved in the incident			
5. Show road signs, power poles and any other items of significance.			
INSURANCE CLAIM FORM		COMPLETED <input type="checkbox"/>	
		NOT REQUIRED <input type="checkbox"/>	



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WITNESS ACCOUNT – Attach additional details if required		
SIGNATURE:	DATE:	
SUPERVISORS/MANAGERS COMMENTS– Attach additional details if required		
SIGNATURE:	DATE:	
SAFETY REPRESENTATIVES COMMENTS– Attach additional details if required		
SIGNATURE:	DATE:	
CEO'S COMMENTS– Attach additional details if required		
SIGNATURE:	DATE:	
PAYROLL OFFICERS COMMENTS– Attach additional details if required		
ACTION:	BY WHOM:	ACTION DATE:
DATE ACTION COMPLETED:	DATE:	



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Notifiable Accidents

The Payroll Officer must report to the Worksafe Western Australia Commissioner any of the following;

- A fracture of the skull, spine or pelvis;
- A fracture of any bone –
 - The arm, other than in the wrist or hand;
 - The leg, other than a bone in the ankle or foot
- An amputation of an arm, a hand, finger joint, leg, foot, toe or toe joint;
- The loss of sight of an eye;
- Any injury other than the above which, in the opinion of a medical practitioner, is likely to prevent the employee from being able to work within 10 days on which the injury occurred.

All report forms are available from supervisors/manager on request or from the Payroll Officer.

- Workers' Compensation Claim Form 2B
- Workers' Compensation Claimant's Statement
- Example Statement from Claimant



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SCHEDULE 2 – FORMS RELATING TO GENERAL PROVISIONS
FORM 1 – NOTIFICATION OF INJURY

[Regulation 2.4(2)]

Occupational Safety and Health Act 1984

WorkSafe Western Australia Commissioner
PO Box 294
WEST PERTH WA 6872
Ph:(08) 9327 8777 Fax: (08) 9321 2148
Injury Reporting Telephones: (08) 9327 8800 or (1800) 198118

Accident Reporting (24 hours)	Reporting of work-related deaths and specified work injuries and diseases.	Tel: (08) 9327880 Tel: 1800 198 118
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Section 1: Employer Details

Date of injury: _____
Time of Injury: __: __ am __: __ pm

Surname: _____
Given Name: _____
Workplace Name: _____
Workplace Address: _____
Suburb/Town: _____ Postcode: _____
Phone no: _____ Fax no _____
WorkCover Number: _____

Address of Workplace: _____
Where injury occurred: _____
Suburb/Town: _____ Postcode: _____
Occupation: _____
Phone no: _____ Fax no _____
Type of Workplace: _____
Where injury occurred: _____
(e.g. Construction site, panel beating shop, etc)

Section 2: Details of injured person

Estimated time person is unable to work _____ days



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Surname:	
Given Names:	
Occupation:	
Date of birth: / / /	Age:
Sex: Male	Female

Section 3: Injury Details

Nature of injury: Brief description of how injury occurred:	
Place injured person removed to:	

Name of person reporting accident:	
Position:	
Phone Number:	

Person for liaison:	
Phone Number:	

Office Use Only:	<input type="checkbox"/> Nat.
Person Receiving	<input type="checkbox"/> Loc.
	<input type="checkbox"/> Ag.
	<input type="checkbox"/> Type
Date: _/ _/ _	Time.....



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Damage to Plant/Machinery

Damage to any vehicle, plant, machinery or any Council-owned item must be reported immediately after an incident. The damage reporting procedure is as follows and must be strictly adhered to.

The employee shall;

- Ensure the item is stopped immediately
- Check if any personal injuries have occurred
- If personal injury has occurred get help immediately
- Establish whether vehicle/machine can be driven safely back to the depot
- If vehicle/machine is not driveable, contact Supervisor
- Upon arrival back at the depot, advise Supervisor immediately
- Place “Do not Operate” tag in most obvious position if item is rendered defective
- Place in “No Go Bay” relevant to that item
- Advise Stores
- Complete an Accident/Incident Report (if required)

The supervisor shall;

- Investigate incident report within 24 hours
- Deliver completed Accident/Incident report to CEO
- Deliver completed investigation report to Payroll
- Ensure insurance form is completed by employee where necessary
- Ensure corrective action is taken where necessary

<p>SEE FLOW CHART ON PAGE 2 OF THIS POLICY FOR PROCEDURES FOR REPORTING ACCIDENTS/INCIDENTS</p>
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