INCIDENT REPORT (S3) FORM

For personnel without access to Themis

Incident reporter: complete sections 1–3 and return to supervisor. **Data entry staff**: enter sections 1–3 into Themis. Complete section 4.
Supervisor: complete section 5, plus an Incident investigation (S4) form , OR acknowledge incident in Themis. **Help**: http://safety.unimelb.edu.au/tools/incident/

This information will be stored and used only in accordance with the University's Privacy Policy: http://www.unimelb.edu.au/unisec/privacy/privacypolicy.html.

1. Incident reporting person details — Person reporting the incident to complete

Nature of report	Injury/Illness ☐	Incident/Near miss ☐	Environmental damage ☐	Property loss/damage ☐	Theft ☐
Name of person reporting incident			Date of report	d d / m m / y y y y	

INJURED PERSON'S DETAILS (ONLY COMPLETE IF REPORTING AN INJURY OR ILLNESS)

First name		Date of birth	d d / m m / y y y y		
Last name					
Other names		Gender	Male ☐	Female ☐	
Email address			Telephone No.		

Classification	Employee ☐	Occupation		Employee No.	
		Faculty/Division		Department	
	Contractor ☐	Employer			
		Contact details			
	Student ☐	Faculty of enrolment		Student No.	
		Supervisor name (postgraduates only)			
	Visitor/Honorary ☐				

Experience in task being performed	< 1 month ☐	1 - 12 months ☐	1 - 5 years ☐	> 5 years ☐	Not applicable ☐
Training in task being performed	None ☐	Induction ☐	Internal task-specific ☐	External task-specific ☐	

2. Witness details — Person reporting the incident to complete

First Name		Telephone Number	
Last Name		Staff/Student Number	

3.1. Incident details — Person reporting the incident to complete

Date of incident	d d / m m / y y y y	Time of incident	: am/pm
Campus		Specific location	
Did the incident involve plant, equipment or an object? Specify			
Did the incident involve chemicals or substances? Specify			

Describe the incident	
	Please turn over...

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3.2. Incident Details (continued) — Person reporting the incident to complete

Nature of injury, illness or symptom			
	Asthma or other respiratory illness ☐	Amputation ☐	Psychological ☐
	Bruise, contusion or crushing injury ☐	Burn ☐	Sensory loss ☐
	Dermatitis or other skin conditions ☐	Concussion ☐	Sprain/Strain ☐
	Effects of exposure to the elements ☐	Dislocation ☐	Superficial injury ☐
	Foreign matter intrusion ☐	Electric shock ☐	Other (specify)
	Needlestick or sharp injury ☐	Fracture ☐	
	Poisoning or effects of substances ☐	Internal injury ☐	

Location of injury, illness or symptom				
	Ear ☐	Hand or finger ☐	Back ☐	Multiple locations ☐
	Eye ☐	Internal organs ☐	Neck ☐	Not applicable ☐
	Face ☐	Feet or toes ☐	Shoulder or arm ☐	Other (specify)
	Head(not eye/ear/face) ☐	Hip or leg ☐	Trunk ☐	

How did the injury, illness or symptom occur?

For example:

- Exposure to ☑ a chemical
- Contact with ☑ electricity
- Bite from ☑ an animal
- Fall from ☑ same level

	Select the action	*Specify the object*	*Select the action*	*Specify the object*
	Bite from ☐		Hitting ☐	
	Contact with ☐		Muscular stress from ☐	
	Exposure to ☐		Trapped between ☐	
	Fall from ☐		Trapped by ☐	
	Hit by ☐		Vehicle Accident ☐	
	Other (specify)			

Name of injured persons' supervisor

(*The incident report will be sent to the above person.*)

Signature of injured person		Date	d d / m m / y y y y
Signature of person reporting incident		Date	d d / m m / y y y y

4. Entry of data from this form into Themis

Themis Incident Report confirmation number:

Entered into Themis by (name):		Date	d d / m m / y y y y

5. Immediate response — Supervisor to complete (not required if Sections 1–3 have been entered into Themis)

Treatment given to injured person by: Nil ☐ First aider ☐ General practitioner ☐ Hospital (Casualty) ☐ Hospital (In-patient) ☐

Did any University employee injured as a result of the incident take time off work? No ☐ Yes ☐ --→ *If Yes, inform Injury Management office*

Immediate actions taken to prevent or reduce risk of re-occurrence

[1] Elimination Control ☐ [2] Substitution Control ☐ [3] Engineering Control ☐ [4] Administrative Control ☐ [5] Personal Protective Equipment ☐

Detail the actions

- *Supervisor must use an Incident Investigation (S4) form to assess the level of risk and establish planned/permanent corrective actions.*

Name of supervisor			
Signature of supervisor		Date	d d / m m / y y y y

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