



AUSTRALIAN ARMY
Special Operation Task Group
TF66

MINUTE

ROTVI

EXPOSURE OF SOTGVI PERSONNEL TO ENVIRONMENTAL HAZARDS

1. During the conduct of OP SLIPPER II in Afghanistan the following environmental hazards were encountered by members of SOTG VI:

- a. Laser Irradiation;
- b. Dust Inhalation;
- c. Waste Incineration;
- d. Respiratory Disease Contact;
- e. Noise Exposure;
- f. Laser Irradiation;
- g. Radiation Hazards; and
- h. Disturbing Incidents.

2. Due to personnel being exposed to the abovementioned environmental hazards on a regular basis, a standardised AC 563 for each environmental hazard has been submitted on behalf of all SOTG VI personnel and can be found in the attached enclosures, along with a nominal roll of personnel deployed on SOTG VI.

3. Individuals who have sustained other combat or non combat related injuries other than those listed in Para 1 not covered within the collective AC 563, will submit additional AC 563 to cover their individual incident.

4. For additional information pertaining to SOTG VI personnel deployed on OP SLIPPER II, POC is the SOHQ S1 branch.

622

633(a)(i)

LTCOL
CO TG633.11
SOTG VI

29 May 08

Tel: 633(a)(i)

Annex:

A. Nominal Roll SOTG VI

Enclosure:

1. AC 563 Faecal Matter
2. AC 563 Dust Inhalation
3. AC 563 Waste Incineration
4. AC 563 Respiratory Disease Contacts
5. AC 563 Noise Exposure
6. AC 563 Laser Irradiation
7. AC 563 Radiation Hazards
8. AC 563 Disturbing Incidents

522

s33(a)(i) & (ii)



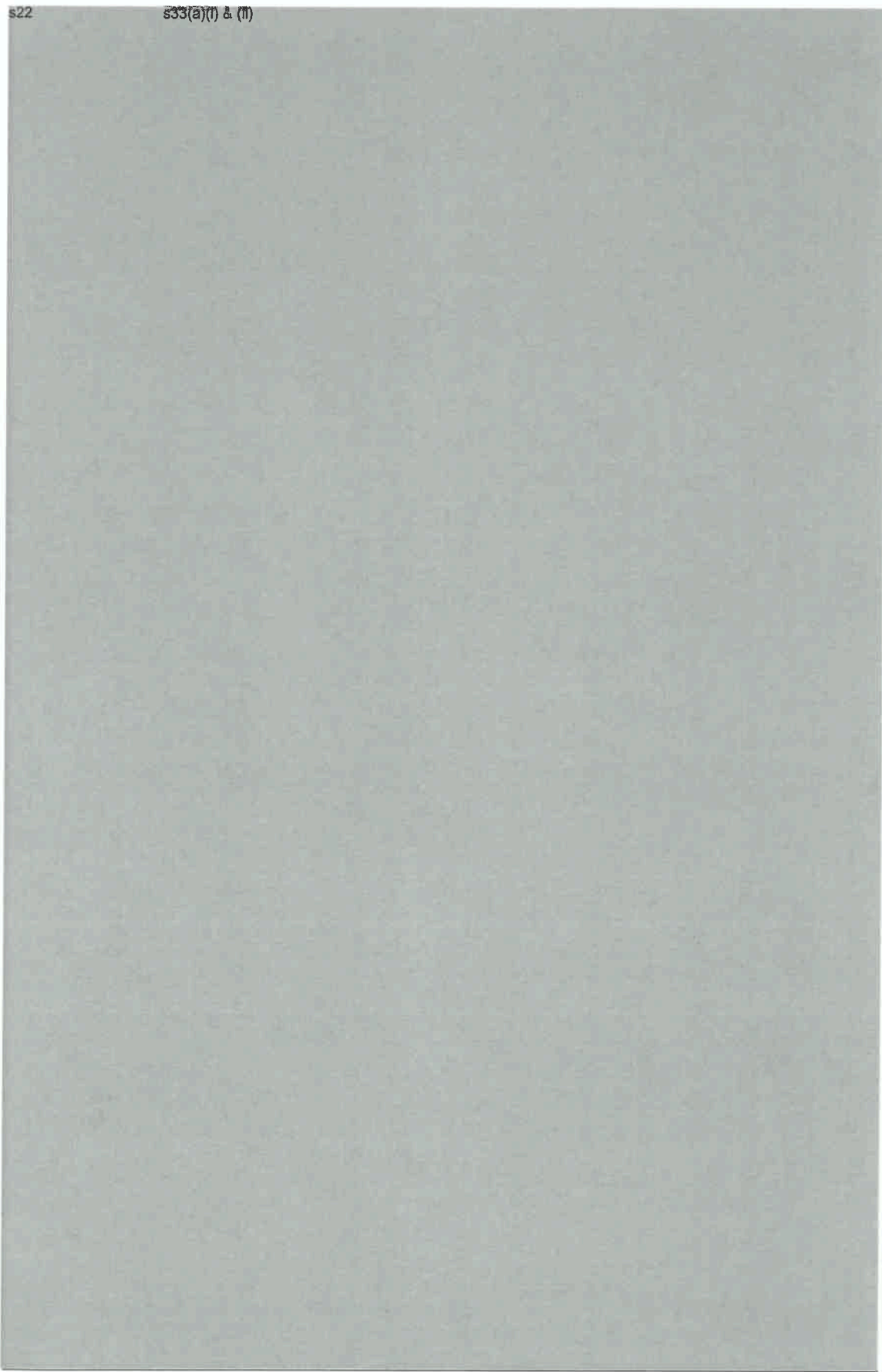
s22

s33(a)(i) & (ii)



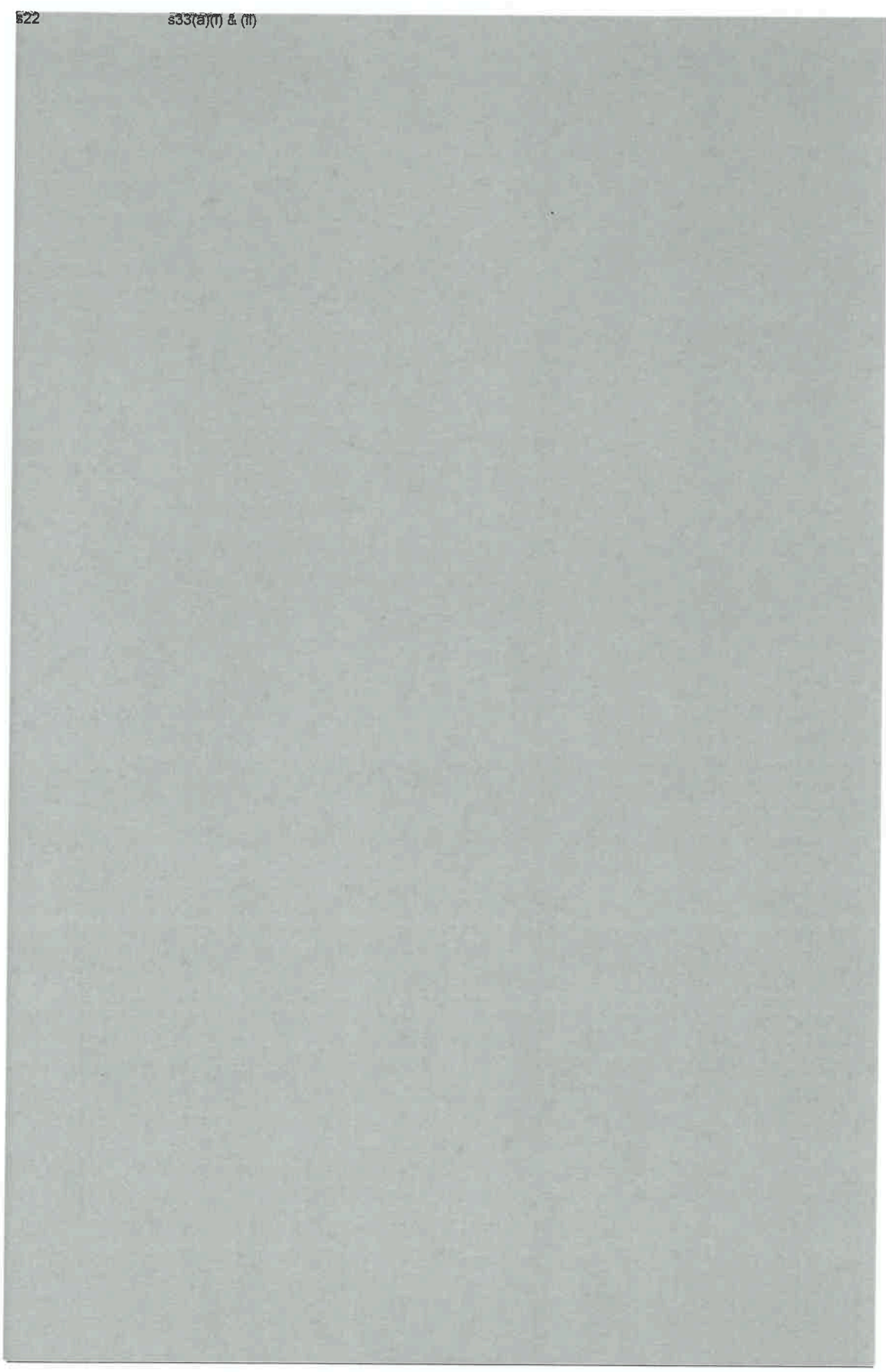
s22

s33(a)(i) & (ii)



§22

§33(a)(1) & (11)



s22

s33(a)(i) & (ii)





Australian Government

Department of Defence

Defence OHS Incident Report

Part 1

1. When did the incident occur? Date _____ Time _____		6. Supervisor details Signature _____ Rank or title _____ Family name _____ s33(a)(i) _____ Given name(s) _____ s33(a)(i) _____ PMKeyS ID _____ Unit _____ s22 SOTG VI Email address _____ Phone number _____ s33(a)(i) @defence.gov.au	
2. What was the outcome of the incident? <input type="checkbox"/> Fatality ➔ Complete questions 1-9 <input type="checkbox"/> Serious personal injury ➔ Complete questions 1-9 <input type="checkbox"/> Incapacity (30 or more days) ➔ Complete questions 1-9 <input type="checkbox"/> Minor personal injury ➔ Complete questions 1-9 <input checked="" type="checkbox"/> Exposure ➔ Complete questions 1-7, 9, 10 <input type="checkbox"/> Dangerous occurrence ➔ Complete questions 1-6		7. Casualty details Permanent Forces <input checked="" type="checkbox"/> Navy <input checked="" type="checkbox"/> Army <input type="checkbox"/> RAAF Reservist <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF ADF Cadet <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF Defence Civilian <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> Specify _____	
3. Where did the incident occur? Which Defence establishment or other facility did the incident occur? OP SLIPPER II SOTG VI JTF 633.11.1 / TF66 Location of the incident within the workplace _____ State _____ ORUZGAN PROVINCE AFGHANISTAN		8. What was the nature of injury or illness? <input type="checkbox"/> Strain and sprain <input type="checkbox"/> Graze <input type="checkbox"/> Fracture <input type="checkbox"/> Burn <input type="checkbox"/> Hearing loss <input type="checkbox"/> Other Specify _____ Brief description of injury or illness _____	
4. How did the incident occur? What activity was being undertaken when the incident occurred? 1. OCCUPATION OF LOCAL COMPOUNDS BY AUSTRALIAN PERSONNEL 2. PATROLLING POPULATED AREAS 3. MAINTENANCE OF VEHICLES Details of machinery, equipment, substances or items involved SUBSTANCES: 1. HUMAN FAECES 2. RAW SEWERAGE Describe the incident and what went wrong DUE TO POOR SANITATION IN AREAS PATROLLED AND OCCUPIED BY AUSTRALIAN TROOPS THEY HAVE COME INTO CONTACT WITH SIGNIFICANT QUANTITIES OF HUMAN FAECES AND RAW SEWERAGE.		9. What part of the body did the injury or illness affect? <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Mental <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Torso <input type="checkbox"/> Upper limb <input type="checkbox"/> Lower limb <input checked="" type="checkbox"/> Systemic <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Multiple locations	
5. Supervisor's or manager's prevention comments Action taken or proposed to prevent a recurrence of a similar incident 1. SOLDIERS HAVE BEEN EDUCATED ABOUT PATHOGENS OF HUMAN FAECES. 2. COMPOUNDS OCCUPIED FOR ANY PERIOD OF TIME ARE CLEANED AND TOILETS MADE FUNCTIONAL. 3. FACE MASKS HAVE BEEN PROVIDED FOR PERS.		10. Exposure dates Date from _____ to _____ Date to _____	

Part 2

PAGE 1-2

11. Work lost time		13. Commander or manager to complete	
Total number of days lost	NIL	Comments	I concur with the safety coordinator's comments.
12. Safety coordinator, advisor or safety manager to complete			
Comments Sanitation throughout Oruzgan Province is extremely poor. Poor sanitation leads to disease transmission. Compounds occupied by Australian personnel by night have often had feces on the ground, in rooms and on the roof top. Despite efforts to avoid the feces, sleeping areas are commonly heavily contaminated. Many towns have sewerage disposal into the streets. This waste is often used for dust suppression. It is not possible to avoid. FE personnel have been exposed to this sewerage by patrolling through it, inhaling dust contaminated by it and travelling in open vehicles that aerosolise it for inhalation and skin contamination. Maintenance and cleaning of vehicles also pose a problem due to contamination by sewerage/feces. It is recognised that personnel are vaccinated against some diseases associated with contact with raw sewerage (eg typhoid, fever and hepatitis A) and that many associated diseases are short-lived. However vaccines are not 100% effective and diseases such as Hepatitis E have no vaccine.			
Signature	s22	Signature	s22
Date	28 May 08	Date	28 May 08
Rank or title	s33(a)(i)	Rank or title	s33(a)(i)
Family name		Family name	
Given name(s)	s33(a)(i)	Given name(s)	s33(a)(i)
PMKeyS ID	s22	PMKeyS ID	s22
Phone number		Phone number	
Email address	s33(a)(i)@defence.gov.au	Email address	s33(a)(i)@defence.gov.au

Part 2

PAGE 2-2

11. Work lost time		13. Commander or manager to complete	
<div></div>		Comments	
12. Safety coordinator, advisor or safety manager to complete			
Comments			
It is not possible to avoid feces and raw sewerage when patrolling through or occupying populated areas of Oruzgan Province. All personnel exposed in this manner have been listed in the attached document.			
Signature		Signature	
Date		Date	
Rank or title	Family name	Rank or title	Family name
Given name(s)		Given name(s)	
PMKeyS ID	Phone number	PMKeyS ID	Phone number
Email address		Email address	

~~STAFF-IN-CONFIDENCE~~ (After first entry)AC 563
Revised Feb 2008

Australian Government

Department of Defence

Defence OHS Incident Report

Part 1

1. When did the incident occur?

Date	Time
------	------

2. What was the outcome of the incident?

- ☐ Fatality ➔ Complete questions 1-9
- ☐ Serious personal injury ➔ Complete questions 1-9
- ☐ Incapacity (30 or more days) ➔ Complete questions 1-9
- ☐ Minor personal injury ➔ Complete questions 1-9
- ☒ Exposure ➔ Complete questions 1-7, 9, 10
- ☐ Dangerous occurrence ➔ Complete questions 1-6

3. Where did the incident occur?

Which Defence establishment or other facility did the incident occur?
OP SLIPPER II SOTG VI JTF 633.11.1 / TF66

Location of the incident within the workplace | State
ORUZGAN PROVINCE AFGHANISTAN

4. How did the incident occur?

What activity was being undertaken when the incident occurred?
ALL OUTDOOR ACTIVITIES RESULTED IN LARGE QUANTITIES OF DUST INHALATION. SIGNIFICANT AMOUNTS OF DUST WERE ALSO NOTED INDOORS

Details of machinery, equipment, substances or items involved
**SUBSTANCES:
 DUST**

Describe the incident and what went wrong
NA

5. Supervisor's or manager's prevention comments

Action taken or proposed to prevent a recurrence of a similar incident

1. GRAVEL HAS BEEN LAID IN THE AUSTRALIAN COMPOUND.
2. COALITION FORCES RESPONSIBLE FOR ROADS IMMEDIATELY OUTSIDE THE AUSTRALIAN COMPOUND WERE REQUESTED AND HAVE PUT GRAVEL ON THOSE ROADS.
3. PARTICLE MASKS HAVE BEEN PURCHASED AND MADE AVAILABLE TO ALL PERSONNEL.

s22

s details

Rank or title s33(a)(i)	Family name
Given name(s) s33(a)(i)	
PMKeyS ID s22	Unit SOTG VI
Email address s33(a)(i)	Phone number

7. Casualty details

- Permanent Forces ☒ ➔ ☐ Navy ☒ Army ☐ RAAF
- Reservist ☐ ➔ ☐ Navy ☐ Army ☐ RAAF
- ADF Cadet ☐ ➔ ☐ Navy ☐ Army ☐ RAAF
- Defence Civilian ☐
- Contractor ☐
- Other ☐ ➔ Specify

Rank or title	Family name
SEE ATTACHED LIST	
Given name(s)	
Date of birth	Sex
PMKeyS ID	Group
Parent unit, branch, ship or division	Phone number
Workplace address	

8. What was the nature of injury or illness?

- ☐ Strain and sprain ☐ Graze ☐ Fracture
- ☐ Burn ☐ Hearing loss ☐ Other

Specify

Brief description of injury or illness

9. What part of the body did the injury or illness affect?

- ☐ Head ☐ Neck ☐ Mental
- ☐ Front ☐ Back ☐ Torso
- ☐ Upper limb ☐ Lower limb ☒ Systemic
- ☐ Left side ☐ Right side ☐ Multiple locations

10. Exposure dates

Date from	Date to
-----------	---------

~~STAFF-IN-CONFIDENCE~~ (After first entry)

~~STAFF-IN-CONFIDENCE~~ (After first entry)

SEE ATTACHED LIST PMKeyS ID: Date of Incident:

Part 2

11. Work lost time <table border="1"> <tr> <td>Total number of days lost</td> <td>NIL</td> </tr> </table>		Total number of days lost	NIL	13. Commander or manager to complete Comments I concur with the safety coordinator's comments.	
Total number of days lost	NIL				
12. Safety coordinator, advisor or safety manager to complete Comments All personnel working in this location have been exposed to large quantities of dust. This exposure continues despite laying gravel in Camp Russell and on immediate surrounding roads. The high levels of dust have been further increased by earthworks occurring throughout Camp Davis by other coalition troops. Commonly haze obscures vision past a couple of kilometers and dust storms can reduce visibility to a few meters. Results of previous dust sampling is being investigated. Gross observation of lungs during surgery during previous rotations suggests the local population has a significant burden of restrictive lung disease in relatively young people. Significant adhesio of lungs to the chest wall has also been noted. This may be due to the quantity and compositio of the dust. Also coalition troops admitted for surgery have been noted to expel significant foul sputum for a period of days after being in the field. after heavy work or exercise outdoors most members find they cough up soil stained sputum for 1 - 2 hours. Steps have bee taken to minimise dust inhalation. however all 633.11 personnel continue to be exposed to					
Sigs22 Rank or title s33(a)(i) Given name(s) s33(a)(i) PMKeyS ID s22 Email address s33(a)(i) @defence.gov.au		Signature s22 Rank or title s33(a)(i) Given name(s) s33(a)(i) PMKeyS ID s22 Email address s33(a)(i) @defence.gov.au			
Date 28 May 08		Date 28 May 08			
Family name s33(a)(i)		Family name s33(a)(i)			
Phone number		Phone number			

~~STAFF-IN-CONFIDENCE~~ (After first entry)

~~STAFF-IN-CONFIDENCE~~ (After first entry)AC 563
Revised Feb 2008

Australian Government

Department of Defence

Defence OHS Incident Report

Part 1

1. When did the incident occur? Date _____ Time _____		6. Sign Rank or title _____ Family name _____ s33(a)(i) _____ Given name(s) _____ s33(a)(i) _____ PMKeyS ID _____ Unit _____ s22 _____ SOTG VI _____ Email address _____ Phone number _____ s33(a)(i) _____ @defence.gov.au	
2. What was the outcome of the incident? <input type="checkbox"/> Fatality ➔ Complete questions 1-9 <input type="checkbox"/> Serious personal injury ➔ Complete questions 1-9 <input type="checkbox"/> Incapacity (30 or more days) ➔ Complete questions 1-9 <input type="checkbox"/> Minor personal injury ➔ Complete questions 1-9 <input checked="" type="checkbox"/> Exposure ➔ Complete questions 1-7, 9, 10 <input type="checkbox"/> Dangerous occurrence ➔ Complete questions 1-6		7. Casualty details Permanent Forces <input checked="" type="checkbox"/> ➔ <input type="checkbox"/> Navy <input checked="" type="checkbox"/> Army <input type="checkbox"/> RAAF Reservist <input type="checkbox"/> ➔ <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF ADF Cadet <input type="checkbox"/> ➔ <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF Defence Civilian <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> ➔ Specify _____	
3. Where did the incident occur? Which Defence establishment or other facility did the incident occur? OP SLIPPER II SOTG VI JTF 633.11.1 / TF66 Location of the incident within the workplace _____ State _____ ORUZGAN PROVINCE AFGHANISTAN		Rank or title _____ Family name _____ SEE ATTACHED LIST Given name(s) _____ Date of birth _____ Sex _____ PMKeyS ID _____ Group _____ Parent unit, branch, ship or division _____ Phone number _____ Workplace address _____	
4. How did the incident occur? What activity was being undertaken when the incident occurred? 1. LOCAL DUMP INCINERATION 2. FIELD WASTE INCINERATION Details of machinery, equipment, substances or items involved SUBSTANCE: SMOKE FROM INCINERATED WASTE Describe the incident and what went wrong 1. ALL WASTE PUT OUT FOR COLLECTION IN CAMP DAVIS WAS INCINERATED AT THE DUMP WHICH WAS SITUATED LESS THAN ONE KM FROM AUSTRALIAN PERSONNEL. 2. WASTE GENERATED IN THE FIELD THAT COULD NOT BE RETURNED TO CAMP RUSSELL WAS INCINERATED IN LOCATION. THESE ITEMS WERE OFTEN INCINERATED IN COMPOUNDS OCCUPIED BY AUSTRALIAN PERSONNEL OR CLOSE BY.		8. What was the nature of injury or illness? <input type="checkbox"/> Strain and sprain <input type="checkbox"/> Graze <input type="checkbox"/> Fracture <input type="checkbox"/> Burn <input type="checkbox"/> Hearing loss <input type="checkbox"/> Other Specify _____ Brief description of injury or illness _____	
5. Supervisor's or manager's prevention comments Action taken or proposed to prevent a recurrence of a similar incident 1. PERSONNEL BURNT WASTE REMOTE TO OCCUPIED COMPOUNDS/POSITIONS WHERE TACTICALLY APPROPRIATE.		9. What part of the body did the injury or illness affect? <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Mental <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Torso <input type="checkbox"/> Upper limb <input type="checkbox"/> Lower limb <input checked="" type="checkbox"/> Systemic <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Multiple locations	
10. Exposure dates Date from _____ to _____ Date to _____			

~~STAFF-IN-CONFIDENCE~~ (After first entry)

SEE ATTACHED LIST PMKeyS ID: Date of incident:

Part 2

11. Work lost time		13. Commander or manager to complete	
Total number of days lost	NIL	Comments	
		I concur with the safety coordinator's comments.	
12. Safety coordinator, advisor or safety manager to complete			
Comments			
Australian forces in Afghanistan have been exposed to a significant amount of smoke from incinerated waste.			
The Camp Davis dump was situated less than one kilometer from the Australian Camp. This dump had rubbish burning 24 hours a day, most days. Waste included hospital waste, and waste from various coalition troops. As all water consumed was bottled a large amount of waste was plastic.			
Prevailing winds resulted in smoke from burning waste coming over the Australian compound most days.			
Inability to carry rubbish on long patrols meant that most rubbish was burnt in the field. Tactically it was often necessary to burn this rubbish in compounds the Australian troops occupied or in close proximity.			
It has not been possible for Australian troops to avoid smoke from the large amount of waste incinerated locally.			
Signature	Date	Signature	Date
s22	28 May 08	s22	28 May 08
Rank or title	Family name	Rank or title	Family name
s33(a)(i)		s33(a)(i)	
Given name(s)		Given name(s)	
s33(a)(i)		s33(a)(i)	
PMKeyS ID	Phone number	PMKeyS ID	Phone number
s22		s22	
Email address		Email address	
s33(a)(i) @defence.gov.au		s33(a)(i) @defence.gov.au	



Australian Government

Department of Defence

Defence OHS Incident Report

Part 1

1. When did the incident occur?		
Date	Time	
2. What was the outcome of the incident?		
<input type="checkbox"/> Fatality	➡ Complete questions 1-9	
<input type="checkbox"/> Serious personal injury	➡ Complete questions 1-9	
<input type="checkbox"/> Incapacity (30 or more days)	➡ Complete questions 1-9	
<input type="checkbox"/> Minor personal injury	➡ Complete questions 1-9	
<input checked="" type="checkbox"/> Exposure	➡ Complete questions 1-7, 9, 10	
<input type="checkbox"/> Dangerous occurrence	➡ Complete questions 1-6	
3. Where did the incident occur?		
Which Defence establishment or other facility did the incident occur? OP SLIPPER II SOTG VI JTF 633.11.1 / TF66		
Location of the incident within the workplace	State	
ORUZGAN PROVINCE AFGHANISTAN		
4. How did the incident occur?		
What activity was being undertaken when the incident occurred? 1. SEARCHING LOCALLY EMPLOYED CIVILIANS 2. SEARCHING LOCALS FOR OPERATIONAL PURPOSES 3. WORKING WITH LOCAL POLICE, SOLDIERS, AND CIVILIANS.		
Details of machinery, equipment, substances or items involved LUNG DISEASE EXPOSURE SUBSTANCE: SPUTUM		
Describe the incident and what went wrong CLOSE CONTACT WITH LOCALS HAS BEEN EXPERIENCED BY ALL PERSONNEL IN THIS LOCATION. MANY LOCALS HAVE COUGHED DIRECTLY ONTO ADF PERSONNEL. THIS CLOSE CONTACT IS COMMON WITH BODY SEARCHES AND WORKING RELATIONSHIPS.		
5. Supervisor's or manager's prevention comments		
Action taken or proposed to prevent a recurrence of a similar incident 1.MEDICAL BRIEFS WERE CONDUCTED AT THE BEGINNING OF THE ROTATION COVERING RESPIRATORY DISEASE. GLOVES HAVE BEEN PROVIDED FOR SEARCHING.		
6. Supervisor details		
Signature		
Rank or title	Family name	
s22	s33(a)(i)	
Given name(s)		
s33(a)(i)		
PMKeyS ID	Unit	
s22	SOTG VI	
Email address	Phone number	
s33(a)(i)	@defence.gov.au	
7. Casualty details		
Permanent Forces	<input checked="" type="checkbox"/> Navy <input checked="" type="checkbox"/> Army <input type="checkbox"/> RAAF	
Reservist	<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF	
ADF Cadet	<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF	
Defence Civilian	<input type="checkbox"/>	
Contractor	<input type="checkbox"/>	
Other	<input type="checkbox"/> Specify	
Rank or title	Family name	
	SEE ATTACHED LIST	
Given name(s)		
Date of birth	Sex	
PMKeyS ID	Group	
Parent unit, branch, ship or division	Phone number	
Workplace address		
8. What was the nature of Injury or illness?		
<input type="checkbox"/> Strain and sprain	<input type="checkbox"/> Graze	<input type="checkbox"/> Fracture
<input type="checkbox"/> Burn	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Other
Specify		
Brief description of Injury or illness		
9. What part of the body did the Injury or illness affect?		
<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Mental
<input type="checkbox"/> Front	<input type="checkbox"/> Back	<input type="checkbox"/> Torso
<input type="checkbox"/> Upper limb	<input type="checkbox"/> Lower limb	<input checked="" type="checkbox"/> Systemic
<input type="checkbox"/> Left side	<input type="checkbox"/> Right side	<input type="checkbox"/> Multiple locations
10. Exposure dates		
Date from	Date to	

Part 2

11. Work lost time		13. Commander or manager to complete	
Total number of days lost	NIL	Comments	
12. Safety coordinator, advisor or safety manager to complete		I concur with the safety coordinator's comments.	
Comments			
Australian forces in Afghanistan have been exposed to close contact with the local population. All forward elements have conducted numerous body searches of, or working with, locals for operational purposes. Also personnel on piquet are required to search locals as they enter and leave the base. Numerous locally employed civilians work with ADF personnel at Camp Russell.			
Hygiene of locals is commonly poor and social graces such as trying not to cough over people are not followed. Consequently ADF personnel have been exposed to sputum and have an increased risk of respiratory bourne disease.			
Most respiratory diseases have relatively short incubation and duration. However diseases such as tuberculosis can incubate for as long as 180 days and result in chronic infection. Mycobacterium is highly endemic in the region.			
Personnel will be urged to have their Tuberculin Skin Test repeated as per the health support plan and report any respiratory or systemic illness			
Signature	Date	Signature	Date
s22	28 May 08	s22	28 May 08
Rank or title	Family name	Rank or title	Family name
s33(a)(i)		s33(a)(i)	
Given name(s)		Given name(s)	
s33(a)(i)		s33(a)(i)	
PMKeyS ID	Phone number	PMKeyS ID	Phone number
s22		s22	
Email address		Email address	
s33(a)(i) @defence.gov.au		s33(a)(i) @defence.gov.au	

AC 563
Revised Feb 2008

Australian Government

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Defence OHS Incident Report

Part 1

1. When did the incident occur?	
Date	Time
2. What was the outcome of the incident?	
<input type="checkbox"/> Fatality	➔ Complete questions 1-9
<input type="checkbox"/> Serious personal injury	➔ Complete questions 1-9
<input type="checkbox"/> Incapacity (30 or more days)	➔ Complete questions 1-9
<input type="checkbox"/> Minor personal injury	➔ Complete questions 1-9
<input checked="" type="checkbox"/> Exposure	➔ Complete questions 1-7, 9, 10
<input type="checkbox"/> Dangerous occurrence	➔ Complete questions 1-6
3. Where did the incident occur?	
Which Defence establishment or other facility did the incident occur? OP SLIPPER II SOTG VI JTF 633.11.1 / TF66	
Location of the incident within the workplace ORUZGAN PROVINCE AFGHANISTAN	State
4. How did the incident occur?	
What activity was being undertaken when the incident occurred? 1. SMALL ARMS AND HEAVY WEAPONS FIRE 2. DAILY EXPOSURE TO NOISE FROM BOTH ROTARY AND FIXED WING AIRCRAFT.	
Details of machinery, equipment, substances or items involved EQUIPMENT: WEAPONS 1. COALITION WEAPONS, SMALL ARMS, HEAVY WEAPONS, ARTILLERY AND OFFENSIVE AIR SUPPORT 2. DAILY EXPOSURE TO NOISE FROM BOTH ROTARY AND FIXED WING AIRCRAFT.	
Describe the incident and what went wrong 1. PERSONNEL DO NOT ROUTINELY PATROL WEARING HEARING PROTECTION. CONTACTS HAVE BEEN INITIATED BEFORE HEARING PROTECTION COULD BE WORN. 2. PERSONNEL WHILE WEARING HEARING PROTECTION HAVE BEEN SUBJECTED TO CONTACTS WITH COALITION SMALL AND HEAVY WEAPON FIRE.	
5. Supervisor's or manager's prevention comments	
Action taken or proposed to prevent a recurrence of a similar incident 1. PELTOR AND YELLOW EARS HEARING PROTECTION WERE PROVIDED THROUGHOUT THE ROTATION.	
6. Person's details	
Rank or title S33(a)(1)	
Family name S33(a)(1)	
Given name(s) S33(a)(1)	
PMKeyS ID S22	Unit SOTG VI
Email address S33(a)(1)@defence.gov.au	Phone number
7. Casualty details	
Permanent Forces <input checked="" type="checkbox"/>	<input type="checkbox"/> Navy <input checked="" type="checkbox"/> Army <input type="checkbox"/> RAAF
Reservist <input type="checkbox"/>	<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF
ADF Cadet <input type="checkbox"/>	<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF
Defence Civilian <input type="checkbox"/>	
Contractor <input type="checkbox"/>	
Other <input type="checkbox"/>	Specify
8. What was the nature of injury or illness?	
<input type="checkbox"/> Strain and sprain	<input type="checkbox"/> Graze <input type="checkbox"/> Fracture
<input type="checkbox"/> Burn	<input type="checkbox"/> Hearing loss <input type="checkbox"/> Other
Specify	
Brief description of injury or illness	
9. What part of the body did the injury or illness affect?	
<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Neck <input type="checkbox"/> Mental
<input type="checkbox"/> Front	<input type="checkbox"/> Back <input type="checkbox"/> Torso
<input type="checkbox"/> Upper limb	<input type="checkbox"/> Lower limb <input type="checkbox"/> Systemic
<input type="checkbox"/> Left side	<input type="checkbox"/> Right side <input type="checkbox"/> Multiple locations
10. Exposure dates	
Date from	Date to

Part 2

11. Work lost time	13. Commander or manager to complete
Total number of days lost NIL	Comments I concur with the safety coordinator's comments.
12. Safety coordinator, advisor or safety manager to complete	
Comments Australian forces in Afghanistan have been exposed to what is in recent years, an unprecedented amount of small arms and heavy weapons noise/percussion. This is due to a large number of short notice contacts and the sheer volume of ordnance fired by and at our soldiers. It has been noted that, probably due to dust, personnel have had difficulty equalising their ears and many members appear to have mild eustachian tube dysfunction. Members with eustachian tube dysfunction have anecdotally had more problems than those without. A number of members are likely to have hearing loss due to the nature of duties conducted in Afghanistan.	
S22 Rank or title s33(a)(i) Family name Given name(s) s33(a)(i) PMKeyS ID s22 Phone number Email address s33(a)(i) @defence.gov.au	S22 Signature Rank or title s33(a)(i) name Given name(s) s33(a)(i) PMKeyS ID s22 Phone number Email address s33(a)(i) @defence.gov.au



Australian Government

Department of Defence

Defence OHS Incident Report

Part 1

1. When did the incident occur?		
Date	Time	
2. What was the outcome of the incident?		
<input type="checkbox"/> Fatality	➔ Complete questions 1-9	
<input type="checkbox"/> Serious personal injury	➔ Complete questions 1-9	
<input type="checkbox"/> Incapacity (30 or more days)	➔ Complete questions 1-9	
<input type="checkbox"/> Minor personal injury	➔ Complete questions 1-9	
<input checked="" type="checkbox"/> Exposure	➔ Complete questions 1-7, 9, 10	
<input type="checkbox"/> Dangerous occurrence	➔ Complete questions 1-6	
3. Where did the incident occur?		
Which Defence establishment or other facility did the incident occur? OP SLIPPER II SOTG VI JTF 633.11.1 / TF68		
Location of the incident within the workplace	State	
ORUZGAN PROVINCE AFGHANISTAN		
4. How did the incident occur?		
What activity was being undertaken when the incident occurred? 1. MULTIPLE SHORT NOTICE CONTACTS 2. SMALL ARMS AND HEAVY WEAPONS FIRE 3. DAILY EXPOSURE TO AIRCRAFT NOISE		
Details of machinery, equipment, substances or items involved EQUIPMENT: WEAPONS 1. COALITION WEAPONS, SMALL ARMS, HEAVY WEAPONS, MORTARS, ARTILLERY AND OFFENSIVE AIR SUPPORT 2. ENEMY INCOMING MORTAR, RPG, RIFLE ORDNANCE		
Describe the incident and what went wrong 1. PERSONNEL DO NOT ROUTINELY PATROL WEARING HEARING PROTECTION. CONTACTS HAVE BEEN INITIATED BEFORE HEARING PROTECTION COULD BE WORN. 2. PERSONNEL WHILE WEARING HEARING PROTECTION HAVE BEEN SUBJECTED TO CONTACTS WITH COALITION AND ENEMY SMALL AND HEAVY WEAPON FIRE.		
5. Supervisor's or manager's prevention comments		
Action taken or proposed to prevent a recurrence of a similar incident 1. PELTOR AND YELLOW EARS HEARING PROTECTION WERE PROVIDED THROUGHOUT THE ROTATION.		
6. Supervisor details		
Signature		
Rank or title	Family name	
s33(a)(i)		
Given name(s)		
s33(a)(i)		
PMKeyS ID	Unit	
s22	SOTG VI	
Email address	Phone number	
s33(a)(i)	@defence.gov.au	
7. Casualty details		
Permanent Forces <input checked="" type="checkbox"/> Navy <input checked="" type="checkbox"/> Army <input type="checkbox"/> RAAF		
Reservist <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF		
ADF Cadet <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF		
Defence Civilian <input type="checkbox"/>		
Contractor <input type="checkbox"/>		
Other <input type="checkbox"/> Specify		
Rank or title		
Family name		
SEE ATTACHED LIST		
Given name(s)		
Date of birth	Sex	
PMKeyS ID	Group	
Parent unit, branch, ship or division	Phone number	
Workplace address		
8. What was the nature of injury or illness?		
<input type="checkbox"/> Strain and sprain	<input type="checkbox"/> Graze	<input type="checkbox"/> Fracture
<input type="checkbox"/> Burn	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Other
Specify		
Brief description of injury or illness		
9. What part of the body did the injury or illness affect?		
<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Mental
<input type="checkbox"/> Front	<input type="checkbox"/> Back	<input type="checkbox"/> Torso
<input type="checkbox"/> Upper limb	<input type="checkbox"/> Lower limb	<input type="checkbox"/> Systemic
<input type="checkbox"/> Left side	<input type="checkbox"/> Right side	<input type="checkbox"/> Multiple locations
10. Exposure dates		
Date from	Date to	

Australian Government
Department of Defence

Defence OHS Incident Report

Part 1

1. When did the incident occur?	
Date	Time
2. What was the outcome of the incident?	
<input type="checkbox"/> Fatality	➡ Complete questions 1-9
<input type="checkbox"/> Serious personal injury	➡ Complete questions 1-9
<input type="checkbox"/> Incapacity (30 or more days)	➡ Complete questions 1-9
<input type="checkbox"/> Minor personal injury	➡ Complete questions 1-9
<input type="checkbox"/> Exposure	➡ Complete questions 1-7, 9, 10
<input type="checkbox"/> Dangerous occurrence	➡ Complete questions 1-6
3. Where did the incident occur?	
Which Defence establishment or other facility did the incident occur?	
Location of the incident within the workplace	State
4. How did the incident occur?	
What activity was being undertaken when the incident occurred?	
Details of machinery, equipment, substances or items involved CERTAIN PERSONNEL WERE EXPOSED TO IMPROVISED EXPLOSIVE DEVICES. 3. DAILY EXPOSURE TO NOISE FROM BOTH ROTARY AND FIXED WING AIRCRAFT.	
Describe the incident and what went wrong	
5. Supervisor's or manager's prevention comments	
Action taken or proposed to prevent a recurrence of a similar incident	
6. Supervisor's or manager's details	
Signature	
Rank or title	Family name
Given name(s)	
PMKeyS ID	Unit
Email address	Phone number
7. Casualty details	
Permanent Forces	<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF
Reservist	<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF
ADF Cadet	<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF
Defence Civilian	<input type="checkbox"/>
Contractor	<input type="checkbox"/>
Other	➡ Specify
Rank or title	Family name
SEE ATTACHED LIST	
Given name(s)	
Date of birth	Sex
PMKeyS ID	Group
Parent unit, branch, ship or division	Phone number
Workplace address	
8. What was the nature of injury or illness?	
<input type="checkbox"/> Strain and sprain	<input type="checkbox"/> Graze <input type="checkbox"/> Fracture
<input type="checkbox"/> Burn	<input type="checkbox"/> Hearing loss <input type="checkbox"/> Other
➡	
Specify	
Brief description of injury or illness	
9. What part of the body did the injury or illness affect?	
<input type="checkbox"/> Head	<input type="checkbox"/> Neck <input type="checkbox"/> Mental
<input type="checkbox"/> Front	<input type="checkbox"/> Back <input type="checkbox"/> Torso
<input type="checkbox"/> Upper limb	<input type="checkbox"/> Lower limb <input type="checkbox"/> Systemic
<input type="checkbox"/> Left side	<input type="checkbox"/> Right side <input type="checkbox"/> Multiple locations
10. Exposure dates	
Date from	Date to

Part 2

11. Work lost time		13. Commander or manager to complete	
Total number of days lost	NIL	Comments	I concur with the safety coordinator's comments.
12. Safety coordinator, advisor or safety manager to complete			
Comments			
Australian forces in Afghanistan have been exposed to what is in recent years, an unprecedented amount of small arms and heavy weapons noise/percussion. This is due to a large number of short notice contacts and the sheer volume of ordnance fired by and at our soldiers.			
Personnel cannot maintain situational awareness by patrolling constantly with hearing protection. Consequently, the initial phase of many contacts has occurred prior to hearing protection being applied. Also many personnel have complained that they consistently have tinnitus after contacts despite wearing hearing protection.			
It has been noted that, probably due to dust, personnel have had difficulty equalising their ears and many members appear to have mild eustachian tube dysfunction. Members with eustachian tube dysfunction have anecdotally had more problems than those without.			
A number of members are likely to have hearing loss due to the nature of duties conducted in Afghanistan.			
Signature	Date	Signature	Date
s22	28 May 08	s22	28 May 08
Rank or title	Family name	Rank or title	me
s33(a)(i)		s33(a)(i)	
Given name(s)		Given name(s)	
s33(a)(i)		s33(a)(i)	
PMKeyS ID	Phone number	PMKeyS ID	Phone number
s22		s22	
Email address		Email address	
s33(a)(i) @defence.gov.au		s33(a)(i) @defence.gov.au	

~~STAFF IN CONFIDENCE~~ (After first entry)

Australian Government

Department of Defence

Defence OHS Incident Report

Part 1

<p>1. When did the incident occur?</p> <table border="1" style="width: 100%;"> <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 ➔ Complete questions 1-9</p> <p><input type="checkbox"/> Serious personal injury ➔ Complete questions 1-9</p> <p><input type="checkbox"/> Incapacity (30 or more days) ➔ Complete questions 1-9</p> <p><input type="checkbox"/> Minor personal injury ➔ Complete questions 1-9</p> <p><input checked="" type="checkbox"/> Exposure ➔ Complete questions 1-7, 9, 10</p> <p><input type="checkbox"/> Dangerous occurrence ➔ Complete questions 1-6</p> <p>3. Where did the incident occur?</p> <p>Which Defence establishment or other facility did the incident occur? OP SLIPPER II SOTG VI JTF 633.11.1 / TF66</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Location of the incident within the workplace ORUZGAN PROVINCE AFGHANISTAN</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? 1. CONDUCTING LIVE FIRE RANGE PRACTICES</p> <p>Details of machinery, equipment, substances or items involved</p> <ol style="list-style-type: none"> 1. §33(a)(ii) LASER SIGHTING SYSTEM 2. §33(a)(ii) JTAC LASER TARGET DESIGNATOR 3. §33(a)(ii) MK19 40MM LASER SIGHTING SYSTEM <p>Describe the incident and what went wrong DURING THE CONDUCT OF LIVE FIRE PRACTICES AND OPERATIONAL ENGAGEMENTS WITH OPPOSING MILITARY FORCES, AUSTRALIAN TROOPS UTILISED CLASS IIIB AND CLASS IV LASERS, DURING THESE ACTIVITIES AUSTRALIAN TROOPS WERE EXPOSED TO DIRECT AND INDIRECT (REFLECTIVE) EXPOSURE TO NON VISIBLE CLASS IIIB AND CLASS IV LASERS. TF66 PERS WERE ALSO EXPOSED TO CLASS IV LASERS DURING CLOSE AIR SUPPORT ENGAGEMENTS BY CF FIXED WING AIRCRAFT.</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> <ol style="list-style-type: none"> 1. ALL PERS DEPLOYED AS PART OF TF66 WERE BRIEFED BY THE LASO ON LASER SAFETY. 2. ONLY QUALIFIED PERSONNEL EMPLOYED DESIGNATED CLASS IIIB AND CLASS IV LASERS. 	Date	Time	Location of the incident within the workplace ORUZGAN PROVINCE AFGHANISTAN	State	<p>6. Supervisor's or manager's details</p> <p>§22</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Rank or title §33(a)(i)</td> <td style="width: 50%;">Family name</td> </tr> <tr> <td colspan="2">Given name(s) §33(a)(i)</td> </tr> <tr> <td>PMKeyS ID §22</td> <td>Unit SOTG VI</td> </tr> <tr> <td>Email address §33(a)(i)</td> <td>Phone number</td> </tr> </table> <p>7. Casualty details</p> <p>Permanent Forces <input checked="" type="checkbox"/> Navy <input checked="" type="checkbox"/> Army <input type="checkbox"/> RAAF</p> <p>Reservist <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF</p> <p>ADF Cadet <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%;"> <tr> <td style="width: 50%;">Rank or title</td> <td style="width: 50%;">Family name</td> </tr> <tr> <td colspan="2">SEE ATTACHED LIST</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>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 checked="" type="checkbox"/> Multiple locations</p> <p>10. Exposure dates</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Date from</td> <td style="width: 50%;">Date to</td> </tr> </table>	Rank or title §33(a)(i)	Family name	Given name(s) §33(a)(i)		PMKeyS ID §22	Unit SOTG VI	Email address §33(a)(i)	Phone number	Rank or title	Family name	SEE ATTACHED LIST		Given name(s)		Date of birth	Sex	PMKeyS ID	Group	Parent unit, branch, ship or division	Phone number	Workplace address		Date from	Date to
Date	Time																												
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Rank or title §33(a)(i)	Family name																												
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Parent unit, branch, ship or division	Phone number																												
Workplace address																													
Date from	Date to																												

~~STAFF IN CONFIDENCE~~ (After first entry)

SEE ATTACHED LIST PMKeyS ID: Date of incident:

Part 2

11. Work lost time		13. Commander or manager to complete	
Total number of days lost	NIL	Comments I concur with the safety coordinator's comments.	
12. Safety coordinator, advisor or safety manager to complete			
Comments The Laser Safety Brief delivered to all TF66 pers by TF66 Laser Safety Officer (LASO) covered the dangers associated with using lasers, in particular Class IIIB and Class IV lasers. Nominal Ocular Hazard Distance (NOHD) and Nominal Skin Hazard Distances (NSHD) were also explained and demonstrated during the brief, with appropriate safety measures described to minimise exposure. Appropriate qualifications are required by individual personnel prior to being issued with class IIIB and Class IV lasers. The controlled employment of both Class IIIB and Class IV lasers during live fire contacts, practice ranges, and cas missions is mitigated through the correct employment of TTP's by individuals. However as these lasers are not visible to the naked eye, individuals may have been exposed to excessive exposure levels within NOHD/NSHD through incidental and accidental discharge of Class IIIB and Class IV lasers without any knowledge of the incident.			
Signature §22	Date 28 May 08	Signature §22	Date 28 May 08
Rank or title §33(a)(i)	Family name	Rank or title §33(a)(i)	ime
Given name(s) §33(a)(i)		Given name(s) §33(a)(i)	
PMKeyS ID §22	Phone number	PMKeyS ID §22	Phone number
Email address §33(a)(i) @defence.gov.au		Email address §33(a)(i) @defence.com.au	

Australian Government
Department of Defence

Defence OHS Incident Report

Part 1

1. When did the Incident occur?		
Date	Time	
2. What was the outcome of the incident?		
<input type="checkbox"/> Fatality	➔ Complete questions 1-9	
<input type="checkbox"/> Serious personal injury	➔ Complete questions 1-9	
<input type="checkbox"/> Incapacity (30 or more days)	➔ Complete questions 1-9	
<input type="checkbox"/> Minor personal injury	➔ Complete questions 1-9	
<input checked="" type="checkbox"/> Exposure	➔ Complete questions 1-7, 9, 10	
<input type="checkbox"/> Dangerous occurrence	➔ Complete questions 1-6	
3. Where did the Incident occur?		
Which Defence establishment or other facility did the incident occur? OP SLIPPER II SOTG VI JTF 633.11.1 / TF66		
Location of the incident within the workplace	State	
ORUZGAN PROVINCE AFGHANISTAN		
4. How did the Incident occur?		
What activity was being undertaken when the incident occurred? 1. CONDUCTING LIVE FIRE RANGE PRACTICES 2. CONDUCTING FIRE AND MOVEMENT DURING OPERATIONAL CONTACTS WITH OMF 3. CONDUCTING LIVE FIRE OFFENSIVE AIR SUPPORT		
Details of machinery, equipment, substances or items involved 1. s33(a)(ii) LASER SIGHTING SYSTEM 2. s33(a)(ii) JTAC LASER TARGET DESIGNATOR 3. s33(a)(ii) MK19 40MM LASER SIGHTING SYSTEM 4. CF CLOSE AIR SUPPORT LASER TARGET		
Describe the incident and what went wrong DURING THE CONDUCT OF LIVE FIRE PRACTICES AND OPERATIONAL ENGAGEMENTS WITH OPPOSING MILITARY FORCES, AUSTRALIAN TROOPS UTILISED CLASS IIIB AND CLASS IV LASERS, DURING THESE ACTIVITIES AUSTRALIAN TROOPS WERE EXPOSED TO DIRECT AND INDIRECT (REFLECTIVE) EXPOSURE TO NON VISIBLE CLASS IIIB AND CLASS IV LASERS. TF66 PERS WERE ALSO EXPOSED TO CLASS IV LASERS DURING CLOSE AIR SUPPORT ENGAGEMENTS BY CF FIXED WING AIRCRAFT.		
5. Supervisor's or manager's prevention comments		
Action taken or proposed to prevent a recurrence of a similar incident 1. ALL PERS DEPLOYED AS PART OF TF66 WERE BRIEFED BY THE LASO ON LASER SAFETY. 2. ONLY QUALIFIED PERSONNEL EMPLOYED DESIGNATED CLASS IIIB AND CLASS IV LASERS.		
6. Supervisor's or manager's details		
Sign s22		
Rank or title s33(a)(ii)	Family name	
Given name(s) s33(a)(ii)		
PMKeyS ID s22	Unit SOTG VI	
Email address s33(a)(ii) @defence.gov.au	Phone number	
7. Casualty details		
Permanent Forces <input checked="" type="checkbox"/>	<input type="checkbox"/> Navy <input checked="" type="checkbox"/> Army <input type="checkbox"/> RAAF	
Reservist <input type="checkbox"/>	<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF	
ADF Cadet <input type="checkbox"/>	<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF	
Defence Civilian <input type="checkbox"/>		
Contractor <input type="checkbox"/>		
Other <input type="checkbox"/>	Specify	
Rank or title	Family name	
SEE ATTACHED LIST		
Given name(s)		
Date of birth	Sex	
PMKeyS ID	Group	
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Workplace address		
8. What was the nature of injury or illness?		
<input type="checkbox"/> Strain and sprain	<input type="checkbox"/> Graze	<input type="checkbox"/> Fracture
<input type="checkbox"/> Burn	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Other
Specify		
Brief description of injury or illness		
9. What part of the body did the injury or illness affect?		
<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Mental
<input type="checkbox"/> Front	<input type="checkbox"/> Back	<input type="checkbox"/> Torso
<input type="checkbox"/> Upper limb	<input type="checkbox"/> Lower limb	<input type="checkbox"/> Systemic
<input type="checkbox"/> Left side	<input type="checkbox"/> Right side	<input checked="" type="checkbox"/> Multiple locations
10. Exposure dates		
Date from	Date to	

SEE ATTACHED LIST PMKeyS ID: Date of Incident:

Part 2

11. Work lost time		13. Commander or manager to complete	
Total number of days lost	NIL	Comments	
12. Safety coordinator, advisor or safety manager to complete		I concur with the safety coordinator's comments.	
Comments The Laser Safety Brief delivered to all TF66 pers by TF66 Laser Safety Officer (LASO) covered the dangers associated with using lasers, in particular Class IIIB and Class IV lasers. Nominal Ocular Hazard Distance (NOHD) and Nominal Skin Hazard Distances (NSHD) were also explained and demonstrated during the brief, with appropriate safety measures described to minimise exposure. Appropriate qualifications are required by individual personnel prior to being issued with class IIIB and Class IV lasers. The controlled employment of both Class IIIB and Class IV lasers during live fire contacts, practice ranges, and cas missions is mitigated through the correct employment of TTP's by individuals. However as these lasers are not visible to the naked eye, individuals may have been exposed to excessive exposure levels within NOHD/NSHD through incidental and accidental discharge of Class IIIB and Class IV lasers without any knowledge of the incident.			
Signature §22	Date 28 May 08	Signature §22	Date 28 May 08
Rank or title §33(a)(i)	Family name	Rank or title §33(a)(i)	ne
Given name(s) §33(a)(i)		Given name(s) §33(a)(i)	
PMKeyS ID §22	Phone number	PMKeyS ID §22	Phone number
Email address §33(a)(i) @defence.gov.au		Email address §33(a)(i) @defence.com.au	



Australian Government

Department of Defence

Defence OHS Incident Report

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 ➔ Complete questions 1-9</p> <p><input type="checkbox"/> Serious personal injury ➔ Complete questions 1-9</p> <p><input type="checkbox"/> Incapacity (30 or more days) ➔ Complete questions 1-9</p> <p><input type="checkbox"/> Minor personal injury ➔ Complete questions 1-9</p> <p><input checked="" type="checkbox"/> Exposure ➔ Complete questions 1-7, 9, 10</p> <p><input type="checkbox"/> Dangerous occurrence ➔ Complete questions 1-6</p> <p>3. Where did the incident occur?</p> <p>Which Defence establishment or other facility did the incident occur? OP SLIPPER II SOTG VI JTF 633.11.1 / TF66</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Location of the incident within the workplace ORUZGAN PROVINCE AFGHANISTAN</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? EXPOSURE TO RADIO FREQUENCY/RADHAZ EMITTED THROUGH PROVISION OF COMMUNICATIONS EQUIPMENT, AND EQUIPMENT INVOLVED IN ELECTRONIC COUNTERMEASURES.</p> <p>Details of machinery, equipment, substances or items involved SEVERAL RADIOS/ELECTRONIC COUNTER MEASURES EQUIPMENT TRANSMIT IN EXCESS OF §33(a)(1) AND ON REAR OCCASIONS §33(a)(1).</p> <p>Describe the incident and what went wrong SPORADIC EXPOSURE TO §33(a)(1) ECM CONTINUOUS EXPOSURE TO §33(a)(1) TACSATS AND §33(a)(1) RADIO AMPLIFIERS USED AS A COMMUNICATOR FOR PERIODS OF UP TO 4 WEEKS 24 HRS A DAY.</p> <p>5. Supervisor's or manager's prevention comments</p> <p>Action taken or proposed to prevent a recurrence of a similar incident ALL MEMBERS WHO OPERATE EQUIPMENT USING RF HAVE BEEN GIVEN SAFETY BRIEFS REGARDING THE SAFE USAGE OF SUCH EQUIPMENT.</p> <p>WHERE POSSIBLE THE MEMBERS SHOULD TRY AND REMAIN OUTSIDE THEORETICAL RADHAZ ZONES TO MINIMISE ACUTE EXPOSURE.</p>	Date	Time	Location of the incident within the workplace ORUZGAN PROVINCE AFGHANISTAN	State	<p>6. §33(a)(1) details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Sign</td> </tr> <tr> <td>Rank or title §33(a)(1)</td> <td>Family name §33(a)(1)</td> </tr> <tr> <td colspan="2">Given name(s) §33(a)(1)</td> </tr> <tr> <td>PMKeyS ID §22</td> <td>Unit SOTG VI</td> </tr> <tr> <td>Email address §33(a)(1)@defence.gov.au</td> <td>Phone number</td> </tr> </table> <p>7. Casualty details</p> <p>Permanent Forces <input checked="" type="checkbox"/> Navy <input checked="" type="checkbox"/> Army <input type="checkbox"/> RAAF</p> <p>Reservist <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF</p> <p>ADF Cadet <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">SEE ATTACHED LIST</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>Specify RF EXPOSURE</p> <p>Brief description of injury or illness POSSIBLE INJURY/ILLNESS YET TBC</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 checked="" 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> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date from</td> <td>Date to</td> </tr> </table>	Sign		Rank or title §33(a)(1)	Family name §33(a)(1)	Given name(s) §33(a)(1)		PMKeyS ID §22	Unit SOTG VI	Email address §33(a)(1) @defence.gov.au	Phone number	Rank or title	Family name	SEE ATTACHED LIST		Given name(s)		Date of birth	Sex	PMKeyS ID	Group	Parent unit, branch, ship or division	Phone number	Workplace address		Date from	Date to
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Parent unit, branch, ship or division	Phone number																														
Workplace address																															
Date from	Date to																														

SEE ATTACHED LIST PMKeyS ID: Date of incident:

Part 2

11. Work lost time		13. Commander or manager to complete	
Total number of days lost	NIL	Comments I concur with the safety coordinator's comments.	
12. Safety coordinator, advisor or safety manager to complete			
Comments IN THE COURSE OF THEIR DUTIES, MANY FE AND RASIG'S SOTG PERSONNEL WERE EXPOSED TO RF OF VARYING FREQUENCIES. WHERE POSSIBLE, SAFETY DISTANCES WERE OBSERVED WHEN OPERATING THIS EQUIPMENT, HOWEVER, THESE COMMUNICATIONS AND ECM EQUIPMENT WERE OPERATED IN A COMPLEX TACTICAL ENVIROMENT, SOMETIMES IN DIRECT CONTACT WITH ENEMY FORCES AND SAFETY DISTANCES WERE NOT ALWAYS ABLE TO BE OBSERVED.			
Signature s22	Date 28 May 08	Signature s22	Date 28 May 08
Rank or title s33(a)(i)	Family name	Rank or title s33(a)(i)	e
Given name(s) s33(a)(i)		Given name(s) s33(a)(i)	
PMKeyS ID s22	Phone number	PMKeyS ID s22	Phone number
Email address s33(a)(i) @defence.gov.au		Email address s33(a)(i) @defence.gov.au	

AC 563
Revised Feb 2008

Australian Government

Department of Defence

Defence OHS Incident Report

Part 1

1. When did the incident occur?

Date	Time
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2. What was the outcome of the incident?

- ☐ Fatality ➔ Complete questions 1-9
- ☐ Serious personal injury ➔ Complete questions 1-9
- ☐ Incapacity (30 or more days) ➔ Complete questions 1-9
- ☐ Minor personal injury ➔ Complete questions 1-9
- ☒ Exposure ➔ Complete questions 1-7, 9, 10
- ☐ Dangerous occurrence ➔ Complete questions 1-6

3. Where did the incident occur?

Which Defence establishment or other facility did the incident occur? OP SLIPPER II SOTG VI JTF 833.11.1 / TF66	
Location of the incident within the workplace ORUZGAN PROVINCE AFGHANISTAN	State

4. How did the incident occur?

What activity was being undertaken when the incident occurred?
ALL MEMBERS OF THE SOTG HAVE BEEN INVOLVED AND/OR WITNESSED THREATENING AND DISTURBING INCIDENTS.

Details of machinery, equipment, substances or items involved
NIL

Describe the incident and what went wrong
DURING SOTG ROTATION VI, MOST SOLDIERS HAVE BEEN INVOLVED IN CONTACTS WITH THE TALIBAN, SEVERAL MEMBERS HAVE BEEN INJURED DURING BATTLE, AND ALL MEMBERS HAVE PARTICIPATED IN MORTUARY GUARD DUTY AND REPATRIATION CEREMONIES FOR A FATALLY WOUNDED AUSTRALIAN SOLDIER. SOME MEMBERS HAVE BEEN INVOLVED IN HANDLING THE DECEASED.

5. Supervisor's or manager's prevention comments

Action taken or proposed to prevent a recurrence of a similar incident
THESE INCIDENTS ARE UNAVOIDABLE IN THE COURSE OF THE WORK IN THE SOTG. ALL MEMBERS WILL UNDERGO ROUTINE RTA PSYCH SCREENING AND POST-OP PSYCH SCREENING IN ORDER TO PICK UP MEMBERS THAT HAVE ADJUSTMENT DIFFICULTIES.

6. Supervisor details

Signature	
Rank or title s22	Family name
Given name(s) s33(a)(i)	
PMKeyS ID s22	Unit SOTG VI
Email address s33(a)(i)@defence.gov.au	Phone number

7. Casualty details

Permanent Forces	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Navy	<input type="checkbox"/> Army	<input type="checkbox"/> RAAF
Reservist	<input type="checkbox"/>	<input type="checkbox"/> Navy	<input type="checkbox"/> Army	<input type="checkbox"/> RAAF
ADF Cadet	<input type="checkbox"/>	<input type="checkbox"/> Navy	<input type="checkbox"/> Army	<input type="checkbox"/> RAAF
Defence Civilian	<input type="checkbox"/>			
Contractor	<input type="checkbox"/>	Specify		
Other	<input type="checkbox"/>			

Rank or title	Family name
SEE ATTACHED ROLL.	
Given name(s)	
Date of birth	Sex
PMKeyS ID	Group
Parent unit, branch, ship or division	Phone number
Workplace address	

8. What was the nature of injury or illness?

- ☐ Strain and sprain ☐ Graze ☐ Fracture
- ☐ Burn ☐ Hearing loss ☐ Other

Specify

Brief description of injury or illness

9. What part of the body did the injury or illness affect?

- ☐ Head ☐ Neck ☒ Mental
- ☐ Front ☐ Back ☐ Torso
- ☐ Upper limb ☐ Lower limb ☐ Systemic
- ☐ Left side ☐ Right side ☐ Multiple locations

10. Exposure dates

Date from	Date to
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~~STAFF-IN-CONFIDENCE~~ (After first entry)

SEE ATTACHED ROLL. PMKeyS ID: Date of incident:

Part 2

11. Work lost time		13. Commander or manager to complete	
Total number of days lost	NIL	Comments	
12. Safety coordinator, advisor or safety manager to complete			
Comments			
SOTG SOLDIERS/TROOPERS HAVE BEEN INVOLVED IN MULTIPLE CONTACTS WITH THE TALIBAN. THESE CONTACTS ARE THREATENING INCIDENTS.			
SEVERAL MEMBERS HAVE BEEN WOUNDED AS A RESULT OF BATTLE AND ONE MEMBER WAS KILLED IN ACTION. ALL SOTG PERSONNEL HAVE BEEN INVOLVED IN ASSISTING WITH THE MEDICAL CARE OF THESE PERSONNEL, OR WITH GUARD DUTY ON THE MORTUARY AND THE REPATRIATION CEREMONIES.			
THESE INCIDENTS ARE THREATENING/DISTURBING EVENTS AND MAY HAVE IMPLICATIONS ON THE LONG TERM MENTAL HEALTH OF THE SOLDIERS INVOLVED.			
§22		§22	
S	Date	Signature	Date
	28 May 08		28 May 08
Rank or title	Family name	Rank or title	name
s33(a)(i)		s33(a)(i)	
Given name(s)		Given name(s)	
s33(a)(i)		s33(a)(i)	
PMKeyS ID	Phone number	PMKeyS ID	Phone number
s22		s22	
Email address		Email address	
s33(a)(i) @DEFENCE.GOV.AU		s33(a)(i) @defence.gov.au	