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| **Manager Incident Cause Analysis** | | | | | cid:image001.jpg@01D3D0AF.A42C7EB0 |
| Use this form to analyse any serious workplace accident, injury, illness, near miss, dangerous occurrence or hazard. Please contact the HWS unit: for Geelong/Warrnambool: 72869, Melbourne 68175 for any assistance  Privacy: The information collected on this form will be used to investigate the incident, respond to you, address health and safety issues, collate statistics and to inform the University’s insurer. Information from the form may be provided to other areas of the University such as the Risk Management Unit or Facilities Management Services Division to address hazard or risk issues. The submitted form is accessible by the staff of the HWS unit in Human Resources Division and those to whom they report. The information in this report may become available to others through Freedom of Information or other legal processes. | | | | | |
| **List team members involved in the analysis** | | | | | |
| Manager, Supervisor name and contact details: |  | | | | |
| Persons contributing to or interviewed during the analysis: |  | | | | |
| **Details of the incident (accident, illness, injury, near miss or hazard)** | | | | | |
| Has the incident been discussed with the staff member? The main purpose is to enquire about the welfare of the staff member and offer any additional assistance needed. | | | | Yes No | |
| Has an Incident (accident or hazard) report been completed? | | | | Yes No Unknown | |
| If not, please ensure one is completed at <https://www.deakin.edu.au/incident> | | | If yes, incident number: | | |
| If there is a WorkCover Claim involved: Do you believe the claim: Should be accepted?  OR Should be subjected to further investigation? | | | | Yes No Unknown  Yes No Unknown | |
| Date of event and Time: | | | |  | |
| Where did the event happen?  Be specific, e.g. campus, room and building: | |  | | | |
| **Incident Timeline** | | | | | |
| *Describe the sequence of events that lead to the incident (injury). Start with the task being performed. Include unexpected events.* | | | | | |
| *Describe the event and include any harm that resulted.* | | | | | |
| *Describe actions to control, treat or remediate immediately after the event.* | | | | | |
| *Identify any standard procedures or verbal instructions being followed at the time* | | | | | |

| **Contributing Factors (what factors contributed to the incident)** | | | |
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| **Environmental Factors such as:** | | | **Yes No Possibly** |
| * Hazardous material exposure * Visibility or lighting * Ventilation * Surfaces (flooring) | | * Noise or vibration * Workplace housekeeping * Extreme temperatures * Improper waste disposal | * Restricted or awkward access * Improper layout of tools, equipment or materials * Weather exposure |
| Other: | | | |
| **Activity and Equipment Factors such as:** | | | **Yes No Possibly** |
| * Equipment availability or access * Tools / equipment malfunction * Defective guards or protective devices * Excessive or heavy manual handling * Sport or competitive activity * Congestion /restricted access | * Furniture / tools /equipment inadequate * Warning systems failed or inadequate * Time pressures * Working after hours * Working alone * Handling wildlife or humans | | * Improper use of equipment and tools * Inadequate assembly, maintenance or repair * Inadequate ergonomic design * Hazard protection and containment inadequate |
| Other: | | | |
| **Human Factors such as:** | | | **Yes No Possibly** |
| * Fatigue, stress, distraction, sensory overload * Human error * Familiarity with task or equipment * Experience/knowledge/skill * Procedures not followed * Risk assessment not carried out | * Inadequate pre-task checking * Misunderstanding of instructions * Inadequate understanding of risks * Inadequate communication between persons involved * Medication, alcohol and/or drug use * Uninformed or poor choices or decisions | | * Personal medical condition * Physical violence or threats * Inappropriate personal behaviours * Non-compliant or unauthorized working * Equipment not used or not used correctly * Failing to use or overriding safety devices |
| Other: | | | |
| **Organisational Factors such as:** | | | **Yes No Possibly** |
| * Inadequate audit /inspection /monitoring * Inadequate Procedures/ Standards/ Guidelines * Inadequate health and safety information * Inadequate supervision | * Inadequate work planning * Risk assessment / hazard identification not adequate * Tolerance of shortcuts or ignoring procedures * Inadequate job safety analysis or systems | | * Use of non-approved or not inducted contractor * Procedures not adequate * Poor design of equipment or workplace * Operating procedures outdated * Training not adequate * Inadequate staffing levels |
| Other: | | | |

| **Actions to prevent or mitigate future incidents: highlight or underline the relevant actions** | |
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| **Environmental Factors** | |
| * Improve hazardous substances handling * Stop or reduce exposure to dust, gas, chemicals * Improve visibility and lighting * Improve ventilation * Address loose, slippery or uneven surfaces (flooring) * Improve waste disposal arrangements * Reduce noise or vibration | * Improve workplace housekeeping * Improvement to address hazardous weather conditions: rain, wind * Improve heating or cooling * Address / improve restricted or awkward access * Improve the improper placement of tools, equipment or materials |
| **Activity and Equipment Factors** | |
| * Improve equipment availability or access * Address tools / equipment malfunction * Provide improved or more ergonomic furniture * Fix defective guards or protective devices * Reduce excessive or heavy manual handling * Improve tools /equipment * Improve operation of warning systems * Address time pressures * Improve management of after hours working | * Address improper use of equipment and tools * Address inadequate assembly, maintenance or repair * Improve ergonomic design * Hazard protection and containment inadequate * Improve supervision of activity * Address working alone * Address congestion /restricted access * Improve handling techniques for wildlife or humans |
| **Human Factors** | |
| * Address fatigue, stress, distraction, sensory overload * Address human error * Increase familiarity with task or equipment * Provide task experience/knowledge/skill * Ensure procedures are followed * Understand why procedures not followed * Carry out risk assessment * Ensure pre-task checking occur * Reduce misunderstanding of instructions * Improve understanding of risks * Reduce the risk of physical violence or threats | * Introduce reasonable adjustments for personal medical condition * Address inappropriate personal behaviours * Stop non-compliant or unauthorized working * Provide training and instruction to ensure equipment not used or not used correctly * Address failure to use or overriding safety devices * Improve inadequate communication between persons involved * Address medication, alcohol and/or drug use * Other human factors |
| **Organisational Factors** | |
| * Improve auditing/inspection/monitoring * Improve Procedures/ Standards/ Guidelines * Improve health and safety information * Improve supervision * Improve work planning * Improve risk assessment / hazard identification * Improve job safety analysis or systems | * Address tolerance of shortcuts or ignoring procedures * Stop use of non-approved or not inducted contractor * Improve design of equipment or workplace layout * Update operating procedures * Improve quality of training * Address inadequate staffing levels |

| **Specific Action Plan** | **Target Date** | **Who is responsible?** |
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| **Already taken:** | | |
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| **Immediate: must be implemented before work can resume.** | | |
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| **Short-term: can or must be implemented in the next month.** | | |
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| **Long-term: can or must be implemented over the next year.** | | |
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| **Distribution List:**  You should retain a copy of this form. A copy should be given the responsible manager(s), and the school, institute or divisional head. **Original copy** must be forwarded to the Health, Wellbeing and Safety, Human Resources Division. | | |
| **Full Name** | **Title/Unit** | **Email Address** |
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