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 several 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 / 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.** | | | |