

Woolnorth Wind Farm Holding Incident Report Form



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Version 2
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First Aid Treatment	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Commuting	<input type="checkbox"/>
Medical Treatment	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>	Security /Vandalism	<input type="checkbox"/>
Injury No treatment	<input type="checkbox"/>	Hazard	<input type="checkbox"/>	Property Loss/Damage	<input type="checkbox"/>
Lost Time Incident	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	System/process	<input type="checkbox"/>

***tick the most relevant e.g. if involved in a car accident and a person went to hospital for a week, report as an LTI not a Commuting Incident.*

Step 1: Details (mandatory)

Site and Asset (e.g. MRWF T/L Pole 18): **Date & time of incident:**
Brief Description (e.g. bruised thumb): **Primary Person involved:**.....
Title (SITE_ASSET_Desc._Date)

Step 2: Description (mandatory)

Task Performed:

Full Description:

Immediate Action:

Step 3: Injury Details

Any injury?: Yes No (go to Step 4)
Name of injured person:
Describe injury and location:
Any treatment?: Yes No (go to Step 4) **Type:** First Aid Doctor Hospital Other:.....
Details of Treatment:
Administered By:.....**Contact Details:**.....

Step 4: Equipment Involved (see reference sheet to determine accident type and cause)

1. Any Equipment lost/damaged? Yes No (go to Step 5)
Describe Equipment lost/damaged:

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2. **Vehicle damaged?** Yes No (go to Step 5) **Vehicle Registration No:** **Police notified**

Was a Third Party involved? Yes No (go to Step 5)

Third Party Name: **Licence No:** **Phone:**

Step 5: Witnesses or Members of the work party

Name: **Company:** **Witness?** Yes No **Phone No:**

Name: **Company:** **Witness?** Yes No **Phone No:**

Step 6: Identify the actual and potential Risk Level with your supervisor

Use the table below to agree:

a. The consequence (impact) of this incident.....

b. The likelihood it will happen again if performed the same.....

c. The expected consequence (impact) if the incident happens again.....

LIKELIHOOD Refer Below	CONSEQUENCE (Impact) Refer below					
	1. Insignificant	2. Minor	3. Moderate	4. Major	5. Extreme	6. Catastrophic
7. Almost certain 91-100%	7	14	21	28	35	42
6. Likely 61-90%	6	12	18	24	30	36
5. Possible 21-60%	5	10	15	20	25	30
4. Unlikely 6-20%	4	8	12	16	20	24
3. Rare 1-5%	3	6	9	12	15	18
2. Extremely rare <1%	2	4	6	8	10	12

Circle Investigation requirement based on b and c above. Investigation requirement confirmed by HSE team:

RISK LEVEL ACTION TABLE				
Risk Level	Low	Moderate	High	Extreme
Investigation type	Basic (Page 3)	SCAT	Complex HSE Manager (or delegate)	

Within 24hrs the reporter in consultation with a supervisor must

- Verify details with Supervisor and agree on Actual and Potential responses
- Using the Risk Level Action Table above identify the type of investigation required

Action Details:.....

Assigned to:..... **Accepted:** Yes No **Due Date:**.....

Action Details:.....

Assigned to:..... **Accepted:** Yes No **Due Date:**.....

Form completed by (print/sign):		Date:
Supervisor (print/sign):		Date:

