

Name of Affected Person _____

Australia Post Personnel Number _____

Answers are mandatory to questions marked with *

Please attach additional pages, if the space provided is insufficient

1 Australia Post Privacy Notice

Authority

Your personal information is collected by Australia Post to meet its legal obligations under the *Occupational Health & Safety Act 1991 (Cth)*. You may be an Australia Post employee, contractor or member of the public.

How your personal information will be used

Your personal information may be used by Australia Post:

- To comply with its obligations under either the *Occupational Health & Safety Act 1991 (Cth)*, or
- For directly related purposes, such as the assessment of a subsequent claim for workers compensation under the *Safety Rehabilitation & Compensation Act 1988 (Cth)*, or for internal reporting, administration and risk management purposes. *(Please note certain activities may be conducted by Australia Post or its contracted service providers.)*

To whom –or in what circumstances - your personal information may be disclosed

Your personal information may be disclosed:

- To Comcare, as required by the *Occupational Health & Safety Act 1991 (Cth)*;
- Where necessary to prevent or lessen a serious and imminent threat to your life or health or that of another person;
- Where you give Australia Post your consent, which may be either express or implied; or
- Where authorised, or required, by law. For example, to our external lawyers, or to a court or tribunal.

Accessing your personal information

You are entitled to seek access to your personal information. This right is not absolute – the law recognises certain circumstances where Australia Post may refuse access. For more information:

Employees: Please refer to the Employee Records Access Policy contained in the Human Resources Manual.

Contractors or members of the public: Please refer to the Australia Post Privacy Policy found at www.auspost.com.au/privacy

2 Incident Time, Location and Type

2.1 * When did the incident occur, or when were the symptoms noticed?

_____ Date

_____ Time

2.2 * Where did the incident happen?

(Work Area Name and Sub Work Area type)

Select the closest physical location (Work Area) where the incident occurred eg Dandenong Letter Centre - amenities, loading dock, etc

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2.3 If offsite, include closest street, suburb, postcode, and /or round number _____

2.4 * Did the Incident happen at the affected person's normal place of work?

Yes

No

Normal place of work includes delivery round or truck route

2.5 * What is the type of Incident and the Incident outcome ?

Definition for Near Hit

No harm was caused, but could have been caused

Definition for Dangerous Occurrence

An occurrence at a workplace that could have caused (but did not cause) the death or serious personal injury to any person, or total incapacity of any employee for 30 or more consecutive shifts or days

Definition for Minor Injury

An injury or illness that was not a serious personal injury or fatality. There was no need for the person to receive emergency treatment by a registered medical practitioner (including a psychiatrist) or treatment in hospital as a casualty or admission to a hospital

Definition for Minor Loss

Where damage to property or loss is less than \$1,000
For environmental incidents, repeated exceptions to prescribed limits, statutory requirement or single community complaint

Definition for Serious Personal Injury

An injury to or disease in a person caused in the course of work for which the person needed emergency treatment by a registered medical practitioner (including psychiatrist), or treatment in a hospital as a casualty, without being admitted to the hospital, or admitted to hospital

Definition for Serious Loss

Where damage to property is more than \$1,000
For environmental incidents, extensive measures required to restore environmental quality

Definition for Catastrophe

There is damage to property greater than \$1M or business interruption with over a \$1M impact
For environmental incidents, persistent environmental damage likely and/or major financial consequences

Definition for Fatality

Where there is a work-related death of any person including a member of the public, a contractor or an employee

For dangerous goods incidents, take the worse of either harm to people or asset damage

<input type="checkbox"/> People	<input type="checkbox"/> Near Hit
	<input type="checkbox"/> Dangerous Occurrence
	<input type="checkbox"/> Minor Injury
	<input type="checkbox"/> Serious Personal Injury
	<input type="checkbox"/> Fatality
<input type="checkbox"/> Asset	<input type="checkbox"/> Near Hit
	<input type="checkbox"/> Minor Loss
	<input type="checkbox"/> Serious Loss
	<input type="checkbox"/> Catastrophe
<input type="checkbox"/> Environment	<input type="checkbox"/> Near Hit
	<input type="checkbox"/> Minor Loss
	<input type="checkbox"/> Serious Loss
	<input type="checkbox"/> Catastrophe
<input type="checkbox"/> Dangerous Goods	<input type="checkbox"/> Near Hit
	<input type="checkbox"/> Minor Loss
	<input type="checkbox"/> Serious Loss
	<input type="checkbox"/> Catastrophe

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3 Incident Details

3.1 * Summarise in a few words what happened

PDO crashed motorbike when avoiding a dog

3.2 * Provide a detailed description of what happened

Please attach additional pages, if the space provided is insufficient

Describe the incident e.g. while riding my Honda motorcycle on the road between delivery points, a dog ran onto the road and I swerved to miss the dog and ran into a parked car. It was raining at the time of this incident. Full safety clothing was worn.

3.3 What was the exact work process undertaken at the time of the incident, where appropriate?

Describe the work process e.g. clearing output stackers on BCS, on the footpath between delivery points, serving customer at counter.

4 Assets Involved in this Incident

4.1 Description of equipment

4.2 Was it a PDO motorcycle or powered cycle crash?

Yes

No

5 Contributing Factors

5.1 What do you know about the contributing factors?

Describe the incident causes, affecting objects and external influences, e.g. poor visibility, road slippery, other vehicle failed to give way at round-about, collided with car

5.2 Was Personal Protective Equipment used or required?

Used

Not used

Not required

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6 People Involved in this Incident

6.1 * Were there any external people involved? If Yes, please specify

- Yes
 No
 Employment Agency Contractor
 Delivery Contractor
 Commonwealth Employee from another Agency
 Other Contractor
 Member of Public

6.2 If an external person was involved, please provide further details and attach any witness statement

What was their role in the Incident, name, phone number, and car registration, if vehicle involved

6.3 * Please list all people who were involved in this Incident

	APS	Name
Reporting Person		
Affected Person		
Witness		
Other		
Other		

7 Affected Person's Details

7.1 What was the scheduled work start and finish time on the day of the Incident?

_____ Start Time _____ End Time

7.2 What was the duty status of the affected person at the time of the Incident?

- On Duty
 Travelling on Duty
 On Break, at Workplace
 Journey from / to Work
 On Break, Away from Workplace
 On Duty, Alternate Workplace

7.3 Does this Incident involve an injury or illness?
 If the answer is No, please continue with section 10
 If the answer is Yes, please answer the questions 8.1 to 8.3

- Yes
 No

Yes is to be indicated if the Incident is person related and the Incident Outcome is a Minor Injury, a Serious Personal Injury or Fatality

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8 Injury Details

8.1 What injuries were received?

Describe the injuries with the body parts that were affected, including nature of symptoms e.g. muscular pain, left thigh, laceration, right thumb, abrasion to left arm and hip

8.2 What is the main injury?

8.3 Is this an aggravation from a previous injury/illness?

Yes

No

8.4 What is the start date of this previous injury/illness?

_____ Date

8.5 * What happened right after the Incident, and after first aid (if applicable)?

Went Home

Returned to Alternate Duties

Went to Doctor

Returned to Restricted Duties

Went to Hospital

Returned to Full Duties

Went to Hospital by Ambulance

Fatality

9 Treatment details

9.1 What first aid or initial treatment was provided?

9.2 Name of person giving first aid or initial treatment

9.3 Date and time of first aid or initial treatment

_____ Date _____ Time

10 Affected Person's Acknowledgement

10.1 Name of workplace Health and Safety Representative

10.2 * In relation to this Incident, do you authorise the supervisor or facility manager to disclose the personal details to the Health and Safety Representative?

Yes

No

* Declaration

I certify I have completed this form, myself or on behalf of someone else, honestly and to the best of my knowledge concerning the facts of this Incident

Signature

Date

If you are reporting an Incident, you do not need to answer any items beyond this page. The following pages are for Maintenance of the Incident by Australia Post management only. See fax numbers at bottom of page 8.

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11 Investigation Decision

11.1 Use this matrix to determine the level of investigation necessary. Circle the number selected IN THE MATRIX

Explanation of action required for level selected

1. No investigation required
2. Local investigation within 5 days
3. Detailed investigation

Potential/Actual Impact Area	Potential for harm to:					Frequency of Exposure to Hazard				
	Assets	Environment	Employees	Public	People	Yearly	Five times a year	Monthly	Weekly	Daily
First Aid/ Medical Treatment required - No effect on performance	< \$1000	Slight effect	Slight effect			1	1	1	1	1
Medical Treatment required - Work performance affected	< \$5K	Minor effect	Minor effect			1	1	2	2	2
Lost Time Injury	< \$100K	Localised effect	Localised effect			2	2	2	3	3
Disability	< \$1m	Major effect	Major effect			3	3	3	3	3
Fatality	> \$1m	Massive effect	Catastrophic effect			3	3	3	3	3

12 Investigation Findings

12.1 Please describe the investigation outcome or attach a report. If you attach a report, please refer to the attachment here

13 Root Cause

13.1 Please indicate the detailed root cause if known

OR

13.2 Select a generic root cause

Unsafe process or equipment
 Unsafe environment
 Unsafe behaviour

If behavioural, was it a human error or a deliberate violation of a rule?

This section is only completed if the incident was a PDO motorcycle and powered cycle crash (4.2) and is mandatory when the Investigation Decision is 3 (11.1) or otherwise it is optional

14 PDO Crash Analysis

Environmental Conditions

- 14.1 Was the road surface slippery? Yes No
- 14.2 Was it raining at the time of the incident? Yes No
- 14.3 If the incident was on the road, was the sign-posted speed limit over 60 km/h? Yes No

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- 14.4 Was it possible to anticipate the incident ? Yes No
- 14.5 Were there any road works in the vicinity of the incident ? Yes No
- 14.6 Was the incident at a controlled intersection with functioning traffic lights? Yes No
- 14.7 Has a round hazard assessment been completed for this delivery round in the past year ? Yes No

PDO Considerations

- 14.8 Does the motorcycle PDO ride a motorcycle other than for postal delivery (n/a for bicycle) ? Yes No Not applicable
- 14.9 Was the behaviour of the PDO: Not applicable Human Error Violation of rule
- 14.10 Was safe rider training attended in the past 2 years ? Yes No
- 14.11 Was the PDO a new outdoor delivery employee (under 3 months) ? Yes No
- 14.12 Is the PDO a reliever on an unfamiliar round ? Yes No
- 14.13 Is the PDO on a new unfamiliar round ? Yes No

Equipment Condition

- 14.14 Were the tyres inflated correctly ? Yes No
- 14.15 Was there adequate tread on the tyres ? Yes No
- 14.16 Were the panniers overloaded with mail ? Yes No

Behavioural Conditions

- 14.17 Did the PDO check the driveway? Yes No Not applicable
- 14.18 Did the PDO slow down and position the bike for a roundabout? Yes No Not applicable
- 14.19 Was there any indication of reading mail addresses while riding ? Yes No
- 14.20 Was there indication that the PDO was travelling within the speed limits (especially on the footpath - low speed of impact)? Yes No
- 14.21 Where another vehicle is involved, at the crash location, was there good visibility of the other vehicle (no tree, fence or other obstacle blocking the view) ? Yes No
- 14.22 Where another vehicle is involved, at the crash location, was there good visibility of the PDO ? Yes No

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14.23 Was the PDO doing a second (cut) round? Yes No

14.24 Were there any reasons for the PDO to be hurrying (had to return to another location, upcoming appointment)? Yes No

Abrasion Injuries

14.25 If there was a fall from the bike, were there any abrasion injuries? Yes No

14.26 If there are any abrasion injuries, indicate if any of the following body parts were affected - select worst affected body part

Thighs Lower legs Torso
 Lower arm Shoulder Hands
 Not applicable

Rider Weight - Safe Work Limit

14.27 What weight range does the PDO fall into at the time of the crash <90Kg 91-100Kg >100Kg

15 Cost

15.1 What is the estimated incident cost, other than workers compensation (i.e. damage to asset, environment, etc)? AUD \$ _____

16 Supervisor's or Manager's Statement

16.1 Has the Health and Safety Representative been notified of this incident? Yes No

16.2 Have the correct incident details been confirmed and any subsequent safety measures, where required, been recorded? Yes No

Legal Statement

I confirm that the information provided by myself or recorded on behalf of someone else is accurate to the best of my knowledge

Signature

Date

A user guide is available from your manager, HR Advisor, IPM Administrator or via the Australia Post Intranet to assist with this form.

Fax numbers for State IPM Administrators (when sending the form for manual entry)

NSW- 02 9202 6680 Vic/Tas- 03 8379 3816 Qld- 07 34051716

WA - 08 9237 5485 SA/NT- 08 8402 6403