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:

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|  | **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](mailto: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.** | | | |