

Appendix 1 – Incident / Injury / Illness / Near Miss Reporting Form

STRICTLY CONFIDENTIAL — COMPLETE AS SOON AS PRACTICABLE			
Emergency: If there is immediate danger or serious injury, call 000, provide assistance and make the area safe. Report all incidents, injuries, illnesses, hazards and near misses promptly to the responsible local leader and OHS Adviser. Possible notifiable incident: Immediately escalate for assessment. The employer or self-employed person must notify WorkSafe Victoria immediately on 13 23 60, preserve the site subject to lawful exceptions, provide written notification within 48 hours and retain a copy for at least five years. If unsure, report the incident to WorkSafe. This form supports internal reporting, the Register of Injuries and initial triage. It does not replace WorkSafe notification, a workers compensation claim, safeguarding, police or other required processes.			
Legal entity / duty-holder	_____	Parish / workplace / site	_____
Incident reference	_____	Authoritative record owner	_____
Date and time reported	___ / ___ / ____	Reporting channel	☐ Verbal ☐ Phone ☐ Email ☐ Other: _____
Reporter name	_____	Role / organisation	_____
Phone	_____	Email	_____
2. Event classification and details			
Event type	☐ Injury ☐ Illness ☐ Near miss ☐ Hazard ☐ Psychological health ☐ Occupational violence / aggression ☐ Property / equipment damage ☐ Fire / electrical ☐ Spill / exposure ☐ Theft / loss ☐ Other: _____		
Date and time of event	___ / ___ / ____	Exact location	_____



Catholic Diocese of Ballarat's Incident Reporting and Investigation Procedure

Activity / task			
Factual description What. happened. immediately. before? during.and. after? Include. conditions. and. sequence;			
Plant, equipment vehicle, substance or dangerous goods involved	☐ No ☐ Yes — details / identifier / condition: _____		
Attachments secured	☐ Photos ☐ Sketch ☐ CCTV ☐ Documents ☐ Equipment ☐ Witness statements ☐ Other: _____		
3. Person affected and injury / illness details			
Full name	_____	Role	☐ Employee ☐ Clergy / religious ☐ Volunteer ☐ Contractor ☐ Parishioner ☐ Visitor ☐ Other
Position / employer	_____	Contact details	_____
Injury / illness and body part	Nature of injury: _____ Body part / side: _____		
Treatment and outcome	☐ None ☐ First aid ☐ Doctor / medical treatment ☐ Ambulance ☐ Hospital emergency ☐ Hospital inpatient ☐ Other: _____ Treatment provider / facility and details: _____		
Work impact	☐ No time lost ☐ Left shift ☐ Time lost ☐ Modified duties	Return / expected return	____ / ____ / ____
Support offered	☐ Medical ☐ Pastoral ☐ Wellbeing / EAP ☐ Support person ☐ Return-to-work support ☐ Other: _____		



Catholic Diocese of Ballarat's Incident Reporting and Investigation Procedure

4. Witnesses and other parties			
Witness 1	Name / role: _____	Contact	_____ _____
Witness 2	Name / role: _____	Contact	_____ _____
Other duty-holders / third parties	Contractor, shared workplace, event organiser or other party; contact and coordination details: _____		
5. Immediate response and interim controls			
Actions taken	☐ 000 called ☐ First aid ☐ Work stopped ☐ Hazard isolated ☐ Area secured ☐ People warned ☐ Evidence preserved ☐ Affected person supported ☐ Other: _____ Details, by whom, and time: _____		
Manager / local leader notified	☐ Yes ☐ No Name: _____	Date / time	____ / ____ / ____ ____
OHS Adviser notified	☐ Yes ☐ No Name: _____	Date / time	____ / ____ / ____ ____
6. Registers and related processes			
Required records	☐ Register of Injuries entry completed ☐ Written acknowledgement / copy given to worker ☐ Hazard and Risk Register updated ☐ Workers compensation information provided ☐ Return-to-work coordinator notified		
Parallel referral	☐ Safeguarding ☐ Police ☐ Insurer ☐ Workers compensation ☐ HR / workplace conduct ☐ Other regulator ☐ Not applicable Reference / details: _____		

7. WorkSafe notifiability assessment — authorised person to complete			
Potential trigger	☐ Death ☐ Immediate hospital inpatient treatment ☐ Medical treatment within 48 hours of substance exposure ☐ Immediate treatment for amputation, serious head or eye injury, de-gloving / scalping, electric shock, spinal injury, loss of bodily function or serious laceration ☐ Serious risk from immediate or imminent exposure, including uncontrolled spill / escape, fire, explosion / implosion, electric shock, fall / release from height, plant failure or malfunction identified in current WorkSafe criteria, structural / excavation collapse or other prescribed event ☐ Prescribed illness / circumstance ☐ None identified ☐ Unsure		
Assessment outcome	☐ Notifiable ☐ Not notifiable ☐ Unsure — escalated	Assessed by / role / time	
Duty-holder confirmed		Authorised notifier	
WorkSafe notified immediately	☐ Yes ☐ No ☐ Not required 13 23 60	Date / time / Incident Notification ID	
Written notification	☐ Submitted ☐ Due within 48 hours ☐ Not required	Date / confirmation / record location	—
WorkSafe directions / inspector			
8. Site preservation and evidence			
Site preserved	☐ Yes ☐ No ☐ Not applicable	Access controlled by	_____
Evidence secured	Equipment / records / photographs / CCTV / witness details / other: _____		
Site disturbed	☐ No ☐ Yes	Time and lawful reason	☐ Protect health / safety ☐ Aid injured person ☐ Make safe / prevent further incident ☐ Police investigation ☐ WorkSafe direction / inspector authorisation ☐ Other lawful reason: _____
9. Initial risk assessment and investigation triage			



Catholic Diocese of Ballarat's Incident Reporting and Investigation Procedure

Actual consequence	☐ Insignificant ☐ Minor ☐ Moderate ☐ Major ☐ Severe	Credible potential consequence	☐ Insignificant ☐ Minor ☐ Moderate ☐ Major ☐ Severe
Likelihood of recurrence	☐ Rare ☐ Unlikely ☐ Possible ☐ Likely ☐ Almost certain	People exposed / vulnerable persons	_____
Initial risk level	☐ Low ☐ Medium ☐ High ☐ Extreme	Further controls required now	_____
Investigation level	☐ Local review ☐ Formal investigation ☐ Major / independent	Investigator Name / target date	_____ / ____ / ____
Rationale / conflicts / specialist support	_____		
10. Consultation and initial corrective actions			
Consultation	Workforce participants who are, or may be, directly affected / Health and Safety Nominee/ Diocesan OHS advisor, Health and Safety Zone Committee nominee, if appropriate/ other duty-holders consulted; views and outcomes: _____		
Action 1	Action / hierarchy level: _____	Owner / due date	_____ / ____ / ____
Action 2	Action / hierarchy level: _____	Owner / due date	_____ / ____ / ____
Verification / escalation	Required evidence, verifier, review date and escalation: _____		
11. Declarations and receipt acknowledgement			
Person making report	Name: _____ Signature: _____	Date	____ / ____ / ____
Responsible leader / delegate receipt	Name / role: _____ Signature: _____	Date / incident reference	____ / ____ / ____ _____
Worker injury notification acknowledgement: A signed and dated copy of this entry / written acknowledgement was provided to the injured worker or representative on ____ / ____ / ____ by _____.			