

STAFF-IN-CONFIDENCE (After first entry)

AC 563
Revised 1 Sep 2011



Australian Government
Department of Defence

Defence OHS Incident Report

This form is to only to be used if you do not have access to OHS-ISS

All Occupational Health and Safety (OHS) incidents caused by work-related employment in Defence, or as a result of a Defence activity are to be reported. The preferred method of submission is via the OHS-ISS or alternatively by using this form. This includes OHS incidents for all Defence employees, cadets and third parties (Contractors and general public).

The Occupational Health and Safety (OHS) Branch collect data on this form under the [Commonwealth Health and Safety Act 1991](#) and the [Australian Radiation Protection and Nuclear Safety Act 1998](#). Personal information provided on this form is protected by the [Privacy Act 1988](#).

Completion of form

The supervisor of the person involved at the time of the incident is responsible for ensuring that this form is completed and submitted within the required reporting timeframes as stated in the table below.

Note: Do not include personnel details into free text fields due to privacy implications in the reporting of incidents within OHSCAR.

Contractors or general public

Defence employees (ADF and APS) are also to complete form number AD 088 - *COMCOVER Notification Record*, where an incident involves a contractor or a member of the general public. For further information please refer to the [Defence Insurance Office](#) website or phone 1800 990 900. The AD 088 can be found on the [Web Forms System](#).

Compensation claims

Completion of this form is not an admission of liability or claim for compensation however, a copy of the completed form will assist in the compensation determination process. Claims for compensation are determined by Department of Veterans' Affairs (DVA) for ADF and Comcare for APS. Compensation claim forms for ADF and Cadets are obtained from DVA on 1300 550 461, and for APS employees from the Defence Service Centre on 1800 000 677. The incident link to compensation question within this form is to assist DVA with the SWIIP Project (Support to Wounded, Injured and Ill Personnel) and therefore is only required for ADF personnel.

Signals

This form must be completed even if a DISCON signal (eg FATALCAS or NOTICAS) has been raised.

Exemptions from reporting to Comcare

Comcare is **not** to be notified of any incidents that occur during any of the following but these incidents are to be reported to OHS Branch:

- ADF operational deployments (As declared by the Minister);
- ADF deployments in support of United Nations; or
- Organised ADF sporting activity (See [DIIG PERS 14-2](#) for a definition of sport).

Mandatory reporting requirements

Reporting procedure → Type and definition of incident ↓		All incidents report to OHS Branch (Notification timeframes)		Specific incidents report to COMCARE		Radiation incidents report to ARPANSA
		Initial report	Follow on actions	Notification timeframe	Format of notification	Reporting to ARPANSA is to be, in the first instance, within 24 hours of the incident
Fatality	Notifiable death - The work-related death of any person including a contractor, member of the public or an employee.	Within 24 hours	Within 28 days	Within two hours	Phone Comcare on 1300 366 979, then submit the initial report via fax or online notification	The reporting to ARPANSA of radiation incidents is to be completed if the source of the radiation, which caused or had potential to cause an exposure, is currently licensed to Defence by ARPANSA under the ARPANS Act . Types of equipment that are Licensed Apparatus includes (but are not limited to) Class 3B and 4 Lasers, radioactive material and X-ray equipment. Details are available on the OHS Branch website at: http://ohsc.defence.gov.au/Programs/Radiation/SourceLicence.pdf
Serious Personal Injury (SPI)	An injury to or disease in a person caused in the course of work for which the person needed emergency treatment by a registered medical practitioner, treatment in a hospital as a casualty, with or without being admitted to hospital.	Within 24 hours	Within 28 days	Within 24 hours	Via fax or online notification	
Dangerous Occurrence	An incident where no person is injured, but could have been injured, resulting in Serious Personal Injury, Incapacity or Death. Commonly called a 'near miss'.	Within 24 hours	Within 28 days	Within 24 hours	Via fax or online notification	
Exposure	Potential exposure to substance/material including workplace hazards that did not result in a fatality, SPI, Minor Injury or Dangerous Incident.	Within 24 hours	Within 28 days			
Minor Injury	Any minor injury that did not result in a Fatality, SPI or Dangerous Incident.	Within 28 days	Within 28 days			

Contact details

OHS Branch	COMCARE	ARPANSA
Phone: 1800 220 820 Email: ac563@defence.gov.au Facsimile: 1800 563 563 Web (Intranet): http://ohsc.defence.gov.au Mail: Incident Capture and Reporting BP35-5-045, CANBERRA ACT 2600	BH helpline: 1300 366 979 Facsimile (All States): 1300 305 916 Web: www.comcare.gov.au	BH phone: 02 9541 8329 Director, Regulatory Branch 24 hour phone: 03 9432 5384 Emergency Officer Fax (All States): 02 9541 8348 Web: www.arpansa.gov.au

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Initial Incident Report

Initial assessment

Did the incident occur during the conduct of Defence business?
 No Yes

Did the incident occur in a Defence workplace?
 No Yes

If you answered 'No' to both these questions that this incident did not occur during the conduct of Defence business or in a Defence workplace it is therefore not reportable to Defence. Do not continue with the submission of this form.

Did the incident occur during ADF organised sports?
 No Yes

Did the incident occur on deployment/operation?
 No Yes

Does the incident involve workplace bullying/harassment?
 No Yes

Casualty details *(This section is not required for 'Dangerous Incidents' but must be completed for 'Fatalities', 'SPIs', 'Exposure' or 'Minor Injury')*

Employee/ODS ID:

Rank:

Family name:

Given name(s):

Service: Navy Army Air Force APS ANC, AAC or AAFC Other

Gender: Male Female

Date of birth:

Group: SEC/CDF VCDF JOC Navy Army Air Force CDG
 CFO CIOG DMO DSTO DSG I & S PSPG

Casualty work address

Address line 1:

Address line 2:

City: State: Postcode:

Work phone: Email:

Supervisor details *(The person supervising the activity, not necessarily your normal Unit Commander or supervisor)*

Employee/ODS ID:

Rank:

Family name:

Given name(s):

Service: Navy Army Air Force APS ANC, AAC or AAFC Other

Gender: Male Female

Date of birth:

Group: SEC/CDF VCDF JOC Navy Army Air Force CDG
 CFO CIOG DMO DSTO DSG I & S PSPG

Work phone: Email:

Comments date:

Comments:

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Incident details

When did the incident occur?
Incident date: Time: (24 hours HH:MM)

Did the incident occur while on duty?
 No Yes
↓
How many hours were you on duty at the time of incident?
Hours on duty: hours minutes

Select incident type

Fatality
 Serious Personal Injury
 Dangerous Occurrence
 Exposure
 Minor Injury

These incidents are notifiable to Comcare.

Enter exposure dates: Exposure from date: Exposure end date:

Radiation details

Did this incident involve radiation?
 No Yes
↓
Is the radiation source controlled under:
• [ARPANS Act](#) (S.13 Radioactive Material or Ionising Apparatus); or
• [ARPANS Regs](#) (R.4 Hazardous Non-Ionising Apparatus).
 No Yes
↓
Did the incident result in/from:
• Medical exposure error (X-ray wrong part etc);
• Personal radiation overdose (OERW > 50 mSv, GP > 1 mSv);
• Actual personal injury (Burn, blindness etc);
• Fatality; or
• Potential for exposure as above?
 No Yes
If you answered 'Yes' for all radiation questions, this incident must be notified to ARPANSA under Regulation 46, within 24 hours of the incident.

Hazardous chemicals, materials or substance

Did the incident involve hazardous chemicals, materials or substances?
 No Yes
↓
Is the material or substance involved registered on ChemAlert?
 No Yes
↓
Was the Material Safety Data Sheet (MSDS) available and viewed?
 No Yes

Please select the chemical or substance from the choice list supplied. If the chemical or substance does not exist in the list, please choose 'Other chemical/substance' from the list and specify details in the 'Please specify' field below.

Chemical/substance:

Please specify:

Incident location details

Incident location State: ACT NSW QLD NT SA TAS VIC
 WA Ships Overseas In flight

Incident location: (Building, suburb eg Brindabella Park Canberra)

Describe the specific location where the incident occurred (eg Gymnasium, desk BP35-5-001, Officer's Mess)

Other location:

Is the location indoor or outdoor?
 Indoor Outdoor

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Describing the incident

Describe the incident briefly. The activity you were doing (*Running, walking, lifting, training, patrolling etc*), the equipment involved (*Vehicle, weapon, machinery, box, cable, battery, camouflage, webbing etc*) and what happened or went wrong (*Trip, fall, strain, explosion, fumes, fire, exposure etc*).

Describe the incident:

Describe the activity being undertaken when the incident occurred.

Activity:

Describe the most serious injury, disease or illness suffered as a result of this incident.

Injury:

Did the casualty suffer multiple injuries as a result of this incident?

No

Yes



Specify the body part affected by the most serious injury.

Body part:

Describe the action, exposure or event that caused the most serious injury, disease or illness.

Action:

Specify the main (primary) object, substance or circumstance (event) that caused the injury, disease or illness.

Main event:

Specify the additional (secondary) object, substance or circumstance (event) that caused the injury, disease or illness.

Other event:

Incident link to compensation *(ADF personnel only to complete)*

This incident may have resulted in an injury that could be compensable in the future.

Do you wish to register a potential claim?

No

Yes

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Follow On Actions

- In each applicable section, all fields must be completed.

Consequences, medical treatment and outcomes

What is your role in the incident?
 Supervisor Safety Manager CO/Manager

Date:

Employee/ODS ID:

Rank:

Family name:

Given name(s):

Gender: Male Female

Date of birth:

Treatment:

Outcome:

From date: To date:

Lost time: days

Commander or equivalent comments *(The person in command of the area where the activity occurred)*

Employee/ODS ID:

Rank:

Family name:

Given name(s):

Gender: Male Female

Date of birth:

Comments date:

Comments:

Additional comments

What is your role in the incident?
 Supervisor Safety Manager CO/Manager

Employee/ODS ID:

Rank:

Family name:

Given name(s):

Gender: Male Female

Date of birth:

Comments date:

Comments:



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Reference guide

The following reference guide is to assist in completion of this form where the choice list is not functional during completion.

Hazardous materials

- Acrylonitrile
- Arsenic inorganic
- Asbestos
- Benzene
- Beryllium
- Cadmium
- Carbon tetrachloride
- CBRN agents (chemical, biological, radiological and nuclear)
- Chromium inorganic (includes chromates such as zinc chromate)
- Creosote
- Crystalline silica
- Formaldehyde
- Other chemical product (where the chemical has been classified as a hazardous substance according to ASCC criteria - refer to Safety Data Sheet (SDS))
- Other/Unknown substance (ie Of unknown chemical or biological origin)
- Other chemical/substance (Please specify)
- Inorganic chromium
- Isocyanates
- Lead inorganic
- Lithium
- Mercury inorganic
- Nickel
- Organophosphate pesticides
- Pentachlorophenol
- Polycyclic aromatic hydrocarbons
- Thallium
- Vinyl chloride
- 4,4' Methylenebis (2-chloroaniline) (also known as MOCA and MBOCA)

Treatment

- Counselling
- Employee Assistance Program
- First Aid or Medic
- Hospital inpatient
- Hospital outpatient
- Medical Officer or Doctor
- No treatment
- Nurse or Paramedic
- Physiotherapist
- Psychiatrist
- Psychologist
- Regimental Aid Post (RAP)
- Workplace intervention

Outcome

- Convalescence leave
- Cumulative
- Hospitalised
- Normal duties
- Ongoing treatment
- Restricted duties
- Sick leave