

STAFF-IN-CONFIDENCE (After first entry)

AC 563
Revised Sep 2007



Australian Government
Department of Defence

Defence OHS Incident Report

This form is to be completed and processed as a high priority

DO NOT FAX THIS INSTRUCTION PAGE TO OHSC

All Occupational Health and Safety (OHS) incidents caused by work-related employment in Defence, or as a result of a Defence undertaking, are to be reported using this form. This includes OHS incidents for all Defence employees, cadets, and third parties (contractors and general public). The Occupational Health Safety and Compensation (OHSC) Branch collect data on this form under the *Occupational Health and Safety Act 1990* and the *Australian Radiation Protection and Nuclear Safety Act 1998*. Personal information provided on this form is protected by the *Privacy Act 1988*. For assistance in completing this form, see your supervisor or contact OHSC (see below).

Form completion

The **Supervisor of the person involved is responsible for ensuring that all relevant sections of the form are completed** and the form is distributed within the prescribed timeframes as detailed below. Where more than one person is injured, a separate form must be completed for each person. Where an exposure involves more than one person, attach a separate sheet with the full name, date of birth, PMKeyS ID, and service number of each person.

General public or contractors

Defence employees (ADF and civilian) are to also complete AD 088 - COMCOVER Notification Record, where an incident involves a member of the general public or a contractor. For further information please refer to the Defence Insurance Office website <http://intranet.defence.gov.au/insurance> or phone 1800 990 900. The AD 088 can be found on the Web Forms System at: <http://pubsdb.cbr-dps.defence.gov.au/wfs/>

Compensation claims

Completion of this form is not an admission of liability or a claim for compensation. A copy of the completed form will assist in compensation determinations. Compensation claim forms for military personnel and cadets are obtained from the Department of Veteran Affairs (DVA) on 1300 550 461, and for civilians from the Defence Service Centre on 1800 000 677 (CR&C).

Signals

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

COMCARE reporting

Chief of the Defence Force (CDF) has declared that COMCARE reporting requirements do not apply if the OHS incident occurred during an:

- ADF operational deployment; or
- ADF deployment in support of the United Nations; or
- organised ADF sporting activity (See [DI\(G\) PERS 14-2](#) for a definition of sport).

Mandatory reporting requirements

Reporting procedure →		All incidents report to OHSC		Specific incidents report to COMCARE		Radiation incidents report to ARPANSA
		By fax or Email (AC 563 Part 1)	By fax or Email (AC 563 Part 2)	By phone	By fax or Email (AC 563 Part 1)	Reporting to ARPANSA is to be in the first instance, within 24 hours of the incident.
Type and definition of incident ↓						
FATALITY	Death	24 hours	28 days	Two hours	24 hours	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 ARPANSA 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 OHSC web site at: http://ohsc.defence.gov.au/Programs/Radiation/SourceLicence.pdf
SERIOUS PERSONAL INJURY (SPI)	<i>Emergency treatment provided by a medical practitioner; or, treated at a hospital; or, admitted to hospital.</i>	24 hours	28 days		24 hours	
INCAPACITY (30 or more days)	<i>Employee unable to perform work for 30 or more consecutive days or shifts.</i>	24 hours	28 days		24 hours	
MINOR INJURY	<i>Any injury that does not result in an SPI.</i>	28 days	28 days		Do not report to Comcare	
EXPOSURE	<i>Exposure to workplace hazards (eg noise or radiation) that did not result in a fatality, SPI or incapacity.</i>	24 hours	28 days		24 hours	
DANGEROUS OCCURRENCE (DO)	<i>'Near miss' incidents that could have, but did not, result in a fatality, incapacity, SPI or actual exposure.</i>	24 hours	28 days		24 hours	

Additional distribution (To take place according to Group Standard Operating Procedures (SOPs) which may include):

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Employee (except fatality) and member or employee file (Mandatory) • Supervisor | <ul style="list-style-type: none"> • Unit Safety Coordinator or Manager • DSG Regional Coordinator (ROHSCO) | <ul style="list-style-type: none"> • Command Safety Officer and/or Higher Headquarters • Group Safety Coordinator |
|--|---|---|

Contact details

OHSC	COMCARE	ARPANSA
AC 563 helpline 1800 019 955 (0830 - 1700 hrs - Eastern Standard Time)	BH helpline 1300 366 979	BH phone 02 9541 8329
Facsimilie 1800 563 563	Fax (All states) 1300 305 916	Director, Regulatory Branch
Email AC563@defence.gov.au	Web www.comcare.gov.au	24 hour phone 03 9432 5384
Web (Intranet) http://ohsc.defence.gov.au/		Emergency Officer
Mail OHSC-MI BP33-05-045 Department of Defence CANBERRA ACT 2600		Fax (All states) 02 9541 8348
		Web www.arpansa.gov.au

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Part 1

<p>1. When did the incident occur?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date</td> <td style="width:50%;">Time</td> </tr> </table> <p>2. What was the outcome of the incident?</p> <p><input type="checkbox"/> Fatality ➔ <i>Complete questions 1-9</i></p> <p><input type="checkbox"/> Serious personal injury ➔ <i>Complete questions 1-9</i></p> <p><input type="checkbox"/> Incapacity (30 or more days) ➔ <i>Complete questions 1-9</i></p> <p><input type="checkbox"/> Minor personal injury ➔ <i>Complete questions 1-9</i></p> <p><input type="checkbox"/> Exposure ➔ <i>Complete questions 1-7, 9, 10</i></p> <p><input type="checkbox"/> Dangerous occurrence ➔ <i>Complete questions 1-6</i></p> <p>3. Where did the incident occur?</p> <p>Which Defence establishment or other facility did the incident occur?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Location of the incident within the workplace</td> <td style="width:20%;">State</td> </tr> </table> <p>4. How did the incident occur?</p> <p>What activity was being undertaken when the incident occurred?</p> <p>Details of machinery, equipment, substances or items involved</p> <p>Describe the incident and what went wrong</p> <p>5. Supervisor's or manager's prevention comments</p> <p>Action taken or proposed to prevent a recurrence of a similar incident</p>	Date	Time	Location of the incident within the workplace	State	<p>6. Supervisor's or manager's details</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Signature</td> </tr> <tr> <td>Rank or title</td> <td>Family name</td> </tr> <tr> <td colspan="2">Given name(s)</td> </tr> <tr> <td>PMKeyS ID</td> <td>Unit</td> </tr> <tr> <td>Email address</td> <td>Phone number</td> </tr> </table> <p>7. Casualty details</p> <p>Permanent Forces <input type="checkbox"/> ➔ <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF</p> <p>Reservist <input type="checkbox"/> ➔ <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF</p> <p>ADF Cadet <input type="checkbox"/> ➔ <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF</p> <p>Defence Civilian <input type="checkbox"/></p> <p>Contractor <input type="checkbox"/></p> <p>Other <input type="checkbox"/> ➔ Specify</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Rank or title</td> <td>Family name</td> </tr> <tr> <td colspan="2">Given name(s)</td> </tr> <tr> <td>Date of birth</td> <td>Sex</td> </tr> <tr> <td>PMKeyS ID</td> <td>Group</td> </tr> <tr> <td>Parent unit, branch, ship or division</td> <td>Phone number</td> </tr> <tr> <td colspan="2">Workplace address</td> </tr> </table> <p>8. What was the nature of injury or illness?</p> <p><input type="checkbox"/> Strain and sprain <input type="checkbox"/> Graze <input type="checkbox"/> Fracture</p> <p><input type="checkbox"/> Burn <input type="checkbox"/> Hearing loss <input type="checkbox"/> Other</p> <p style="text-align: center;">↓</p> <p>Specify</p> <p>Brief description of injury or illness</p> <p>9. What part of the body did the injury or illness affect?</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Mental</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Torso</p> <p><input type="checkbox"/> Upper limb <input type="checkbox"/> Lower limb <input type="checkbox"/> Systemic</p> <p><input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Multiple locations</p> <p>10. Exposure dates</p> <p>Date from <input style="width:150px;" type="text"/> to <input style="width:150px;" type="text"/></p>	Signature		Rank or title	Family name	Given name(s)		PMKeyS ID	Unit	Email address	Phone number	Rank or title	Family name	Given name(s)		Date of birth	Sex	PMKeyS ID	Group	Parent unit, branch, ship or division	Phone number	Workplace address	
Date	Time																										
Location of the incident within the workplace	State																										
Signature																											
Rank or title	Family name																										
Given name(s)																											
PMKeyS ID	Unit																										
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Workplace address																											

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Part 2

<p>11. Work lost time</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Total number of days lost</td> <td style="width: 30%;"></td> </tr> </table> <p>12. Safety coordinator, advisor or safety manager to complete</p> <div style="border: 1px solid black; height: 300px; margin-bottom: 5px;"> <p>Comments</p> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature</td> <td style="width: 30%;">Date</td> </tr> <tr> <td>Rank or title</td> <td>Family name</td> </tr> <tr> <td colspan="2">Given name(s)</td> </tr> <tr> <td>PMKeyS ID</td> <td>Phone number</td> </tr> <tr> <td colspan="2">Email address</td> </tr> </table>	Total number of days lost		Signature	Date	Rank or title	Family name	Given name(s)		PMKeyS ID	Phone number	Email address		<p>13. Commander or manager to complete</p> <div style="border: 1px solid black; height: 350px; margin-bottom: 5px;"> <p>Comments</p> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature</td> <td style="width: 30%;">Date</td> </tr> <tr> <td>Rank or title</td> <td>Family name</td> </tr> <tr> <td colspan="2">Given name(s)</td> </tr> <tr> <td>PMKeyS ID</td> <td>Phone number</td> </tr> <tr> <td colspan="2">Email address</td> </tr> </table>	Signature	Date	Rank or title	Family name	Given name(s)		PMKeyS ID	Phone number	Email address	
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