

Use this form to report any incident, injury, illness or near miss occurring within Metcash controlled workplaces. Return completed form to your **Regional SHE Mgr & Operational Line Mgr** within 24 hours, or as soon as possible thereafter. **FOR IHG Only:** Return to your **IHG SHE Team/State Injury Mgr**.

** NB: Use this form to fill out the relevant information only. It is not to be altered in any way.*

WHERE						
Store/Site Name:		Group Name:		State:		
WHO (Select One)						
Employee	Labour Hire	Contractor	Visitor	Customer	Other	
RISK (Select One)						
H-High Risk		M-Moderate Risk		L-Low Risk		
SEVERITY RATING (Select One)						
Level 1 Negligible	Level 2 Minor	Level 3 Moderate	Level 4 Major	Level 5 Extreme		
INCIDENT						
LTI	MTI	EIT	FAI	Near Miss	Non-Work	Report Only
Notifiable	Consult with SHE Team					
Is the Incident:	MVA	Property Damage	CoR	Journey/Recess	Restricted Work	
*Please notify your state injury manager and regional SHE Manager (or IHG Risk & Safety Manager) if there is an upgrade or change in the incident: e.g., a FAI to MTI						
Part A Details of Person Injured or Involved						
To be filled in by the person injured ideally but may be completed by any team member and forwarded to Supervisor for prompt follow up.						
Full Name:				Date of Birth:	Male / Female:	
Employee/Labour Hire Dept:		Contractor Name:		Contact Number:		
Incident/Near Miss Details						
Date of Incident:		Time of Incident:		Specific Location/Area of Incident:		
Description of the Incident:						
Initial Actions Taken:						
Witness Details						
Full Name:				Contact Number:		
Injury Details (not applicable for a Near Miss)						
Nature or type		☐ Psychological or Body Part Please circle to indicate the injured body part(s)		Cause of Injury		
☐ Amputation ☐ Fracture ☐ Dislocation ☐ Sprain or strain ☐ Cut or open wound ☐ Bruise or crushing ☐ Burn or scald ☐ Foreign body ☐ Internal injury ☐ Skin disorder ☐ Respiratory disorder ☐ Heat or circulatory condition ☐ Nervous system injury/disorder ☐ Concussion ☐ Asphyxiation ☐ Poisoning ☐ Exposure ☐ Infectious disease ☐ Other (specify)		 ☐ Teeth ☐ Organ (specify)		☐ Vehicle ☐ Equipment /tool ☐ powered ☐ not powered ☐ Explosion or implosion (pressure) ☐ Chemical ☐ Electricity ☐ Radiation ☐ Thermal (heat or cold) ☐ Vibration ☐ Noise ☐ Biological ☐ Animal or insect bite ☐ Slip, trip or fall of person ☐ Struck by falling or moving object ☐ Stepping on or striking against object ☐ *Needle or sharp ☐ Muscular effort ☐ single event ☐ repetitive ☐ Other(specify)		
* Special Follow-up procedures are required for injuries involving contaminated needles or sharps – Contact your Regional SHE Mgr.						

FOR IHG sites, contact heidi.behn@mitre10.com.au

Was Medical Treatment obtained? ☐ Nil ☐ First Aider ☐ Doctor/Medical Treatment ☐ Hospital ☐ (Other specify) _____
 Name of Person Reporting _____ Department _____
 Signature of Person Reporting _____ Date _____ Contact no. _____

Part B Store/Department - Management Follow Up & Corrective Action

Supervisor/Manager to complete this section and send copy to relevant work area within 24 hours. For IHG ONLY: Forward to IHG SHE Team /Metcash State Injury Manager. For all other Pillars: forward to Regional SHE Mgr/Metcash State Injury Mgr & your Operational Line Mgr.

Outcome for Injured Person (Only applicable to Employees)

Potential for Time Lost from work? ☐ No ☐ *Yes ▶ * If time is likely to be lost Metcash State Injury Management MUST be contacted immediately (Additional For IHG: IHG Risk & Safety Manager)

Specify Details of Follow Up (Investigation) (Attach further information if space is insufficient for all sections below.) N.B. HPI's & LTI's must have an ICAM investigation completed.

Analysis of Contributory Factors (provide details of any selected factor – if unsure refer to procedure)

☐ Absent or Failed Defences (specify) ☐ Individual/Team Actions (specify) ☐ Task/Environmental Conditions (Specify) ☐ Organisational Factors (Specify)

Recommended Corrective Action: The hierarchy of controls lists in priority order which control measures shall be considered first.

- ☐ **Elimination:** Permanent solution where the hazard is completely eliminated or removed.
- ☐ **Substitution:** Achieved by replacing hazardous plant, equipment, substances, etc, with a safer alternative.
- ☐ **Isolation:** Physically separating the hazard from people (e.g., using physical barriers) and/or by distance (e.g., remote operations).
- ☐ **Engineering controls:** Involves making engineering changes to physical modifications which reduce exposure to the hazard.
- ☐ **Administrative controls:** Reduce exposure to risk by implementing written procedures, training, instructions, signs & labelling.
- ☐ Provide/modify SAFE Work Operating Procedures (SWOP)
 - ☐ Install Safety Signage
 - ☐ Provide Training (on the job training, course required)
 - ☐ Other (specify) _____
- ☐ **Personal Protective Equipment (PPE):** Anything used or worn by a person to reduce exposure to a hazard (eg safety boots, gloves)

Additional Corrective Action Taken: Describe the following steps taken:

Follow Up Within 24 Hours ☐ Yes ☐ No ▶ Please provide details. _____

☐ Maintenance No./details ▶ _____

☐ Contacted SHE Representative (if necessary) Name _____ Date _____

☐ Site Hazard Register Updated (if necessary)

☐ Site Incident Register Updated (*IHG Only) ☐ Workers Compensation Claim lodged ▶ Claim N° _____

Signature _____ Name _____
 Position _____ Date _____ Phone N° _____