

HR Services

Incident, accident & hazard report

Privacy Notice

SCU is requesting this information from you so that we can examine the incident, accident or hazard and where necessary take steps to prevent a recurrence and meet our obligations under Work Health and Safety legislation.

We may also need to disclose this information to our insurers and use the information for statistical and reporting purposes, where necessary, providing it in aggregated form in the University's annual report.

When storing your personal information electronically, SCU may disclose your personal information to overseas recipients by virtue of its cloud computing arrangements. SCU's 'cloud' servers are located in Hong Kong, Singapore and Ireland and SCU is reasonably satisfied that these countries have similar privacy protections to those afforded under Australian law. SCU will not disclose your personal information to anybody else unless we are required to do so by law – for example if the information is needed in an emergency or for law enforcement purposes.

You may request access to your information at any time. To access or update your personal information, or for more information on our privacy obligations, ask to speak to our Privacy Contact Officer or email privacy@scu.edu.au. A copy of the University's Privacy Management Plan is available here: http://policies.scu.edu.au/view.current.php?id=00018

Injury or work-related illness procedure

- 1. Injured employee / person to complete report
- 2. Report to be forwarded to Supervisor for comment and forwarding to Manager, Workplace Health & Safety, HR Services or fax (02) 6622 4240 within 48 hours of incident
- 3. HR Manager to forward to Head of Work Unit if further action is required

Hazard or near-miss procedure

- 1. Employee / person discovering hazard to complete report
- 2. Report to be forwarded to Supervisor for comment
- 3. Report to be forwarded to Manager, Workplace Health & Safety, HR Services or fax (02) 6622 4240 immediately

Full details are available at: http://policies.scu.edu.au/view.current.php?id=00132

PERSONAL DETAILS Name: Date of birth: Contact phone no: Gender: Residential address: ☐ Employee Student ☐ Contractor ☐ Other: Association with SCU: If you are an employee, provide the following details: Work unit: Contact number: TYPE OF INCIDENT ■ Work-related illness ■ Near-miss Hazard ☐ Injury Details of incident / injury / work-related illness / hazard (eg How did it happen?): Date: Location:

DETAILS OF INJURY / ILLNESS / HAZARD										
(only to be completed if you are reporting an injury or work-related illness)										
Cause of injury / illness	/ hazard:									
☐ Biological	☐ Bodily str	ess	Ţ		Car acci	dent		Chemical [Electrical	
☐ Fall, trip, slip	☐ Heat radia	ation	, [Psycholo	ogical		Sound & pressure	e	
☐ Struck by object	Other [plea	ase s	pecify]:							
Nature of injury or illness (eg. fracture, sprain, etc):										
Location of injury (eg. right arm, neck, left leg, etc):										
Medical treatment received to date: (eg. nil, first aid, doctor, hospital, etc)										
Details of witnesses:] \	lo witnes	ses				
Name:	ame: Contact Phone:									
Name:	Name:				Contact Phone:					
Your full name					signature				date	
First Aid Office	ers only: Minor in	juries	(eg bruisin	ig, g	grazes, pap	er cuts) <u>do no</u>	ot requ	uire comments to be p	provided.	
COMMENTS										
Supervisor (include detail	ils of actions taken	n to pr	event futur	e in	cidents):					
•					·······					
	•••••									
		•••••								
Name:		Sig	ned:					Date:		
Head of Work Unit (if required):										
riead of Work Offic (ii required).										
			•••••							
Signed:								Date:		
Signed: Date: Manager, Workplace Health & Safety:										
Manager, Workplace i	icallii & Salci	Ly.								
	•••••									
Signed:								Date:		
CHECKLIST:										
Supervisor notified of incid	dent		Yes		No	Time:		Date:		
Form completed by injure	d person		Yes		No	Time:		Date:		
Supervisor's comments no	oted		Yes		No	Time:		Date:		
Form forwarded to Manag	er WHS		Yes		No	Time:		Date:		
Copy forwarded to Head of	of Work Unit		Yes		No	Time:		Date:		