SAMPLE

Person conducting a business or undertaking (PCBU) name and logo

**Manual task investigation report**

**Part A: Individual details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name:** | | **Gender:**  Male  Female | **Date of birth** | |
| **Contact phone:**  (Work)  (Home)  (Mobile) | | **Address:** | | |
| **Job title:** |  | **Status:**  Fulltime  Part-time  Casual  Contract  Temp | | |
| **Work Area/Dep’t:** |  | **Working Hours:** | |  |
| **Employed since:** | **(date)** | **Time in position:** | |  |
| **Details of training: when, by whom, in what, refreshers, frequency** | | | | |

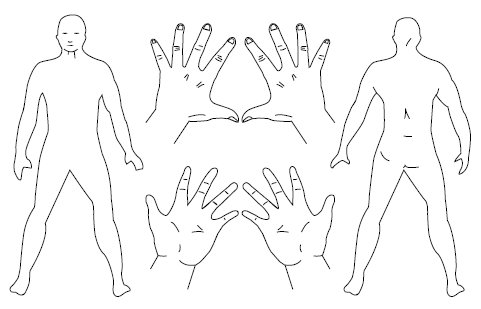
**Part B: Incident details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type:**  Incident  Injury  Illness  Near miss | | **Time of incident (24hr):** | | **Shift start time:** |
| **Date of Incident:** | **Day of week:** | | **1st Reported to:**  **Position:** | |
| **Specific location of incident:** | | | | |
| **Describe what happened: (where, what equipment or tools were being used, who else was present– the sequence of events leading up to and after the incident)** | | | | |

**Part C: Nature of injury/ illness**

|  |
| --- |
| **Describe injury or illness:** |
| **Location of injury:**  **(body parts affected)** |
| **If near miss, how could worker have been hurt?** |
| **Treatment:**  Nil  First aid  Attended GP  Taken to Hospital  Admitted to Hospital |
| **Facility Name:** |
| **Details:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Injury** | **Part of Body** | | **Body Side** |
| Sprain/ strain | Head | Upper back | Front |
| Fracture/ dislocation | Face | Stomach | Back |
| Muscle/ joint disorder | Neck | Lower back | Left |
| Nerve damage | Shoulder | Groin | Right |
| Cut/ graze | Upper arm | Hips | Dominance: |
| Bruise | Elbow | Upper leg | LEFT |
| Scald/ burn | Lower Arm | Knees | RIGHT |
| Superficial (scratch/ chaff) | Wrist | Lower leg |  |
| Other: | Hand | Ankle |  |
|  | Fingers | Foot |  |
|  | Chest | Toes |  |
|  |  | Other |  |



**Mark the affected area**

**Part D: Mechanism of injury**

Description of incident:

Include size, weight, characteristics of the item being moved, equipment (including PPE) available/ used/ normally used, details of the environment – weather, lighting, surfaces and noise)

**Manual task risk factors** [select all items that could have lead to/contributed to the injury]

**Direct risk factors**

|  |  |  |
| --- | --- | --- |
| **Actions and Postures** | **Forces and Loads** | **Vibration** |
| Holding loads or arms away from trunk | Heavy | Whole Body |
| Reaching upwards of load handling above shoulder height | Bulky, large or awkward | Driving for long periods |
| Bending neck or back forwards | Difficult/uncomfortable to grasp | Driving on rough roads |
| Reaching below mid-thigh height | Unstable, unbalanced or unpredictable | Other vibrating surface |
| Twisting the back or neck | Harmful | Hand-arm |
| Sideways bending | Fragile | Frequent or prolonged use of hand powered tools |
| Carrying a load on one side | Person/animal | Power tools require high grip forces or awkward postures |
| Carrying long distances | Sudden jerky, rapid or unexpected movements | Other |
| Sudden jerky, rapid or unexpected movements | Strenuous lifting, lowering or carrying | Use of machines or tools where the manufactures handbook warns of vibration |
| Bending hands or wrists forwards to the side | Strenuous pushing and pulling | Worker is jolted or continuously shaken |
| Reaching behind | Sustained application of force or grip | Use of vehicles or tools not suited to the task or environment |
| Crawling, kneeling, crouching, squatting, lying or semi-lying |  |  |
| Twisting or wringing using the fingers or hands |  |  |
| Maintaining the same posture for periods of time |  |  |
| Repeating similar movements and actions |  |  |

**Contributory risk factors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Environment** | **Systems of Work** | **Worker Characteristics** | **Other** |
| Restricted/reduced space | Job demands/control | Young/older worker | Experience / skill |
| Constraints on posture or movement (awkward) | Task design | Pregnant/recently given birth | Training/information |
| Rough or slippery surfaces | Work load | Physical limitations | Other |
| Variations in levels (eg stairs/slopes) or uneven ground | Task duration | Cognitive limitations  /learning difficulties |  |
| Adverse climatic conditions (weather, temperature) | Task frequency | Returned from leave |  |
| Poor lighting/glare | Variety of work | Special skills, capabilities, knowledge |  |
| Narrow or obstructed thoroughfares | Work pressure | Limitations from PPE |  |
| Poor ventilation | Pace of work | Language or cultural barriers |  |
| Distracting or loud noises | Peak demands | Other: |  |
| Other: | Working hours/fatigue |  |  |
|  | Support |  |  |
|  | Supervision level |  |  |
|  | Staffing levels |  |  |

**Part E – Action required**

[Completed by Supervisor / Manager / HSR rep in consultation with worker, and attached to the Incident Report]

What can be done to address each of the risk factors identified?

**Control measures to be implemented: (use Hierarchy of Control)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Corrective action required (immediate & future)** | **By whom** | **By when** | **Completed** | **Consultation** |
| **1.** |  |  |  | Worker  HSR rep  WHS Committee  Supervisor/manager  Maintenance  Other: |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |

The WHS legislation (Section 47, *Work Health and Safety Act 2020*) require the PCBU to consult workers and advise workers on the outcome of this consultation when resolving work health and safety issues at the workplace.

**Date worker was consulted**       **Who by**

**Comments**

**Investigation Completed by:** *(Name & Sign)* *(Date)*

*(Position)*

The WHS legislation (Section 38, *Work Health and Safety Act 2020)* requires ‘notifiable incidents’ to be reported to the regulator immediately after becoming aware it has happened, provide written notification of the incident within 48 hours of a request by the regulator to do so and preserve the incident site until an inspector arrives or directs otherwise.