



Incident Notification Form

The following sections to be completed by Supervisor / Manager

4. INCIDENT RISK RECORD – Use table to assess and record the risk of this incident

Consequence	_____	Likelihood	_____	Risk Score	_____
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Extreme Risk or High Risk  Full Incident Investigation report required – Manager to be a team member in the investigation. CEO to review

Moderate or Low Risk  Simple Investigation required

CONSEQUENCE TABLE

Level	Descriptor	Example detail description – choose the most relevant		
		People	Environment	Assets
5	Catastrophic	Multiple fatalities	long term environmental damage, toxic release off site with detrimental effect	huge financial loss >\$5m
4	High	Single fatality	off site release with no detrimental effects, loss of production capacity,	major financial loss <\$5m
3	Moderate	Serious harm injury	short term environmental damage, on site release contained with outside assistance	high financial loss \$1m - \$3m
2	Low	First aid or Medical treatment	onsite release immediately contained, environmental damage readily repaired	medium financial loss \$250K - \$1m
1	Minor	No injuries	failure of internal control, minor environmental impact	low financial loss <\$250K

LIKELIHOOD TABLE

Level	Descriptor	Example detail description
5	Expected	The event is expected to occur one or more times per year
4	Highly Likely	The event will probably occur every 1- 3 years
3	Likely	The event should occur every 4 - 6 years
2	Not likely	The event could occur every 7 - 9 years
1	Rare	The event may occur once every 10 years and beyond

RISK SCORE

Likelihood	Consequence				
	1- Minor	2 - Low	3 - Moderate	4 - High	5 - Catastrophic
5 - Expected	Moderate	High	High	Extreme	Extreme
4 - Highly Likely	Moderate	Moderate	High	Extreme	Extreme
3 - Likely	Low	Moderate	Moderate	High	Extreme
2 - Not Likely	Low	Low	Moderate	Moderate	High
1 - Rare	Low	Low	Low	Moderate	High

5. WAS THERE ANY INJURY SUSTAINED NO YES → Provide details below

Note: Workers Injury Claim form to be completed for medical treatments

Nature of Injury :	<input type="checkbox"/> Burn	<input type="checkbox"/> Electrocutation	<input type="checkbox"/> Laceration	Body part affected (specify):
<input type="checkbox"/> Fracture	<input type="checkbox"/> Bruise	<input type="checkbox"/> Concussion	<input type="checkbox"/> Illness	
<input type="checkbox"/> Foreign body	<input type="checkbox"/> Crush	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Sprain / Strain	
Time Lost to Date: Days: _____ Hours: _____	Returned to Work: Time: _____ Date: _____			
Return To Work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Duties: Normal <input type="checkbox"/> Modified <input type="checkbox"/> Alternative <input type="checkbox"/>			
Person Making Record:	Name: _____	Signature: _____		
Witness:	Name: _____	Signature: _____		
Supervisor/Manager notified	Name: _____	YES <input type="checkbox"/> Date: _____	Initials: _____	
HSR Notified	Name: _____	YES <input type="checkbox"/> Date: _____	Initials: _____	
Entered into POPL Incident & Injury Register		YES <input type="checkbox"/> Date: _____	Initials: _____	
Is this a Worksafe reportable incident?	NO <input type="checkbox"/> YES <input type="checkbox"/> → Worksafe incident notification form to be completed			
Was there any damage to plant / equipment	NO <input type="checkbox"/> YES <input type="checkbox"/> → Provide details below			
Identify damaged Plant / Equipment:				
Details of damage:				
Enter details of cost estimate or repair when known <\$500 <input type="checkbox"/> <\$1,000 <input type="checkbox"/> <\$5,000 <input type="checkbox"/> <\$10,000 <input type="checkbox"/> <\$20,000 <input type="checkbox"/> <\$40,000 <input type="checkbox"/> >\$40,000 <input type="checkbox"/>				