Project Description

Use this form as part of your safety planning to describe the work that will be undertaken by a number of

volunteers participating in the project or program. Complete it for:

|  |  |
| --- | --- |
|  | **Incident Report** In the event of an accident or injury |
| If an accident occurs that might have caused injury, or an actual injury occurs, there are a number of important steps to undertake. 1. Provide first aid and call for medical assistance as required 2. Inform your supervisor of the injury. 3. In the event of a ***notifiable incident***, the supervisor should notify WorkSafe Tasmania as soon as practicable by phoning **1300 366 322.** This is a 24/7 phone number. * Notifiable incidents include (1) Death (2) Serious injury or illness (3) Dangerous incident (that may or may not have caused injury)

4. Do not disturb or clean up a site associated with a notifiable incident unless * to assist an injured person
* to remove a deceased person
* when it is essential to make the site safe or to reduce the risk of a further notifiable
* when it is associated with a police investigation (who will make directions)
* when an inspector or the regulator gives permission.

5. Inform the family and/or emergency contact of the injured person. Complete the form below and provide to supervisor. 6. This form must then be forwarded to Worksafe Tasmania within 48 hours of incident report. * Fax (03) 6233-8338 email wstinfo@justice.tas.gov.au
 |
|  PART A: Injured Persons Details |
| Name |
| Address |
| Phone |
| PART B: Details of Incident |
| WILDCARE Branch/Project/Activity |
| Incident Location |
| Dater of Incident | Time of Incident |
| Description of Injuries |
| What happened after the incident? Was the injury treated on the scene? Was the injured person transported to hospital?  |
| Describe the sequence of events that led up to the incident. |
| What measures could be put in place to avoid the incident re-occurring? |
| PART C: Details of Person making notification |
| Name |
| Address |
| Phone |
| Signature | Date  |
| **If a volunteer is injured it will be necessary to notify the Insurer, whether or not the injured person intends to make a No-fault claim under the Volunteer Accident Policy. Complete a Pre-claim Form in the first instance and forward to the address on the Form within 14 days of the injury. The insurance company will follow-up with claim forms and advice.** |