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.