

## Injury / Illness Reporting Room

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

s.47(3)(b) - Contrary to Public Interest
Name of injured/ill person
TVAING OF INJURGE IN PERSON
Student/Staff/Member Other (if other obtain DOB.)
Date of injury/illness $3-1/-20/0$ .
Time of injury/illness 1-30 pm
First person (adult) event reported to Christine Thompson.
Exact location (Be specific) Oval
Witness Name s.47(3)(b) - Contrary to Public Interest Student
Address
Phone
rholic
Description of First Aid Administered Ju Rest and support
Description of event/illness  S.47(3)(b) - Contrary to Public Interest  Evan playing & Lell
with his shoulder the came to admin the
about administered the returned to class
saying that he was sine. He relined to offe
of a message of asked how it was & he
Contact advised Given Name replicat Time
Surname
Relationship to injured/ill person
Address
Telephone
Date and time of notification
Please tick destination parents have indicated.
□Doctor □Ambulance □Hospital □Dentist
Feedback/Outcome
Execthacir/Dutcome 5.47(3)(b)-Contrary to Public Interest  came to school inhormed  of nywy horizon must or the alrow she  Action Taken Closs guer safety was fine.
Action Taken Class que safety was fine.
talk _
Informed ATC Administration WPH&S Officer

G::Work Place Health & Safety Injury Illness Reporting.doc

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 3881 9630

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Address:

Workplace Details:

MINIMBAH STATE SCHOOL (0265) - Education Queensland

Workplace Registration, No: W193980

Location No:

0265

**CORNER MINIMBAH DRIVE &** WALKERS ROAD

Number of Staff

68 CASSANDRA MILLER

MORAYFIELD QLD 4506

Name of WHSO: Principal/Officer in Charge:

MARK FARWELL

07 5431 7333 Telephone

Incident Details:

Event Identification:

192

Description of Incident:

CHILD FELL

Date of Incident:

3/11/2010

Time of Incident:

13:30

Facility:

OVAL; OVAL

Exact location of incident:

UPPER SCHOOL OVAL

Detailed Description of incident:

[47(3)(b)] WAS PLAYING AND FELL ONTO HIS RIGHT SHOULDER . HE CAME TO ADMIN FIRST AID WAS ADMINISTERED. HE RETURNED TO CLASS SAYING THAT HE WAS FINE. THE RETURNED TO OFFICE ON A MESSAGE I ENQUIRED AS TO HOW HIS SHOUDER FELT

AND HE REPLIED IT WAS FINE.

Details of III/Injured Person

Name: DOB:

s.47(3)(b) - Contrary to Public interes 47(3)(b) -ontrary to Public

ID No:

Address:

s.47(3)(b) - Contrary to Public

Gender:

Type/Association:

Phone:

Staff Designation:

Employee No:

**Emergency Contact Notified:** 

Emerg. Contact Rel:

Treatment Required:

Doctor / Ambulance / Out-patients

Hospital

First Aid Treatment Given: REST ICE SUPPORT FOR SHOULDER

Given by: CHRISTINE JOY THOMPSON

s.47(3)(b) - Contrary to Public Interest

Cause of Incident:

Person Falling

Activity at time of incident: Movement around school

Severity:

Moderate (eg needs medical care)

**Aggressive Act** 

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

01:45 PM

Thursday, 04 November 2010 CHRIST

#### Page 2

## Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

CHILD FELL

192

	Person:	s.47(3)(b) - Contrary to P	'ublic Interest			
Injury/Illness Details:						
Nature of Injury/Illness		Part o	of Body Affected			
Fracture			llder(s)			
Ache / Pain / Discomfort						
Possible Number of Days Lost:	: 0	Possil	ble WorkCover Claim:	No		
Actual Number of Days Lost:	0	Possit	ble Legal Action:	No		
Organisations Contacte					<del></del>	
Organisation		<u>Notes</u>				
			A C		<u> </u>	
Contributing Hazards:						
Category	<u>Type</u>		rd Description			
People	CHILDREN PLAYI FALLING	NG AND CHIL	D PLAYING AND FALI	LING		
Reporting:						
Incident initially reported to:	CHRISTINE	JOY THOMPSO	ON Association:		Staff	
Witnesses:					<u></u>	
Name	· <u>1</u>	<u>D</u>	Type	Association		
s.47(3)(b) - Contrary to Public Interest			Student			
Recommended Control	s: CLASS SPOKE	N TO REGARDII	NG SAFETY.			
			2007			
		<del>59)</del>	<del>((3)</del>			
I endorse that this is a tru	ie and accurate ac	count of the in	cident.			
		111				
Signature:	- Carlo	pliff	1	Date:	1 1	·
//	Principal / Officer in C	harge		_		

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 3881 9630

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Address:

Workplace Details:

MINIMBAH STATE SCHOOL (0265) - Education Queensland

Location No: **CORNER MINIMBAH DRIVE &** 

WALKERS ROAD

MORAYFIELD QLD 4506

Telephone 07 5431 7333

Workplace Registration, No: W193980

0265

Number of Staff

68

Name of WHSO:

CASSANDRA MILLER

Principal/Officer in Charge:

MARK FARWELL

#### **Incident Details:**

Event Identification:

Date of Incident:

195

Description of Incident:

.47(3)(b) -contrary to ĭ5/11/2010

WAS SWAYED AND TOSSED ONTO THE GROUND Time of Incident:

13:40

Facility:

OVAL: OVAL

Exact location of incident:

UPPER SCHOOL OVAL

Detailed Description of incident:

WAS PLAYING A GAME WITH TWO GIRLS WHERE ONE HELD HIS ARMS AND THE POTHER\*HELD HIS LEGS. HE WAS SWAYED AND TOSSED INTO THE AIR CAUSING HIM TO

FALL FROM AN UNSAFE HEIGHT CANDIND ON THE GROUND HARD, HE PUT HIS ARM OUT

TO BREAK HIS FALL

#### **Details of III/Injured Person**

Name: DOB:

Address:

s.47(3)(b) - Contrary to Public interest .47(3)(b) - Contrary to Public Interest Gender:

ID No:

.47(3)(b) -contrary to

Type/Association:

Student

Phone:

.47(3)(b) - Contrary to

Staff Designation:

Employee No:

Emerg, Contact Rel:

Hospital

Given by: KIM EDITH HOLLAND

Treatment Required:

Cause of Incident:

Hospital

First Aid Treatment Given: SUPPORT

**Emergency Contact Notified:** 

Person Falling

Activity at time of incident: Movement around school

Severity:

Moderate (eg needs medical care)

#### **Aggressive Act**

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type



Page 2

WAS SWAYED AND TOSSED ONTO THE GROUND

(for Injury / Work Caused Illness / Dangerous Event)

195 S.47(3)(b) - Contrary to Public Interest

Event:

Person:

Contributing Hazards:  Category Type Hazard Description People CHILDREN PLAYING CHILDREN PLAYING UNSAFELY  Reporting: Incident initially reported to: KIM EDITH HOLLAND Association:  Witnesses: Name ID Type  5.47(3)(b) - Contrary to Public Interest Student	No No EAREST HOSP WAS MERGENCY PATIENT GO TO
Ache / Pain / Discomfort  Possible Number of Days Lost: 1 Possible WorkCover Claim: Actual Number of Days Lost: 1 Possible Legal Action:  Organisations Contacted:  Organisation Notes  Ambulance MUM ADVISED BY AMB, N REDCLIFFE BUT AS AN EL CAB HOSP  Contributing Hazards:  Category Type Hazard Description: People CHILDREN PLAYING CHILDREN PLAYING UNSAFELY  Reporting: Incident initially reported to: KIM EDITH HOLLAND Association:  Witnesses: Name ID Type  547(3)(b) - Contrary to Public Interest  Student	No EAREST HOSP WAS
Possible Number of Days Lost: 1 Possible WorkCover Claim: Actual Number of Days Lost: 1 Possible Legal Action:  Organisations Contacted:  Organisation Notes  Ambulance MUM ADVISED BY AMB, N REDCLIFFE BUT AS AN EL CAB HOSP  Contributing Hazards:  Category Type Hazard Description: People CHILDREN PLAYING CHILDREN PLAYING UNSAFELY  Reporting: Incident initially reported to: KIM EDITH HOLLAND Association:  Witnesses: Name ID Type Student	No EAREST HOSP WAS
Actual Number of Days Lost: 1 Possible Legal Action:  Organisations Contacted:  Organisation Notes  Ambulance MUM ADVISED BY AMB, N REDCLIFFE BUT AS AN ELECAB HOSP  Contributing Hazards:  Category Type Hazard Description  People CHILDREN PLAYING CHILDREN PLAYING UNSAFELY  Reporting: Incident initially reported to: KIM EDITH HOLLAND Association:  Witnesses:  Name ID Type  547(3)(b) - Contrary to Public Interest Student	No EAREST HOSP WAS
Organisations Contacted:  Organisation  Ambulance  MUM ADVISED BY AMB, N REDCLIFFE BUT AS AN EI CAB HOSP  Contributing Hazards:  Category  People  CHILDREN PLAYING UNSAFELY  Reporting: Incident initially reported to:  KIM EDITH HOLLAND  Association:  Witnesses:  Name  ID  Type S-47(3)(b) - Contrary to Public Interest  Student	EAREST HOSP WAS
Organisation Ambulance  MUM ADVISED BY AMB, N REDCLIFFE BUT AS AN EI CAB HOSP  Contributing Hazards:  Category Type Hazard Description CHILDREN PLAYING UNSAFELY  Reporting: Incident initially reported to:  KIM EDITH HOLLAND Association:  Witnesses: Name ID Type 47(3)(b) - Contrary to Public Interest Student	
Ambulance  MUM ADVISED BY AMB, N REDCLIFFE BUT AS AN ELECAB HOSP  Contributing Hazards:  Category Type Hazard Description People CHILDREN PLAYING CHILDREN PLAYING UNSAFELY  Reporting: Incident initially reported to: KIM EDITH HOLLAND Association:  Witnesses: Name ID Type  8-47(3)(b) - Contrary to Public Interest  Student	
Contributing Hazards:  Category Type Hazard Description People CHILDREN PLAYING CHILDREN PLAYING UNSAFELY  Reporting: Incident initially reported to: KIM EDITH HOLLAND Association:  Witnesses: Name ID Type  8.47(3)(b) - Contrary to Public Interest Student	
Category People CHILDREN PLAYING UNSAFELY  Reporting: Incident initially reported to: KIM EDITH HOLLAND Association:  Witnesses: Name ID Type 8-47(3)(b) - Contrary to Public Interest Student	
People CHILDREN PLAYING CHILDREN PLAYING UNSAFELY  Reporting: Incident initially reported to: KIM EDITH HOLLAND Association:  Witnesses: Name ID Type  5.47(3)(b) - Contrary to Public Interest Student	
UNSAFELY  Reporting: Incident initially reported to: KIM EDITH HOLLAND Association:  Witnesses: Name ID Type  5.47(3)(b) - Contrary to Public Interest Student	
Incident initially reported to: KIM EDITH HOLLAND Association:  Witnesses:  Name  ID  Type  s.47(3)(b) - Contrary to Public Interest Student	· ·
Witnesses:  Name  ID  Type  s.47(3)(b) - Contrary to Public Interest  Student	
Name ID Type s.47(3)(b) - Contrary to Public Interest Student	Staff
s.47(3)(b) - Contrary to Public Interest  Student	\
Student	Association
Recommended Controls: TALK TO STUDENTS ABOUT UNSAFE PLAY.	
$\sim (7/3)$	
I endorse that this is a true and accurate account of the incident.	
- June	Date: 17 11/1 10
Principal / Officer in Charge	



# Injury / Illness Reporting Room

# Reported

Name of injured/ill person_	ry to Public Interest
Student/Staff/Member Other (if oth Date of injury/illness 15-11-10) Time of injury/illness 1-40	
First person (adult) event reported to  Exact location (Be specific)  Witness Name S.47(3)(b) - Contrary to Public Interest  Address Phone	Kim Holland
Description of First Aid Administer  Description of event/illness  s.47(3)(b) - Contrary to Public Interest  Was playing	a game. He asked two
The put his (R) and but caused painful Contact advised Given Name 14.7(3)	out to break his fall his control of Public Interest b)-Contrary to Public Interest b)-Contrary to Public Interest
Relationship to  Address.  \$47(3)(b) - Contrary to Interess.  Telephone   5.47(3) Interess.	iniure(/iii person s.47(3)(b) - Contrary to Public Interest  Public:  (b) - Contrary to Public S.47(3)(b) - Contrary to Public Interest  S.47(3)(b) - Contrary to Public Interest
Date and time of the Please tick destination parents have in	
□Doctor □Ambulance	☐Hospital ☐Dentist
Feedback/Outcome Severely sprained	& Forearm
Action Taken	
Informed ATC Administration	WPH&S Officer

arrived at the office in distress with severe pain from his right farm. I administered him to the Heath Room. He was very pale and crying with pain. He couldn't move his fingers at the time. I rang mum to advise and then rang ambulance. I suggested that there may be a fracture or break. [5.47(3)(6)-Contrary to Public was in too much pain to show me. He indicated on the inside of his forearm.

.47(3)(b) - Contrary to Public	10 000	that he ho	asked
$  had  _{5.47\%}$	(i)(b) - Contrary to Public Interest		16 throw
Two girls (			
	rold him	by the arms	and the
him. One	In LA	less To swar	Hen #
other to hold	by the	Y	
		<del>1</del> 17	TOM ON
release him c unsafe height	onto th	e ground. Interest	Puts
unsafe neight	On hoom	his fall	
his arm out	1-0 DAGO	k his fall.	

17-11-10

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

WORKPLACE HEALTH & SAFETY QUEENSLAND

No: 07 5470 8732

CC:

**HEALTH & SAFETY TEAM - CENTRAL OFFICE** 

No: 07 3237 1664

**REGIONAL HEALTH & SAFETY CONSULTANT** 

No: 07 3881 9630

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Address:

Workplace Details:

MINIMBAH STATE SCHOOL (0265) - Education Queensland

Workplace Registration, No: W193980

**CORNER MINIMBAH DRIVE &** 

Location No:

0265

WALKERS ROAD

Number of Staff

68

MORAYFIELD QLD 4506

Name of WHSO:

CASSANDRA MILLER

Telephone 07 5431 7333

Principal/Officer in Charge:

MARK FARWELL

Incident Details:

Event Identification:

201

Description of Incident:

MOTHER FELL AND INJURED LEFT ANKLE

Date of Incident:

30/03/2011

Time of Incident:

15:10

Facility:

B02; PREP 1 CLASSROOM 2

Exact location of incident:

OUTSIDE PREP 2 FRONT

Detailed Description of incident:

PARENT FELL STEPPING FROM A PATH TO CUT ACROSS ANOTHER PATH. SHE INJURED

LEFT ANKLE WENT INTO SHOCK. AMBULANCE CALLED

Details of Ill/Injured Person

Name:

47(3)(b) - Contrary to Public Interest

Gender:

ID No:

33

Given by: ROSS ANDREW OSBORNE

DOB: Address:

Type/Association:

Phone:

Parent s.47(3)(b) - Contrary to Public Interest

s.47(3)(b) - Contrary to Public Interest

Staff Designation:

Employee No:

**Emergency Contact Notified:** 

Emerg. Contact Rel:

Treatment Required:

Doctor / Ambulance / Out-patients

Hospital

First Aid Treatment Given: REST, ICE FOR ANKLE OBSERVED AND TREATED SHOCK

Cause of Incident:

Person Falling

Activity at time of incident: Movement around school

Severity:

Serious (greater than 4 days away)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

03:33 PM

Thursday, 31 March 2011 CHRIST

2007.1 AccRptNotFax

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event:

MOTHER FELL AND INJURED LEFT ANKLE

Person: s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:		
Nature of Injury/Illness	Part of Body Affected	
Sprain / Strain	Ankle(s)	•
Ache / Pain / Discomfort		
Possible Number of Days Lost:	Possible WorkCover Claim:	No
Actual Number of Days Lost:	Possible Legal Action:	No
Organisations Contacted:		
Organisation	<u>Notes</u>	
Contributing Hazards:		
<u>Category</u> <u>Type</u>	Hazard Description	
Reporting:		
Incident initially reported to: NICOLI	ETTE VAN HEERDEN Association:	Staff .
Witnesses:		
<u>Name</u>	<u>ID</u> <u>Type</u>	Association
s.47(3)(b) - Contrary to Public Interest	34 Other Person	Parent
Recommended Controls: WPH&S IN	FORMED	
Has Workplace Health and Safety Que	eensland been notified? Yes / No	)
(		•
I endorse that this is a true and accura	(x) account of the incident	
relidorse that this is a tide and accura	a account of the modern.	
Signature:	ira All	Date: 3/13/20//
Principal / Office	er in Charge	
(045/)		
		•

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

SCHOOL COPY

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland

**CORNER MINIMBAH DRIVE &** 

WALKERS ROAD

MORAYFIELD QLD 4506

Telephone 07 5431 7333 Workplace Registration, No: W193980

Location No:

0285 68

Number of Staff

Name of WHSO:

CASSANDRA MILLER

Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification:

180

Description of Incident:

FELL OVER AND LANDED ON WRIST.

Date of Incident:

24/11/2009

Time of incident:

13:20

Facility:

OVAL; OVAL

Exact location of incident:

LOWER SCHOOL PLAY AREA

Detailed Description of incident:

PLAYING DURING SECOND BREAK FELL OVER AND LANDED ON HIS WRIST AND BENT IT

BACK.

Details of III/Injured Person

Name:

DOB: Address:

Gender:

ID No:

47(3)(b) - Contrary Public Interest

Type/Association:

Student

Phone:

Staff Designation:

Emerg. Contact Rel:

Given by: KIM EDITH HOLLAND

Employee No:

**Emergency Contact Notified:** 

First Aid on site (staff/ambulance)

Treatment Required:

Hospital

First Aid Treatment Given: ICE APPLIED

Cause of Incident:

Person Falling

Activity at time of incident: Movement around school

Severity:

Moderate (eg needs medical care)

**Aggressive Act** 

Was this incident caused by an aggresive act?

<u>Aggressor</u>

Confrontation Type



#### Page 2

#### **Health and Safety Incident Notification Form**

(for Injury / Work Caused Illness / Dangerous Event)

FELL OVER AND LANDED ON WRIST.

Event:

Person:

180

Injury/Illness Details:			
Nature of Injury/Illness		Part of Body Affected	
Fracture		Wrist(s)	
Ache / Pain / Discomfort			
Possible Number of Days Lost:	0	Possible WorkCover Claim:	No
Actual Number of Days Lost:	0	Possible Legal Action:	No O
Organisations Contacte	ed:		
Organisation		Notes	
Contributing Hazards:	·	£ C	
Category	Type	Hazard Description	
Environment	CHILD FALLING	FALL	
Reporting:			
Incident initially reported to:	KIM EDITH HOLLAND	Association:	Staff
Witnesses:			
Name	<u>1D</u>	Type Asse	ociation
s.47(3)(b) - Contrary to Public Interest	(	Student	
Recommended Control	s: SPOKE ABOUT SAFE PL	AY ALTHOUGH IT WAS AN ACC	CIDENT
Mother s	aid that of	3)(b) - Contrary ublic Interest Richard A	Suckle Avacture
I endorse that this is a tru	ue and accurate account of	the incident.	
Signature:	Principal / Officer in Charge	Date:	27111109



### Reported

# Injury / Illness Reporting Room

	s.47(3)(b) - Contrary	y to Public Interest		
Name of injured/ill	person_		(7/5)	
Student / Staff / Me	mber Other (if othe	er obtain DOB.)		l
Date of injury/illnes				
Time of injury/illne				<del></del>
First person (adult)	event reported to	Kem Not	Lange	
Exact location (Be s	pecific) //	~ Klassan		<del>/</del>
Witness name	s.47(3)(b) - Contrary to Pub	blic Interest		
Address	<u>-</u>	<u>~ (~//)</u>		<u> </u>
Phone			/// ^ ·	<del></del> -
Description of First	Aid Administered	gia pact	<del></del>	<del></del>
Name of person a	administering the	First Aid Kum	bolla	nd
Description of ev		Just Laid 19	)	
<u></u>				
Jew or	er was	de summ	, T	weeks
gen o	Cur esa	& pinhea a	- ROLLES	weeks
Contact advised	Given Name	NOW.	·	·
	Surname			· 
	/// \	njured/ill person		_
,	Address	(2)		<b>-</b> .
		$\bigcirc$		
	Telephone		<u> </u>	· <del></del>
	Date and time of	notification		_
Please tick destination	on parents have ind	icated. school	to ppea	k to Kim
☑Doctor	[]Ambulance	니Hospital	□Dentist	
		•		
Feedback/Outcome			IJ.	
Fractive	70	By werest		
Action Taken	other in	ent docto	or An	activic
Informed DTC		UDU 85 055	- puac	eer –
Informed RTC	Administration	WPH&S Officer	1   .	•



Repoi	rted

# Injury / Illness Reporting Room

Name of injured/ill p	s.47(3)(b) - Contrary to Public Inte	Paren	<u>t)</u>
Student / Staff / Mem Date of injury/illness Time of injury/illness First person (adult) et Exact location (Be sp Witness Name 5.47(3)(b) - Contrary to Public Phone 5.47(3)(b) - Contrary to Public	ber Other (if other obtains 11-10-10 12-15p vent reported to Kimecific) Outside Front obtains to Public Interest	Holland entry of Adm	
Description of event/	illness		
SAT(3)(b) - Was care contrary to was care some hard and a contract advised	Given Name No- Surname Relationship to injured Address  Telephone Date and time of notific	ill person	and 6.47(3)(b) - Contrary to Public Pred Backwards of want to contact anyone
Please tick destination	n parents have indicated.		
Doctor Feedback/Outcome	□Ambulance I	□Hospital	□Dentist
Action Taken			<del>-</del>
Informed &TC	Administration	WPH&S Officer	]

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

SCHOOL COPY

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Address:

Workplace Details:

MINIMBAH STATE SCHOOL (0265) - Education Queensland

**CORNER MINIMBAH DRIVE &** 

WALKERS ROAD

MORAYFIELD QLD 4506

Telephone 07 5431 7333 Workplace Registration, No: W193980

Location No:

0265 68

Number of Staff

Name of WHSO: Principal/Officer in Charge: CASSANDRA MILLER

MARK FARWELL

**Incident Details:** 

Event Identification:

193

Description of Incident:

SLIPPED BACKWARDS AND LANDED ON BOTTOM

Date of Incident:

11/10/2010

Time of Incident:

12:15

Facility:

A: A BLOCK

Exact location of incident:

FRONT ENTRANCE OF ADMINISTRATION

Detailed Description of incident:

WAS CARRYING YOUNG DAUGHTER ON HER BACK BECAUSE IT WAS RAINING AND HER DAUGHTER HAD A BROKEN FOOT. WIPED HER FEET AND SLIPPED DUE TO

WET CONCRETE AND HER WEARING THONGS

Details of III/Injured Person

Name: DOB:

Gender:

ID No:

Phone:

26

s.47(3)(b) - Contrary to Public Interest

Type/Association:

Parent .47(3)(b) - Contrary to Public Interest

Address:

Staff Designation:

Employee No:

Emergency Contact Notified:

MOTHER REQUESTED NO NEED TO CONTACT AND THAT SHE WILL BE OKAY. Emerg. Contact Rel:

Treatment Required:

First Aid on site (staff/ambulance)

Hospital

First Aid Treatment Given: APPLIED ICE PACK TO LOWER BACK

TOWARD RIGHT HIP

Given by: KIM EDITH HOLLAND

Cause of Incident:

Person Falling

Activity at time of incident: Non-school activity

Severity:

Minor (first aid - no time lost)

**Aggressive Act** 

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

2007.1 AccRptNotFax

02:23 PM

Tuesday, 16 November 2010 KIM

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event:	193	SLIPPED BACKWARDS AND LANDED ON BOTTOM
Person:	s.78B(2)	

Injury/Illness Details: Nature of Injury/Illness Part of Body Affected Ache / Pain / Discomfort **Back Lower** Ache / Pain / Discomfort Possible Number of Days Lost: Possible WorkCover Claim: No Actual Number of Days Lost: Possible Legal Action: No Organisations Contacted: Organisation <u>Notes</u> PATIENT REQUESTED NO CONTACT ICE PACK GIVEN **Contributing Hazards:** Category Туре Hazard Description RUNNING WHEN WET Environment **Environmental Factors** Reporting: Incident initially reported to: KIM EDITH HOLLAND Association: Staff Witnesses: <u>Association</u> <u>Name</u> Type s.47(3)(b) - Contrary to Public Interest Student Recommended Controls: WEAR SHOES I endorse that this is a true and accurate account of the incident. 16/11/10 Signature: Date: Principal / Officer in Charge

s.47(3)(b) - Contrary to Public Interest

(Mum stray to Public Interest Stripped backwards, falling on top of her daughter.

(Mum (s.47(3)(b)Contrary to Public Interest (Public Interest)

and she was hurrying to get out of the rain (Mum)

(Mum)

She went to wipe her thongs on the mat and (s.47(3)(b)Contrary to Public Interest (Public Interest)

And she was hurrying to get out of the rain (Mum)

She went to wipe her thongs on the mat and (s.47(3)(b)Contrary to Public Interest (Public Interest)

Slipped backwards, falling on top of her darryhter.



# Injury / Illness Reporting Room

# Reported \_\_\_

	s.47(3)(b) - Co	entrary to Public Interest			
Name of injured/ill pe	erson				
Student / Staff / Mem Date of injury/illness Time of injury/illness First person (adult) ev Exact location (Be spe Witness Name 5.47(3)(b) - Con Address 5.47(3)(b) - Contrary to Pub Phone Description of First A	ber Other (if of 11-10-10) 12-15p /ent reported tecific) Output	to Kim I side Front	-lelland	ng to allend main Almina	' 2001
Description of event/i	llness				
Mum was can had a broken wipe her fee and fell on Contact advised	Surname  Relationship  Address  Telephone	was raining mot and broken so	person_MotA		
Please tick destination	parents have	e indicated.			
☑Doctor Feedback/Outcome	CAmbulan	се 🔲 Н	lospital	□Dentist	14
Action Taken	Administrat	ion   WP	H&S Officer	— ————————————————————————————————————	
	د عصبينينين للا هاد			_ <u>~</u> '	

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

SCHOOL COPY

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland Workplace Registration. No: W193980

**CORNER MINIMBAH DRIVE &** 

Location No: Number of Staff

0265 68

WALKERS ROAD

07 5431 7333

Name of WHSO:

CASSANDRA MILLER

MORAYFIELD QLD 4506

Principal/Officer in Charge:

MARK FARWELL

**Incident Details:** 

Event Identification:

Description of Incident:

MOTHER SLIPPED BACKWARDS ONTO Contrant to

Date of Incident:

11/10/2010

Time of Incidentest 12:15

Facility:

Telephone

A; A BLOCK

Exact location of incident:

ENTRY TO THE FRONT DOOR OF ADMINISTRATION

Detailed Description of incident:

MUM WAS CARRYING 1473 10 ON HER BACK BECAUSE SHE HAD A BROKEN FOOT. IT WAS RAINING AND MUM WAS AUNNING TOWARDS ADMIN ENTRY TO WIPE HER FEET. MUM

SLIPPED BACKWARDS CAUSING MUM TO FALL ONTO A 47(3)(b) - OTHER FOOT

Interest

**Details of III/Injured Person** 

Emergency Contact Notified: 47(3)(b) - Contrary to

Name:

DOB: Address: 47(3)(b) - Contrary to Public Interest

Gender:

ID No:

27

Type/Association:

SIBLING OF ATTENDING

Phone:

Staff Designation:

Employee No:

Emerg. Contact Rel:

s.47(3)(b) - Contrary to Publi

Treatment Required:

First Aid on site (staff/ambulance)

Hospital

First Aid Treatment Given: ICE PACK APPLIED

Given by: KIM EDITH HOLLAND

Cause of Incident:

Person Falling

Activity at time of incident: Non-school activity

Severity:

Minor (first aid - no time lost)

Aggressive Act

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type



#### Page 2

#### Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)

MOTHER SLIPPED BACKWARDS ONTO ontrary to

Person: s.47(3)(b) - Contrary to Public Interest

lni	urv/	Ш	Iness	Def	ail	ls:
	,,					-

Nature of Injury/Illness

Part of Body Affected

Ache / Pain / Discomfort

Foot/feet

Ache / Pain / Discomfort

Possible Number of Days Lost:

Possible WorkCover Claim:

No

Actual Number of Days Lost:

Possible Legal Action:

Organisations Contacted:

Organisation

Notes

NO CONTACT NECESSARY

MOTHER WAS WITH CHILD WHEN INCIDENT

OCCURRED

**Contributing Hazards:** 

Category

Type

Hazard Description

Environment

Environmental Factors

RUNNING WHEN WET

Reporting:

Incident initially reported to:

KIM EDITH HOLLAND

Association:

Staff

Witnesses:

<u>Name</u>

<u>1D</u>

<u>Type</u>

<u>Association</u>

s.47(3)(b) - Contrary to Public Interest

s.47(3)(b)

Student

Recommended Controls: MOTHER TO WEAR SAFE SHOES ON WET SURFACES WHILE CARRYING CHILDREN.

I endorse that this is a true and accurate account of the incident.

Signature:

Principal / Officer in Charge

Date:

16/11/10



# Injury / Illness Reporting Room

# Reported \_\_\_\_

S.47(3)(b) - Contrary to Public Interest
Name of injured/ill persor
Student / Staff / Member Other (if other obtain DOB.)
Date of injury/illness $28 - 10 \cdot 10$ .
Time of injury/illness /- 45
First person (adult) event reported to Sharow Healter's
Exact location (Be specific) upper school
Witness Name s.47(3)(b) - Contrary to Public Interest
Address
Phone
Description of First Aid Administered rest cleaned tapped weld
Description of event/illness Tuo students astuded a hit
eye to cheek s.47(3)(b) - Contrary to cut his cheek
We was taken we doctor by parents
Contact advised Given Name S.47(3)(b) - Contrary to Public Interest
Surname 5.47(3)(b) - Contrary to
Relationship to injured/ill person_Public Interest
Address
Telephone
Date and time of notification 1.55pm. 28-10-10.
Please tick destination parents have indicated.
☐Doctor ☐Ambulance ☐Hospital ☐Dentist
Suches to face
Action Taken Spoke to students regarding runny & scafely
Informed &TC Administration WPH&S Officer



(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 3881 9630

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Address:

Workplace Details:

MINIMBAH STATE SCHOOL (0265) - Education Queensland

Workplace Registration. No: W193980

Location No:

0265

WALKERS ROAD

**CORNER MINIMBAH DRIVE &** 

Number of Staff

68

MORAYFIELD QLD 4506

Name of WHSO:

CASSANDRA MILLER

Telephone 07 5431 7333 Principal/Officer in Charge: MARK FARWELL

Incident Details:

Event Identification:

191

Description of Incident:

BOYS RAN INTO EACH OTHER ACCIDENTALLY

Date of Incident:

28/10/2010

Time of Incident

13:45

Facility:

OVAL; OVAL

Exact location of incident:

CONCRET AREA UPPER SCHOOL

Detailed Description of incident:

AND Contrary to Contrary to Contrary to Contrary to SPLITTING HIS LEFT CHEEK ON BONE AND TAKEN FOR MEDICAL ASSESSMENT. SAT(3)(b) - HIT EYE LID OK

Details of III/Injured Person Contrary to Public Interes

Name:

DOB:

Address

Gender:

ID No:

Type/Association:

Student

Phone:

Staff Designation:

Employee No:

Emerg. Contact Rel

.47(3)(b)

Emergency Contact Notified:

Doctor / Ambulance / Out-patients

Hospital

First Aid Treatment Given:

REST CLEANED TAPPED ICED FAMILY

Treatment Required:

NOTIFIED

Given by: CHRISTINE JOY THOMPSON

Cause of Incident:

Contact With

Activity at time of incident: Movement around school

Severity:

Moderate (eg needs medical care)

**Aggressive Act** 

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

BOYS RAN INTO EACH OTHER ACCIDENTALLY

Person:

s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:			
Nature of Injury/Illness		Part of Body Affected	-
Cut / Laceration / Bleeding		Face	
Ache / Pain / Discomfort			
Possible Number of Days Losi	: 0	Possible WorkCover Claim:	No
Actual Number of Days Lost:	1	Possible Legal Action:	No (Z)
Organisations Contact	ed:		
Organisation		Notes	
		<del></del>	
Contributing Hazards:	•		
Category	<u>Type</u>	Hazard Description	
People	COLLIDING	BOYS RUNNING AND COLLIE	DING
Reporting:			
Incident initially reported to:	SHARON DANIELLE	HEDLEFS Association:	Staff
Witnesses:			
<u>Name</u>	<u>ID</u>	. <u>Type</u> <u>As</u>	esociation
	·		
Recommended Contro	S: STUDENT TOLD TO BE	MORE AWARE OF ENVIROMEN	NT.
	2		,

I endorse that this is a true and accurate account of the incident.

Signature:

Principal / Officer in Charge

Date:

28110110

Attention Val Kenny

#### Health and Safety Incident Notification Form

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

SCHOOL CLEANING ADVISOR

(Write fax no. of your school cleaning advisor)

No: 3881 9630

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Address:

Telephone

Workplace Details:

MINIMBAH STATE SCHOOL (0265) - Education Queensland

Workplace Registration. No: W193980

**CORNER MINIMBAH DRIVE &** WALKERS ROAD

Location No: Number of Staff

0265 68

MORAYFIELD QLD 4506

Name of WHSO:

CASSANDRA MILLER

07 5431 7333

Principal/Officer in Charge: MARK FARWELL

**Incident Details:** 

Event Identification:

185

Description of Incident;

SLIPPED ON BOOKS LEFT ON THE FLOOR

Date of Incident:

24/05/2010

Time of Incident:

05:15

Facility:

M04; M BLOCK-CLASSROOM4

Exact location of incident:

COMING OUT OF WITHDRAWAL ROOM INTO CLASSROOM GLA4

Detailed Description of incident:

WHILE LOCKING UP I SCIPPED ON SOME BOOKS ON THE FLOOR AS I WAS FALLING I

GRABBED A CHAIR WHICH TIPPED OVER AND THE BOTTOM OF THE CHAIR CUT MY LEG

Details of III/Injured Person

Name:

DOB:

Address:

s.47(3)(b) - Contrary to Public Interest

Gender:

ID No:

.47(3)(b) -Contrary to Public

47(3)(b) - Contrary to Public Interest

Type/Association:

Phone:

Staff

Staff Designation:

Employee No:

Emerg, Contact Rel:

**Emergency Contact Notified:** 

Treatment Required:

Cause of Incident:

First Aid on site (staff/ambulance)

Hospital

LEG

First Aid Treatment Given: SELF ADMINISTERED - CLEANED AREA ON

Given by:

Stepping On/In/Walking

Activity at time of incident: Cleaning - General

Severity:

Minor (first aid - no time lost)

**Aggressive Act** 

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

2007.1 AccRptNotFax

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event:

SLIPPED ON BOOKS LEFT ON THE FLOOR

Person: s.47(3)(b) - Contrary to Public Interest

Injury/illness Details:			
Nature of Injury/Illness		Part of Body Affected	
Cut / Laceration / Bleeding INJURY		Leg(s)	
Possible Number of Days Lost	: 0	Possible WorkCover Claim:	No
Actual Number of Days Lost:	0	Possible Legal Action:	No (7)
Organisations Contact	ed:		
<u>Organisation</u>		Notes	
Contributing Hazards:			
Category	Түре	Hazard Description	
Environment	Floor / Ground (slippery/uneven)	BOOKS LEFT ON THE FLOOR	
Reporting:	,		
Incident initially reported to:	DONNA DUNN	Association:	Staff
Witnesses:			
Name	<u>ID</u>	Type As	esociation
Recommended Control	S: TIDY UP CLASSROOMS	SAT THE END OF THE DAY - ST	TAFF ADVISED BY EMAIL
Ì endorse that this is a tru	ue and accurate account o	f the incident.	
Signature:	Principal / Officer in Charge	Date	e: <u>91610</u>



# Reported



## Injury / Illness Reporting Room

Name of injured/ill-	s.47(3)(b) - Contrar	ry to Public Interest		
Student-/ Staff / Mer Date of injury/illnes	mber-Other (if other	obtain DOB.)		
Time of injury/illnes			· // // /	
	event reported to	DONNADD	UNN	
	pecific) BLOC			
Witness name	NONE	. (7/8)		
Address				~
Phone			<u> </u>	~
	Aid Administered	WET PAPER TO	NEC TO WIFE	OPF BLOOD
		First Aid Mys		
Description of eve				
			× <u></u>	*********
CN THE FI	Given Name Surname Relationship to inj Address Telephone	was Fall 1		ED A IECHATR IT MY LEG
Please tick destination	n parents have indic	eated.		
Doctor	☐ Ambulance	□Hospital	□Dentist	
Feedback/Outcome				
Action Taken				
Informed RTC	Administration [	WPH&S Officer		

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

SCHOOL COPY

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland Workplace Registration, No. W193980

**CORNER MINIMBAH DRIVE &** 

Location No:

0265 68

WALKERS ROAD

Number of Staff

CASSANDRA MILLER

MORAYFIELD QLD 4506

Name of WHSO:

Principal/Officer in Charge: MARK FARWELL

Telephone 07 5431 7333

**Incident Details:** 

Event Identification:

172

Description of Incident:

TRIPPED OVER

Date of Incident:

10/02/2009

Time of Incident:

11:35

Facility:

B01; PREP 1 CLASSROOM 1

Exact location of incident:

PREP 1 CLASSROOM

Detailed Description of incident:

WALKING PASSED V/H/TEBOARD PASSED COMPUTER- TRIPPED OVER WHITEBOARD LEG LEAPED IN AIR LANDED HARD ON RIGHT HEEL AND BRUISED FEELING UNDER

FOOT WHEN STANDING.

Details of Ill/Injured Person

Name: DOB:

Address:

s.47(3)(b) - Contrary to Public Interest

Gender:

ID No:

Staff

Phone:

s.47(3)(b) - Contrary to Public Interest

Staff Designation:

Type/Association:

Employee No:

Emerg. Contact Rel:

**Emergency Contact Notified:** 

First Aid on site (staff/ambulance)

Hospital

Given by: MARY CURLEY

First Aid Treatment Given: ICE PACK

Treatment Required:

Cause of Incident:

**TRIPPED** 

Activity at time of incident: TRIPPED

Severity:

Minor (first aid - no time lost)

**Aggressive Act** 

Was this incident caused by an aggresive act?



03:33 PM Thursday, 12 February 2009 CHRIST 2007.1 AccRptNotFax

(for Injury / Work Caused Illness / Dangerous Event)

Event:

TRIPPED OVER

Person: S.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:				· .		
Nature of Injury/Illiness		Part of	Body Affected	• .	•	
Bruise / Crush	· .	Foot/fe	et			
Ache / Pain / Discomfort						
Possible Number of Days Lost:	0	Possible	e WorkCover Claim	: No	•	
Actual Number of Days Lost:	0	Possible	e Legal Action:	No ()		•
Organisations Contacte	d:					
<u>Organisation</u>		<u>Notes</u>				
·	·				7/2	
Contributing Hazards:						
Category	Туре	Hazard	Description	7/6		
Environment	Furniture	WHITE	BOARD			
Reporting:		an and the banks and the		·		
Incident initially reported to:	KAREN MAREE POC	оск	Association	Staff		
Witnesses:		4				
Name	<u>1D</u>	<u> </u>	<u>Type</u>	Association		٠
KAREN MAREE POCOCK	POCOKA		Staff			•
Recommended Controls	BE AWARE OF FURNITU	JRE PLA	CEMENT		/-/// ·	· · <u></u> -
•		)	(7)			
	~ Cor	1/	7,7			
I endorse that this is a true	e and accurate account of	the incl	dent.			

Signature:

Date:

Procipal / Officer in Charge





# Injury / Illness Reporting Room

	s.47(3)(b) - Contrary	to Public Interest			
Name of injured/ill	person_			(7/4	
	mber Other (if other	obtain DOI	3.)		•
Date of injury/illnes		09			<del>-</del> .
Time of injury/illne		IVA	0 2		- C. la.
	event reported to		FOCO CK	1 18 ary	Curley
	specific) Inside			/	<b>-</b> .
Witness name	Karen Poo	COCK			<del></del>
Address				<u> </u>	<del></del>
Phone		-(C)			<u> </u>
Description of First			-V1/1	110000	sale / Last
	administering the	First Aid	Mary	- ice pa	ick   foot
Description of ev	eni/illness			· · ·	<u>, , , , , , , , , , , , , , , , , , , </u>
walking Das	sed whites	beard.	passeol	COMDU	ter- 41P
over J.WB.	eq, ->, ieap	IN QU	- lan	aed n	ara c 1'
on right	JAPEL JEI	·UY UISE	a feel	rig und	er fooi
Contact advised	Given Name	ass	Willer		
	Surname		<u> </u>		
•	Relationship to in	jured/ill per	son	<u> </u>	
	Address	(			
•				· · · · · · · · · · · · · · · · · · ·	
	Telephone	<del></del>			
	Date and time of a	otification	<del></del>	<u>.</u>	
		/			
Please tick destination	in parents have indic	cated.		•	4
		<del>;</del> 1			
	☐ Ambulance	∐Hosp	oital	□Dentist	
			•	• •	
Feedback/Outcome		4	٠		
		·		_	
Action Taken <u>Ce</u>	nach		*		
Action Taken 100	puuk				
Informed RTC	Administration [	TA/DEF &-	S Officer	7 .	
mormed KIC	Administration	wrnx	o Omeer [		
•			•	~	

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

SCHOOL COPY

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland Workplace Registration, No: W193980

**CORNER MINIMBAH DRIVE &** 

Location No:

0265

WALKERS ROAD

Number of Staff

68

**MORAYFIELD QLD 4506** 

Name of WHSO:

CASSANDRA MILLER

Telephone: 07 5431 7333

Principal/Officer in Charge:

MARK FARWELL

**Incident Details:** 

Event Identification:

209

Description of Incident:

ON LADDER, TAKING ARTWORK DOWN

Date of Incident:

10/06/2011

Time of incident:

15:00

Facility:

S: LIBRARY

Exact location of incident:

MAIN LIBRARY AREA

Detailed Description of incident:

ON THE LADDER, ON THE TOES, TAKING ARTWORK DOWN AND PULLING BLU TACK OFF. LEFT FOOT ON THE RIGHT SIDE THROBBING WHEN ARRIVED HOME. ONE YEAR AGO PAIN ON RIGHT SIDE FROM MOVING FURNITURE. AGGREVATED AREA. NEEDED PHYSIO.

Details of III/Injured Person

Name:

DOB: Address: s.47(3)(b) - Contrary to Public Interest

Gender:

ID No:

ontrary to Public

Phone:

Staff s.47(3)(b) - Contrary to Public

Staff Designation:

Type/Association:

Employee No:

**Emergency Contact Notified** 

DION'T THINK THE PAIN WOULD GET

WORSE

Emerg. Contact Rel:

Treatment Required:

Nil / Not Applicable

Hospital:

First Aid Treatment Given:

ICE PACK APPLIED FOR 20 MINS ON AND 20 Given by:

MINS OFF, AT HOME.

Cause of Incident:

Repetitive Movement

Activity at time of incident: Lesson preparation / cleanup

Severity:

Minor (first aid - no time lost)

**Aggressive Act** 

Was this incident caused by an aggresive act?

<u>Aggressor</u>

Confrontation Type

2007.1 AccRptNotFax

Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event:

209

ON LADDER, TAKING ARTWORK DOWN

Person:

s.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:

Nature of Injury/Illness

Part of Body Affected

Foot/feet

Ache / Pain / Discomfort

Ache / Pain / Discomfort

Possible WorkCover Claim:

No

Possible Number of Days Lost: Actual Number of Days Lost:

Possible Legal Action:

No

**Organisations Contacted:** 

Organisation

**Notes** 

FIRST AID OFFICER

**Contributing Hazards:** 

Category

<u>Type</u>

**Hazard Description** 

**Environment** 

Classroom - Hanging

mobiles

STANDING ON STOOL FOR LONG PERIOD OF TIME

Reporting:

Incident initially reported to:

MICHELLE DENISE TELFER

Association:

Staff

Witnesses:

Name

<u>ID</u>

Type

Association

PAULA ANN FRASER

FRASPA

Staff

Recommended Controls: NO-

I endorse that this is a true and accurate account of the incident.

Signature:

Frincipal / Officercin-2hange

Date:

21/06/2011



Reported
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# Injury / Illness Reporting Room

	s.47(3)(b) - Contrary to Public Interest	
Name of injured/ill p	erson	
, , , , , , , , , , , , , , , , , , ,		
Student / Staff / Mem	aber Other (if other obtain DOB.)	
	10/06/11	
Time of injury/illness		
First person (adult) e	vent reported to Michelle Telfer	
Exact location (Be sp		
Witness Name Poo	ula Froser	
Address		
Phone		
Description of First.	Aid Administered 1ce pack 20 mins on	
	20 mins off throughout night	
Description of event/	illness Very poinful	
On ladder	r on tip toes potting Artsfest	
dourn -	taking Blu tack off.	
Left foot	right side - 1 your app moring	,
funiture -	Spain right side of buch. Aggrerated - Phys	(0
Contact advised	Given Name	
	Surname	
•	Relationship to injured/ill person	
	Address	
•	T. 1. (1)	
	Telephone	
	Date and time of notification	
TN1		
Please tick destination	on parents have indicated.	
Doctor	Ambulance	
	7 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Feedback/Outcome		
Action Taken	hysiotherapy	
Informed ATC	Administration WPH&S Officer	

(for Injury / Work Caused Illness / Dangerous Event)



Page 1

Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 3881 9630

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

**Workplace Details:** 

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland

**CORNER MINIMBAH DRIVE &** 

WALKERS ROAD

MORAYFIELD QLD 4506

Telephone: 07 5431 7333

Workplace Registration, No: W193980

Location No:

0265

Number of Staff

68

Name of WHSO:

CASSANDRA MILLER

Principal/Officer in Charge: MARK FARWELL

**Incident Details:** 

Event Identification:

202

Description of Incident:

FELL OFF CONCRETE INTO HOLE

Date of Incident:

29/04/2011

Time of Incident:

11:05

Facility:

B01; PREP 1 CLASSROOM 1

Exact location of incident:

FRONT OF PREP 1 BLOCK

Detailed Description of incident:

STEPPED OFF CONCRETE PAVEMENT ONTO GRASS AREA. STEPPED LEFT FOOT INTO A SUNKEN DEPRESSION ON THE LAWN OUTSIDE FRONT AREA OF PREP 1. SPRAINED LEFT

ANKLE AND BRUISED LEFT ELBOW/ARM.

Details of III/Injured Person

Name:

DOB:

Address:

47(3)(b) - Contrary to Public Interest

Gender:

Emergency Contact Notified: [6.47(3)]

First Aid on site (staff/ambulance)

First Aid Treatment Given: ELEVATE LEG AND ICE PACK

Cause of Incident: Stepping On/In/Walking Activity at time of incident: Movement around school Severity:

Phone:

ID No:

Staff Designation:

Type/Association:

Employee No: Emerg. Contact Rel:

Hospital:

Given by: DIANE SCHUBERT

Staff

s.47(3)(b) - Contrary to Public Interest

Minor (first aid - no time lost)

**Aggressive Act** 

Treatment Required:

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

Wednesday, 04 May 2011 CHRIST 11:10 AM

2007.1 AccRptNotFax

(for Injury / Work Caused Illness / Dangerous Event)

enail (215

Page 2

Event:

202

FELL OFF CONCRETE INTO HOLE

Person:

s.47(3)(b) - Contrary to Public Interes

injury/iliness	Details:
Nature of Injury/III	ness

Part of Body Affected

Ache / Pain / Discomfort

Ankle(s)

Ache / Pain / Discomfort

Possible WorkCover Claim:

No

Possible Number of Days Lost: 0
Actual Number of Days Lost: 0

Possible Legal Action:

No

**Organisations Contacted:** 

Organisation

**Notes** 

Contributing Hazards:

Category

Type

Hazard Description

Environment

Environmental Factors

**FALLING INTO DEPRESSION HOLE** 

Reporting:

Incident initially reported to:

KAREN MAREE POCOCK

Association:

Staff

Witnesses:

<u>Name</u>

<u>1D</u>

Type

Association

Recommended Controls: DEPRESSION DUE TO WET WEATHER, GROUNDSMAN NOTIFIED.

I endorse that this is a true and accurate account of the incident.

Principal Mofficer in Charge

Signature:

Date:

4 15/11

enail 1215



## Reported

# Injury / Illness Reporting Room

s.47(3)(b) - Contrary to Public Interest
Name of injured/ill person_
Student (Staff) Member Other (if other obtain DOB.)
Date of injury/illness 29 - 4 - 11
Time of injury/illness 11.05am
First person (adult) event reported to Karen Pocock  Exact location (Be specific) Front of Prep   block
Witness Name ni
Address
Phone
Description of First Aid Administered Elevate leg / 1ce pack.
Description of event/illness
Stepped off concrete povement unto arass
area: Stepped left foot into a sunken debression
on the lawn outside Front area of frep 1
Contact advised Given Name of subclining the state of the contrary of the cont
Surname Interest
Relationship to injureri/ill person Public Interest
Address 5.47(3)(b) - Contrary to Public Interest
5.47(3)(b) - Contrary to Public Interest
Telephone s.47(3)(b) - Contrary to Public Interest
Date and time of notification 12 room
Please tick destination parents have indicated.
□Doctor □Ambulance □Hospital □Dentist
Feedback/Outcome
Action Taken Reported to Admin Michelle Telfen
Informed &TC Administration WPH&S Officer

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

SCHOOL COPY

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Address:

Workplace Details:

MINIMBAH STATE SCHOOL (0265) - Education Queensland

**CORNER MINIMBAH DRIVE &** 

WALKERS ROAD

**MORAYFIELD QLD 4506** 

Telephone 07 5431 7333 Workplace Registration. No: W193980

Location No:

0265

Number of Staff

68

Name of WHSO:

CASSANDRA MILLER

Principal/Officer in Charge: MARK FARWELL

**Incident Details:** 

Event Identification:

179

Description of Incident:

FELL OVER A STOOL

Date of Incident:

2/10/2009

Time of incident:

11:00

Facility:

E03; E BLOCK CLASSROOM 3

Exact location of incident.

**BLOCK 2 KIM ROBINSONS ROOM** 

Detailed Description of incident:

TRIPPED AND FELL OVER FALLEN STOOL. CARPET BURN TO KNEES AND ELBOWS, AN HOUR AND A HALF LATER NECK AND CHEST PAINS (MILD SORE TO TOUCH, BRUISE ON

RIGHT LEG INNER THIGH.

Details of III/Injured Person

Name: DOB:

Address:

s.47(3)(b) - Contrary to Public Intere

s.47(3)(b) - Contrary to Public Interest

Gender:

ID No:

.47(3)(b) -ontrary to

Phone:

Staff s.47(3)(b) - Contrary to Public Interest

Staff Designation:

Type/Association:

Employee No:

**Emergency Contact Notified:** 

Emerg. Contact Rel:

Treatment Required: First Aid Treatment Given:

Hospital Nil / Net Applicable Given by:

Cause of Incident:

Person Falling

Activity at time of incident: School activity/function

Severity:

Minor (first aid - no time lost)

**Aggressive Act** 

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type

## **Health and Safety Incident Notification Form**

(for Injury / Work Caused Illness / Dangerous Event)

Event:

179

FELL OVER A STOOL

Person:

7(3)(b) - Contrary to Public Interest

!!	ijury	//iiiness	betails:
٠.		. 5 1	

Nature of Injury/Illness

Part of Body Affected

KNEES, ELBOW BURN PAIN IN CHEST AND

KNEES, ELBOW, CHEST AND NECK

Possible Number of Days Lost: 0

Possible WorkCover Claim:

No

Actual Number of Days Lost:

: 0

Possible Legal Action:

No

**Organisations Contacted:** 

Organisation

<u>Notes</u>

**Contributing Hazards:** 

Category

<u>Type</u>

Hazard Description

Environment

Furniture

**FALLEN STOOL** 

Reporting:

Incident initially reported to:

PATRICK CARR

Association:

Staff

Witnesses:

<u>Name</u>

<u>ΙD</u>

Type

Association

PATRICK CARR

CARRPA

Staff

Recommended Controls: CHECK OBSTACLES IN ROOM FOR DANGER.

I endorse that this is a true and accurate account of the incident.

Signature:

Principal / Officer in Charge

Date:

4 111109



Report	ted
--------	-----

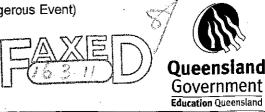
## Injury / Illness Reporting Room

# Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

	s.47(3)(b) - Contr	ary to Public Interest	
Name of injured/il	l person		
Student / Staff M	ember Other (if other o	obtain DOB.)	
Date of injury/illne		11	
Time of injury/illn			
	event reported to	Patricu Carr	
Exact location (Be	specific) Block &	<u> - 4B Classio</u>	on
Witness Name f		ate School	
Address C/U	Minimbah Sta	NVS(MXXXXL	
Phone 54	317333	<del></del>	
	7 4		
Description of Fir	st Aid Administered_	MILL	<u> </u>
		. 40 /	
Description of ever	nt/illness		
Tripped a	and fell over a	Soilen stool	- courset burn
to kneed	and elbows.	Apyrox 12	rous after.
	rech and chist	pains (mila	- sore to touch)
		ner Migh.	<u></u>
Contact advised	Given Name		
	Surname		
	Relationship to inju	ured/ill person	
	Address		. <u></u>
	Telephone		
•	Date and time of n	otification	
Please tick destina	tion parents have indic	ated.	
			•
Doctor	□Ambulance	□Hospital	☐ Dentist
Feedback/Outcom	e		
			<del></del>
Action Taken			
Informed ATC	Administration [	WPH&S Office	r 🔲

#### **Health and Safety Incident Notification Form**

(for Injury / Work Caused Illness / Dangerous Event)



Fax Notification of: Injury

NOTE: FAX REPORT TO ALL NUMBERS LISTED BELOW AND RETAIN ORIGINAL FOR SCHOOL FILE

Fax to:

REGIONAL HEALTH AND SAFETY CONSULTANT

No: 07 3881 9630

CC:

From:

MINIMBAH STATE SCHOOL - Education Queensland

Pages:

Workplace Details:

Address: MINIMBAH STATE SCHOOL (0265) - Education Queensland Workplace Registration, No: W193980

0265

WALKERS ROAD

**CORNER MINIMBAH DRIVE &** 

Location No: Number of Staff

68

MORAYFIELD QLD 4506

Name of WHSO:

CASSANDRA MILLER

Telephone 07 5431 7333 Principal/Officer in Charge:

MARK FARWELL

**Incident Details:** 

Event Identification:

197

Description of Incident:

FELL OVER BENCH

Date of Incident:

2/02/2011

Time of Incident:

12:30

Facility:

OVAL; OVAL

Exact location of incident:

PARADE AREA NEAR OVAL

Detailed Description of incident:

RUNNING FELL OVER BENCH AND LANDED ON WRIST RESULTING IN GREEN FRACTURE

**LEFT HAND** 

Details of Ill/Injured Person

Name:

DOB:

Address:

s.47(3)(b) - Contrary to Public Interest s.47(3)(b) - Contrary to Public Interest Gender:

ID No:

Type/Association:

Student

Phone:

Staff Designation:

Employee No:

Emerg. Contact Rel:

Treatment Required:

**Emergency Contact Notified**;

Dector / Ambulance / Out-patients

Hospital

Given by: CHRISTINE JOY THOMPSON

First Aid Treatment Given: REST ICE SUPPORT OF WRIST Cause of Incident:

Person Falling

Activity at time of incident: Sport

Severity:

Moderate (eg needs medical care)

**Aggressive Act** 

Was this incident caused by an aggresive act?

Aggressor

Confrontation Type



## **Health and Safety Incident Notification Form**

--- Michelle Page 2

(for Injury / Work Caused Illness / Dangerous Event)

Event: 197 FELL OVER BENCH
Person: 5.47(3)(b) - Contrary to Public Interest

Injury/Illness Details:			
Nature of Injury/tilness	,	Part of Body Affected	
Ache / Pain / Discomfort		Wrist(s)	
Ache / Pain / Discomfort		•	
Possible Number of Days Lost	: 0	Possible WorkCover Claim:	No
Actual Number of Days Lost:	0 .	Possible Legal Action:	No (7/5)
Organisations Contacte	ed:		
Organisation		Notes	
Contributing Hazards:			
Category	<u>Type</u>	Hazard Description	
Machinery & Equipment	RUNNING ON CONCRETE	CHILD RUNNING ON CONCRI	ETE
Reporting:			
Incident initially reported to:	ROSS ANDREW OSB	ORNE Association:	Staff
Witnesses:			
<u>Name</u>	<u>ID</u>	Type As	sociation
<u>.                                    </u>		(O) (O)	)
Recommended Control	s: NOT TO RUN ON CONCE	RETE	
i endorse that this is a tru	ie and accurate account of	the inclaent.	
Signature:	10)	Date	s: 312111
oignature.	Principal / Officer in Charge	- Date	$\frac{O / Q / A}{O / Q / A}$
	7 IIII/Juli 7 Ginosi II/ Ondigo		
•	_		



## Injury / Illness Reporting Room

## Reported

Information recorded on this form to be entered on SIMS by First Aid Officer and filed with SIMS report in Accident Folder and Family File.

. •	s.47(3)(b) - Contrary to Pul	blic Interest		
Name of injured/ill	person		<del>-(7/2)</del>	
Student / Staff / Me	mber Other (if other o	obtain DOR )		
Date of injury/illnes		/ .		
Time of injury/illne		30.pm	7 / 0 0 /	
First person (adult)	event reported to	horstone Hat	mysen Ross Osh	<del>Jum</del>
Exact location (Be s	specific) / E			
Witness name	ROUS DA	hours		•
Address				
Phone			<u> </u>	
Description of First	Aid Administered	Rest Lee	Support Corm	
_	administering the H			
Description of ev	_ /		// 100. /	
Fell one		a landed	on remost	•
uchilot 1	unmag at		<del></del>	
Contact advised	Given Name	- Contrary to Public Interest		
Contact advised	Surname	<del></del>		
	Relationship to inju	red/ili person   s.47(3)	(b) - Contrary to Interest	
	Address			
	$(\Omega \wedge \Sigma - \Sigma)$			
	Telephone	<u> </u>		
	Date and time of no	otification 12	30	
D1		1		
Please tick destination	on parents have indicate	ated.	·	
Doctor	□ Ambulance	□Hospital	□Dentist	
		•		
Feedback/Outcome		× ,	-f	
dractu	re alrone	eurist.	Josep Stick	
Action Taken So	oke with	Ross Osl	Green Stick	
Informed TC	Administration	WPH&S Officer		

incident Incident Record	
*Required Fields	
Incident ID (generated on save) INC-4639	Entered By Holland, Kim Edith, 5100354, Female, OneSchool Aide, Minimbah State School
Incident Status Signed Off and Closed 🖼	
Reporting Details	
* Reported Date 18/10/11	Reported Time (24 hour HH:MM) 11:25
Reported by Staff Butcher, Scott Anthony, 2141664, Male, DP-Primary, OneSchool Minimbah State School	Reported by Student
Reported by Other Person	Type of Other Person Other
Other Person Address 1	
Other Person Address 2	
Other Person Suburb O	ther Person State (eg. QLD) Other Person Po
Other Person Phone Number	Other Person Employer
Reported To Holland, Kim Edith, S.78B(2) Female, OneSchool Role, TA Teach	ner Aide, Minimbah State School
Incident Details	
* Incident Date 18/10/11	Incident Time (24 hour HH:MM)  11:25
If the Incident occurred at a Departmental location, selection in the Incident occurred at a Non-Departmental location	ct this location as the Departmental Incident Location. select your Base Location and complete the Non-Departmental Inciden
* Departmental Incident Location or Base Location Minimbah State School	
Non-Departmental Incident Location	
* Actual Incident Address 1 Cnr Walkers Road and Minimbah	
Actual Incident Address 2	
	State (eg. QLD) Post Code QLD 4506
* Summary of Incident Fell off playground equipment (upper school) and injured left sh	oulder area.
Detailed Description of Incident	
Suspected injury to left upper arm. Applied ice. Held arm in ow and advised. Rang medical centre to advise a student from the was broken	n shirt as a sling to not hinder any more pain or movement. Contacted mother school would be needing immediate attention. School later informed that arm

Immediate Action Taken				
Rested arm in shirt as a sling and applied	l ice to injured area. Contact	ed parent.		
Related Hazards				
Date Hazard Reported	Hazard ID Həzard L		d Category	Hazard Description
No Records	No Records No Rec	ords No	Records	No Records
* Supervising Officer  Holland, Kim Edith, S.78B(2) Female, One	eSchool Role, TA Teacher	$\neg$	Click here for he	lp selecting Supervising Offic
Aide, Minimbah State School	eschool Role, TA Teacher			
Elected Workplace Health and Safety	Panracantativa	r		
	, Adm Officer, Adm Officer (	AAEP), Bus Serv Manag	er, OneSchool Role,	Minimbah State School
Evacuation Details	/			EXCEPT THE PROPERTY OF THE PRO
Did an evacuation occur?				
C Yese No				
Did a lockdown occur?				
୍ Yes ନ No				
Locations Involved				
	Loca Minimbah 5			
				The second section of the second section of the second section of the second section second section section second section sec
Incident Types	- Landerson Assessment			See ability summersing
* Select one or more Incident Types			Click here for he	lp selecting Incident Types
☑ Injury Illness				$\overline{}$
□ Security Threat				
□ Motor Vehicle				
□ Electrical				
Fire				
☐ Environmental				
			7 /	
☐ Property/Plant/Equipment				
□ Near Miss				
Was this a Dangerous Incident as de	fined under Legislation?		Click here for de	finition of Dangerous Inciden
○ Yes® No				
SAVE THIS PAGE AND PROGRESS TO	THE NEXT TAB/S TO CON	IFLETE THE DETAILS	FOR ALL INCIDE	NT TYPES SELECTED.
Injury/Illness	~(O) / C			
Injury/Illness	///			
Injury/Illness ID	escription		Student Nar	
INJ-4322 Broken too len	upper arm/shol/der.	S.47(3)(D) - C	ontrary to Public Interes	ST
(%)				•
Submit Incident Record for Review		Harris Ha		ministry ( ) and the second se
To submit this Incident Record, please tick	the box below and click Sa	ve .		
* Submit Incident Record for review?				
⊂ Yes® No				
Assign Investigator				
		and the second s		
* Investigation required?				
® Yes○ No				
Click here for a list of trained Health	and Safety Investigators			
Person Responsible for Investigation				
Miller, Cassandra Leigh, s.78B(2) Female	, Adm Officer, Adm Officer (	AAEP), Bus Serv Manag	er, OneSchool Role,	Minimbah State School

Reasons for Not Investigating				<del></del>	<del></del>				
						<del>-</del>			
Investigation									.,
* Investigation Start Date									
14/11/11									
* Investigation Team Leader					Investiga	tion Team	1		
	Female, Adm Office	er, Adm Offic	er		Surname	Given Names	Employee IDs	Gender	Roies
(AAEP), Bus Serv Manager, OneSch	100l Role, Minimbal	h State Scho	ol		No Records	No Records	No Records	No Records	No Reco
Staff Witnesses									
Surname Given Names	Employee IDs	Gender		Roles			Locations		
Butcher Scott Anthony		Male (	OP-Primary, OneSchool Rol	le .		Minimbah State	School		
Student Witnesses						_(02			
Surname No Records	Given Names No Records		itudent ID Io Records		Gender No Records	$ \vee$ $\vee$ $\vee$	Locations No Records		
	ien incomas	, , ,	10 manua				no accord		
S.47(3)(b) - Contrary to Public						$\overline{}$			
Interest Bryan Wilson - Teacher on Playgro	and duba								
bryan Wilson - Teacher on Flaygre	June duty			<del>-</del>		<u> </u>	<u> </u>		
Summary of Investigation Find	ings				()		<u> </u>	>	
Fall from playground landing awky	vardiv - plavground	d built to Aus	stralian Standards	s approx 3	years ago -	no other in	cident to da	te	
				(0)	77				
Is a Formal Root Cause Analysi	s required?								
୍ Yes୍ No									
File Attachment				$\bigcirc$					
Delete Checked Items									
Attached File		File Type		V	Date Loaded	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			File Up
No Records  Add New File Attachment		No Records	- /		No Records	//	d "		, N
Investigation Outcomes							1111		
M	W <sub>1/3</sub> - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					Manual Market Company			
Recommendations	<del></del>								
continue with monitoring softfall a	round playground								
		70/		-		·		··-	

**Risk of Incident Recurrence** 

### **Consequence Likelihood**

-Insignifi¢arNare -Minor | -Unlikely

-Moderate Possible

-Major Likely
-Critical -Almost Certain

W. COMPANY			Matri:	K DSCCUE
		insignificant	Mirror	Mode
	Almosi Certain	Medium	Medium	Hig
ğ	Likely	Low	Medium	Hig
Jkelihood	Possbie	Low	Medium	Hkg
Š	Unlikely	Low	Low	Medi
i	Bare	Low	Low	Lo

Click here to view further Ma

#### Result

Low

Is the Investigation complete?

Investigation Completion Date

File Attachments	
File Attachment  Attached File File Type  No Records No Records	Date Loaded File Up No Records /
Finalisation - Officer in Charge	
* Signed Off By  Bennett, Sean Michael, S.78B(2) Male, OneSchool Role, PR-Primary, Minimbah State School	* <b>Date Signed Off</b> 29/03/12
Sign Off Comments	
Finalise this record?  • Yes • No	
Actions  Due Date Action ID  No Records No Records	Action Titio No Accords
Case Notes  Case Notes  Date of Note Person Making Note 14/11/11 Holland, Kim Edith 5.78B(2) Female, OneSchool Role, TA Teach	ther Alia, Minimush State School S.47(3)(b) - Contrary to Public Interest

Incident ID (generated on save) INC-4634 INC-463	ncident Incident Record			
Solubert, Diane Sandar, Passilla School Role, TA Teacher Aide, Minimbali Status Signed Off and Closed Sole, TA Teacher Aide, Minimbali Status Signed Off and Closed Sole, TA Teacher Aide, Minimbali Status Signed Off and Closed Sole, TA Teacher Aide, Minimbali Status Signed Off and Closed Sole, TA Teacher Aide, Minimbali Status Signed Off and Closed Sole, TA Teacher Aide, Minimbali Status Signed Off and Closed Sole Sole Sole Sole Sole Sole Sole Sole	*Required Fields			
Solubert, Diane Sandia,   Total Consistent Add, Minimbal Status	Incident ID (generated on save)		Entered By	
Incident Status Signed Off and Closed  Reported Date Reported Date Reported Date Reported Date Reported Date Reported Date Reported Dy Staff Reported by Staff Reported by Other Person Type of Other Person  Other Person Address 1  Other Person Address 2  Other Person Suburb Other Person Suburb Other Person Suburb Other Person State (e.g. QLD) Other Person Employer Reported To Horne, Matthew David, Passic) Male, OneSchool Role, Tch-General, Charlers Towers School of Distance Education Incident Datalis Incident Datalis Incident Datalis Incident Data Incident Cocurred at a Departmental (operion, select this location as the Departmental Incident Location. If the Incident Occurred at a Non-Departmental Incident Location and complete the Non-Departmental Incident Location. If the Incident Address 1  Or Walkers Rd and Minimbah Date Actual Incident Address 1  Or Walkers Rd and Minimbah Date Morayfield  Sudent Elon left shoulder Detailed Description of Incident Students playing Totabal, one student Ell onto  Pastaled Description of Incident Students playing Totabal, one student ell onto  Venture Incident Address 2  * State (eg. QLD) Post Code   Applied   Post Code	INC-4634		Schubert, Diane Sandra, s.78B(2	Fema
Reported Date Re	Tu sida uk Chakus		Oncomo Noto	ac, i iiiiii baii baa
Reported Date  24/08/11  Reported by Staff  Reported by Staff  Reported by Other Person  Reported by Other Person  Other Person Address 1  Other Person Address 2  Other Person Suburb  Other Person Suburb  Other Person Status (e.g., Q.D.)  Other Person Pother Person Employer  Reported To  Home, Matthew David, Proseco Male, OneSchool Role, Tch-General, Charters Towers School of Distance Education  Incident Datails  * Incident Date 24/08/11  Incident Date 24/08/11  If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.  If the Incident Address 2  * Departmental Incident Location or Base Location  Minimbain State School  Non-Departmental Incident Location or Base Location  Minimbain State School  Non-Departmental Incident Address 2  * Actual Incident Address 2  * Suburb  Actual Incident Address 2  * Suburb  Minimbain State School  Non-Departmental Incident Location  Non-Departmental Incident Address 2  * Suburb  Minimbain State School  Non-Departmental Incident Location  Non-Departmental Incident Address 2  * Suburb  * State (eg. QLD)  Post Code  Minimbain State School  Non-Departmental Incident Address 2  * Suburb  Minimbain State School  Non-Departmental Incident Address 2  * Suburb  * State (eg. QLD)  Post Code  Minimbain State School  Non-Departmental Incident School  Non-Departmental Incident School  Non-Departmental School  Non-Departmenta				
Reported by Other Person  Reported by Other Person  Type of Other Person  Type of Other Person  Other Person Address 1  Other Person State (e.g. Q.D.)  Other Person Employer  Reported To  Home, Matthew David, [1788(2)]  Incident Date  24/08/11  If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.  If the Incident Address 1  On Pepartmental Incident Location or Base Location  Minimbah State School  Non-Departmental Incident Location or Base Location  Non-Departmental Incident Address 1  Car Walkers Rd and Minimbah Dve  Actual Incident Address 2  Suburb  * State (eg. QLD)  Post Code  (add  4506  * Summary of Incident  Students playing football, one student fell onto  who then fell onto his left shoulder.  Immediate Action Taken	Reporting Details			TOTAL
Reported by Staff  Reported by Other Person  Other Person Address 1  Other Person Address 2  Other Person Suburb  Other Person Suburb  Other Person State (sg. QLD)  Other Person Employer  Reported To  Home, Matthew David, ***788(?)  **Incident Date  **Incident Date  Incident Date  Incident Date  Incident Date  Incident Occurred at a Departmental location, select this location as the Departmental Incident Location.  If the Incident Address 2  Or Walkers Rd and Albeinhab David  Non-Departmental Incident Location or Base Location  Whiminbah State School  Non-Departmental Incident Location or Base Location  Whiminbah State School  Non-Departmental Incident Location or Base Location  Whiminbah State School  Non-Departmental Incident Location or Base Location  Whiminbah State School  Non-Departmental Incident Location or Base Location  Whiminbah State School  Non-Departmental Incident Location  **Actual Incident Address 2  **Suburb  ** State (eg. QLD)  Qud  Association Incident  Students playing football, one student fell onto  who then fell onto his left shoulder.  Immediate Action Taken		1	,	:MM)
Reported by Other Person  Type of Other Person  Other Person Address 1  Other Person Suburb  Other Person State (e.g., QLD)  Other Person Phone Number  Other Person State (e.g., QLD)  Other Person Employer  Reported To  Horne, Matthew David, Page(2)  Male, OneSchool Role, Tch-General, Charters Towers School of Distance Education  Incident Date  24/08/11  If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location.  If the Incident occurred at a Non-Departmental location select your Page Location and complete the Non-Departmental Incident State School  Non-Departmental Incident Location or Page Location  Minimbah State School  Non-Departmental Incident Address 1  Chr Walkers Rd and Minimbah Dive  Actual Incident Address 2  Suburb  Student Fell on left shoulder  Detailed Description of Incident  Students playing football, one student fell onto  who then fell onto his left shoulder.  Immediate Action Taken	24/08/11		13:35	· · · · · · · · · · · · · · · · · · ·
Other Person Address 1  Other Person Suburb Other Person State (eg. QLD) Other Person Phone Number Other Person Phone Number Other Person Phone Number Reported To Home, Matthew David, Pask(2) Male, OneSchool Role, Tch-General, Charkers Towers School of Distance Education Incident Date 24/08/11 Incident Date 24/08/11 Incident occurred at a Departmental location, select this location as the Departmental Incident Location. If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident Minimbah State School Non-Departmental Incident Location or Base Location Minimbah State School Non-Departmental Incident Location * Actual Incident Address 1 Cnr Walkers Rd and Minimbah Dvc Actual Incident Address 2 * Suburb Actual Incident Address 2 * Suburb Actual Incident Education Worn-Person State (eg. QLD) Post Code 4506  * Summary of Incident Student fell on left shoulder Detailed Description of Incident Student fell on left shoulder Immediate Action Taken	Reported by Staff		s.47(3)(b) - Contrary to Public Interest	
Other Person Address 2  Other Person State (eg. QLD) Other Person Phone Number Other Person Phone	Reported by Other Person		Type of Other Person	
Other Person Suburb Other Person State (eg. QLD) Other Person Phone Number Other Person Employer  Reported To Home, Matthew David, P788(2) Male, OneSchool Role, Tch-General, Charters Towers School of Distance Education Incident Date Incident Date 24/08/11 Incident Time (24 hour HH:MM) Incident Occurred at a Departmental Iocation, select this location as the Departmental Incident Location.  If the Incident occurred at a Non-Departmental Iocation select your Base Location and complete the Non-Departmental Incident Non-Departmental Incident Address School Non-Departmental Incident Location *Actual Incident Address 1 Crit Walkers Rd and Minimbah Dive Actual Incident Address 2 *Suburb *State (eg. QLD) Post Code 4506  *Summary of Incident Student fell on left shoulder Detailed Description of Incident Student fell on left shoulder Detailed Description of Incident Students playing football, one student fell onto Who then fell onto his left shoulder.  Immediate Action Taken				
Other Person Suburb Other Person State (e.g. QLD) Other Person Phone Number Other Person Phone Number Other Person Phone Number Reported To Horne, Matthew David, P78B(2) Male, OneSchool Role, Tch-General, Charlers Towers School of Distance Education Incident Datails  Incident Date 24/08/11 Incident occurred at a Departmental location, select this location as the Departmental Incident Location. If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident State School Non-Departmental Incident Location Minimbah State School Non-Departmental Incident Location  * Actual Incident Address 1 Chr Walkers Rd and Hinimbah Dve Actual Incident Address 2  * Suburb Actual Incident Address 2  * Suburb Actual Incident Especial Qld Actual Incident School Research Morayfield  * Summary of Incident Student fell on left shoulder Detailed Description of Incident Students playing football, one student fell onto Who then fell onto his left shoulder.  Immediate Action Taken	Other Person Address 1			
Other Person Suburb Other Person State (e.g. QLD) Other Person Phone Number Other Person Phone Number Reported To Horne, Matthew David, P78B(2) Hale, OneSchool Role, Tch-General, Charlers Towers School of Distance Education Incident Datalis Incident Date 24/08/11 If the Incident occurred at a Departmental location, select this location as the Departmental Incident Location. If the Incident occurred at a Non-Departmental location select your Base Location and complete the Non-Departmental Incident Non-Departmental Incident Location and State School Non-Departmental Incident Location Non-Departmental Incident Location Incident Address 1 Corr Walkers Rd and Minimbah Dve Actual Incident Address 2  * Suburb Morayfield Qid * Summary of Incident Student fell on left shoulder Detailed Description of Incident Student fell on left shoulder Detailed Description of Incident Students playing football, one student fell onto Who then fell onto his left shoulder. Immediate Action Taken				<u> </u>
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Date Hazard Reported				
No Records	Hazard ID No Records	Hazard Location No Records	Hazard Category : No Records :	Hazard Description No Records
	ESSE TENDENT MA	140 Nocords		
* Supervising Officer Thompson, Christine Joy, , Female, ,			Click here fo	r help selecting Supervising Off
monipson, craisune soy, , i emale, ,				
elected Workplace Health and Safe	ty Representative			
Evacuation Details	A CONTRACTOR OF THE CONTRACTOR			- A Principle A William St. & March 1999 (Company of the Company o
	MATERIAL MAT		***************************************	Water the second
Did an evacuation occur?				
୍ Yes ବ No				
Did a lockdown occur?				
· Yes · No				
TCS/ NO				
ocations Involved				
		Location No Records		
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ncident Types				
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🔻 Injury Illness				
□ Security Threat				
□ Motor Vehicle				^ ·
□ Electrical				
⊺ Fire				
Environmental				
Property/Plant/Equipme	nt			
□ Near Miss	IFL			
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Was this a Dangerous Incident as d	lefined under Legisi	lation?	Click here fo	r definition of Dangerous Incide
r Yes≋ No				
,		TO COMPLETE THE	E DETAILS FOR ALL INC	IDENT TYPES SELECTED.
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- Services - Land Assumember -					
* Immediate actions reviews  « Yes  No	d?				
* Have any further actions be	een undertaken?	•			
Details of Further Actions		_			
Further Actions Undertaken I	Зу				
	ven Names lo Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
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If you are the reviewer of the escalate the Incident Record			licated in this Incide	ent, you must consult	your supervisor for adv
INCIDENT RECORD DETAILS	REVIEWED?™				
Escalate to Human Resource	s?□				
Once you have reviewed and	saved the Incid	ent, details of noti	fiable Incidents will	automatically be forw	varded to:
1. Workplace Health and Safe	ety Queensland;	or			
2. Electrical Safety Office					
Is legal action anticipated?  ○ Yes ○ No					
An Officer in Charge will be a Incident select these employ		tified about the In-	cident. If there are o	ther employee <i>s w</i> ithi	n the Department that
Additional People to Notify					
	ven Names In Records	Employee IDs Na Records	Gender No Records	Roles Nu Records	Locations No Records
Assign Investigator		- June Avillant Congress			administration of management of the second
* Investigation required?					
Click here for a list of trained	Health and Safe	ety Investigators			
Person Responsible for Inves	/				
Reasons for Not Investigatin	9 (//		<u> </u>		
File Attachments					
File Attachment	and the second second	Кіе Туре		Date Loaded	F51 - 11
Attached Fife No Records	7 (0)	No Recards		No Records	File V
Finalisation - Officer in Charge	111111111111111111111111111111111111111	SHIRIN APPRICA			
* Signed Off By				* Date Signed Off	
Bennett, Sean Michael, S.78B(2) Minimbah State School	Male, OneSchool	Role, PR-Primary,		29/03/12	
Sign Off Comments	<u> </u>				
				<u> </u>	
Finalise this record?					
ଳ Yes୍ No					
Actions					

	Due Date	1	Action ID	Action Title	
	No Records	i	No Records	No Records	
ase Notes				- A. J. Marian A.	HA-H-H-
ase Notes					
	Date of Note		Person Making Note	Who was Spoken To	
	No Records		No Records	No Records	



cident ID (generated on save)			
SWELL ID LUCIELOLEU VII 3876		Entered By	
C-4624		Telfer, Michelle Denise, S. (AAEP), Bus Serv Manage	Female, Adm ( r, OneSchool Role, Min
cident Status aned Off and Closed			
porting Details			N. Alexandra and A. C.
the allest and a first and a f			77
Reported Date /07/11		Reported Time (24 hou 14:30	r HH:MM)
ported by Staff		s.47(3)(b) - Contrary to Public Ir	nterest
ported by Other Person		Type of Other Person	·
ner Person Address 1		A	<del>///</del>
ner Person Address 2			
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ner Person Phone Number		Other Person Employer	
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actual Incident Address 1 n Minimbah Drive & Walkers Road Morayfield 4506	7		
tual Incident Address 2			
iuburb irayfield	* State (eg. QLD) QLD		Post Code 4506
Suburb	QLD	9	
Suburb prayfield Summary of Incident	QLD	9	

Rest and Ice Pack, Mother called	
Related Hazards	
	rd Location Hazard Category Hazard Description  Records No Records No Records
* Supervising Officer	Click here for help selecting Supervising Office
Watson, Michelle Elizabeth, <sup>S.78B(2)</sup> Female, OneSchool Role, Snr General, Minimbah State School	
Elected Workplace Health and Safety Representative	
Evacuation Details	
Did an evacuation occur?	
· Yes · No	
Did a lockdown occur?	
ି Yes⊛ No	
Locations Involved	
	Location No Records
incident Types	
* Select one or more Incident Types	Click here for help selecting Incident Types
F Injury Illness	CACK HELE TOT HELD SELECTING INCIDENT TYPES
Security Threat	
Motor Vehicle	
ा Electrical	
□ Fire	
Environmental	
□ Property/Plant/Equipment	
Near Miss	
Nas this a Dangerous Incident as defined under Legislation Yes® No	Click here for definition of Dangerous Incide
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO C	OMPLETE THE DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Illness	
Injury/Illness	
Injury/Illness ID Description INJ-4308 Sprained Ankio	Student Name  3 47(3)(b) - Contrary to Public Interest
Submit Incident Record for Review	
To submit this Incident Record, please tick the box below and click	Save
Submit Incident Record for review?	
· ras no	
Incident Review	
Review Incident Classification	
Incident Classification (generated on save) B - Investigation is Required 🗷	
If this is a Psychological Illness, is the Incident notifiable to	o Workplace Health and Safety Queensland (WHSQ)?
c Yesc No	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

		O notification red	inile licitz		
Review and Provide Actions	CONTRACTOR OF STATE O	99. W. Land M. W. W. St. Print, V. St. W. W. W. W. W. Land A. M. W.	WATER AND		
* Immediate actions reviewed? ・ Yes No					
* Have any further actions been undertaken? • Yes® No					
Details of Further Actions		···	,		
Further Actions Undertaken By					
Surname Given Names No Records No Records	Employee IDs No Records	Gender No Records	Roles No Reco	Location de No Reco	
Review Acknowledgement and Notifications		**************************************		Annual and the second s	04// <del>04/04/04/04/04/04/04/04/04/04/04/04/04/0</del>
If you are the reviewer of the Incident Record escalate the Incident Record to Human Resou		plicated in this In	icident, you must	consult your supervi	sor for advi
INCIDENT RECORD DETAILS REVIEWED?™					
Escalate to Human Resources?□					
Once you have reviewed and saved the Incide	ent, details of not	ifiable Inciden <i>ts</i>	will automaticall	be forwarded to:	
Workplace Health and Safety Queensland;     Electrical Safety Office	or				
Is legal action anticipated?					
○ Yes® No					
An Officer in Charge will be automatically not Incident select these employees here.	ified about the In	cident. If there a	ire other employe	es within the Depart	ment that n
Additional People to Notify  Surname Given Names	Employee IDs	Gender	Roles	Locatio	95
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Assign Investigator					
ASSIGN DIVESTIGATOR					
* Investigation required?					
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Click here for a list of trained Health and Safe  Person Responsible for Investigation  Reasons for Not Investigating  File Attachment  Attachment  Attachment  No Recards  Finalisation - Officer in Charge  * Signed Off By  Bennett, Sean Michael 18-78B(1)(c) Male, OneSchool	File Type Na Records		No Records  * Date Signe	d Off	

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Actions						and the second s
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Case Notes		and the second second	200 000 000 000 000	<u>.</u>		
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*Required Fields		
Incident ID (generated on save)		Entered By
INC-4636		Telfer, Michelle Denise, 5.785(2) Female, Adm Of (AAEP), Bus Serv Manager, OneSchool Role, Minin
Incident Status		
Signed Off and Closed 🚟		
Reporting Details		
Reported Date		Reported Time (24 hour HH:MM)
20/10/11		16:15
Reported by Staff		Reported by Student
47(3)(b) - Contrary to Public Interest		
Reported by Other Person		Type of Other Person
Other Person Address 1		
Other Person Address 2		
Other Person Suburb	Other Person State (	(cg. QLD) Other Person Po
Select 1 displications		(131.42) Strict 13139111
Other Person Phone Number		Other Person Employer
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incident Details		
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Incident Date 20/10/11  If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental Departmental Incident Location or Sasa Local Minimbah State School Non-Departmental Incident Location Actual Incident Address 1 Crn Minimbah Drive & Waikers Road Actual Incident Address 2  Suburb	* State (eg. QLD)	the Departmental Incident Location.  Docation and complete the Non-Departmental Incider
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Incident Date 20/10/11  If the Incident occurred at a Departmental local Incident occurred at a Non-Departmental Departmental Incident Location or Saise Local Minimbah State School  Ion-Departmental Incident Location  Actual Incident Address 1  Crit Minimbah Drive & Walkers Road  Actual Incident Address 2  Suburb Morayfield  Summary of Incident	* State (eg. QLD)	the Departmental Incident Location.  Docation and complete the Non-Departmental Incider
Incident Date 20/10/11  If the Incident occurred at a Departmental local If the Incident occurred at a Non-Departmental Departmental Incident Location or Sasis Local Minimbah State School  Non-Departmental Incident Location Actual Incident Address 1 Crn Minimbah Drive & Waikers Road Actual Incident Address 2  Suburb Morayfield  Summary of Incident Tripped as she was walking out the door at Admin	* State (eg. QLD)	the Departmental Incident Location.  Docation and complete the Non-Departmental Incider
Incident Date 20/10/11  If the Incident occurred at a Departmental local Incident occurred at a Non-Departmental Departmental Incident Location or Saise Local Minimbah State School  Ion-Departmental Incident Location  Actual Incident Address 1  Crit Minimbah Drive & Walkers Road  Actual Incident Address 2  Suburb Morayfield  Summary of Incident	* State (eg. QLD)	the Departmental Incident Location.  Docation and complete the Non-Departmental Incider

Related Hazards  Date Hazard Reporte	ed Hazard ID	Hazard Location	Hazard Category Hazard Description	
No Records	No Records	No Records	No Records No Records	
Supervising Officer			Click here for help selecting Supervision	ing Offic
Farwell, Mark David, <sup>s.78</sup> Craigslea State High Sci	Male, OneSchool Role, PR-S hool	Secondary,		
Elected Workplace He Miller, Cassandra Leigh,	ealth and Safety Representative		Come Manager Charleshad Dala Minimhah Skata School	
	Female, Adm Officer, Ad	im Omcer (AACP), Bu	s Serv Manager, OneSchool Role, Minimbah State School	<u> </u>
ivacuation Details		100 T		
oid an evacuation oc	cur?			
⊂ Yes⊛ No				
Did a lockdown occur	?			
∘ Yes⊛ No				
ocations Involved				
		Location		
10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	m to the second of the many of	Minimbah State School		
ncident Types	All man and a second	NW YEAR WALL AND A SECOND OF THE SECOND OF T		MOATEMAN
W. W	, , , , , , , , , , , , , , , , , , ,			*VIPolinomov
Select one or more	Incident Types		Click here for help selecting Incident	Types
▼ Injury Illness				
Security Threa	at			
Motor Vehicle				
□ Electrical				
□ Fire				
<ul> <li>Environmenta</li> </ul>	ıl			
□ Property/Plan	t/Eauipment			
□ Near Miss				
			$\langle 1 \rangle$	
Nas this a Dangerous ೧ Yes ೯ No	s Incident as defined under Leg	gislation?	Click here for definition of Dangerous	Incider
SAVE THIS PAGE AND	PROGRESS TO THE NEXT TAB	S TO COMPLETE T	HE DETAILS FOR ALL INCIDENT TYPES SELECTED.	•
Injury/Illness				
njury/Illness				
Injury/Illness ID IN3-4320	Description Tripped as she was walking out the door at Adm	Student Name	s.47(3)(b) - Contrary to Public Interest	
Submit Incident Record for Review				
o submit this Incident	Record, please tick the box below a	and click Save		
Submit Incident Re	cord for review?			
® Yes⊜ No				
Incident Review			ng a managang ang ang ang ang ang ang ang ang	anesa - rep
Review Incident Classifica	ition	NAME OF THE OWNER OWNER OF THE OWNER		
	n (generated on save)	•		
B - Investigation is Req	uired 🗺			
D arrestigation to neq				

Review and Provide Actions	And the second s		
Immediate actions reviewed?			
Have any further actions been undertaken?			
Yes No			
Details of Further Actions	,	<u></u>	
urther Actions Undertaken By Surname Given Names Employee IDs	Gender	Roles	Locations
No Records No Records No Records	No Records	No Records	No Records
eview Acknowledgement and Notifications	MARKET NAME TO STATE OF THE STA		2000 W 40 cm - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
f you are the reviewer of the Incident Record, and you are im scalate the Incident Record to Human Resources.	nplicated in this Inciden	it, you must consult	your supervisor for ad
NCIDENT RECORD DETAILS REVIEWED?™		. *	
scalate to Human Resources?[]			
once you have reviewed and saved the Incident, details of no	tifiable Incidents will a	utomatically be for	warded to:
. Workplace Health and Safety Queensland; or . Electrical Safety Office			
s legal action anticipated?			
r Yes⊛ No			
n Officer in Charge will be automatically notified about the I ncident select these employees here.	ncident. If there are oti	her employees with	in the Department that
Additional People to Notify Surname Given Names Employee IDs	Gender	Roles	Locations
	Gender No Records	Roles No Records	Locations No Records
Surname Given Names Employee IDs No Records No Records No Records  No Records No Records			
Surname Given Names Employee IDs No Records No Records No Records  No Records Investigator			
No Records No Records No Records  Assign Investigator  Investigation required?			
Surname Given Names Employee IDs No Records No Records No Records Assign Investigator  Investigation required?  Yes O No	No Records		
Surname Given Names Employee IDs No Records No Records No Records Assign Investigator  Investigation required?  Yes O No	No Records		
Surname Given Names Employee IDs No Records No Records No Records Assign Investigator  Finvestigation required?  Finvestigation required?  Click here for a list of trained Health and Safety Investigators  Person Responsible for Investigation	No Records	No Records	No Records
Surname Given Names Employee IDs No Records No Records No Records  Sissign Investigator  Investigation required?  Yes No  Click here for a list of trained Health and Safety Investigators  Verson Responsible for Investigation  Willer, Cassandra Leigh, STAB(2) Female, Adm Officer (	No Records	No Records	No Records
Surname Given Names Employee IDs No Records No Records No Records Assign Investigator  Investigation required?  Yes O No Click here for a list of trained Health and Safety Investigators  Person Responsible for Investigation  Miller, Cassandra Leigh, S. 78B(2) Female, Adm Officer (	No Records	No Records	No Records
Surname Given Names Employee IDs No Records No Records No Records Assign Investigator  Finvestigation required?  Finvestigation required?  Click here for a list of trained Health and Safety Investigators  Person Responsible for Investigation	No Records	No Records	No Records
Surname Given Names Employee IDs No Records No Records No Records Assign Investigator  Investigation required?  Yes O No Click here for a list of trained Health and Safety Investigators  Person Responsible for Investigation  Miller, Cassandra Leigh, S. 78B(2) Female, Adm Officer (	No Records	No Records	No Records
Surname Given Names Employee IDs No Records No Records No Records  Assign Investigator  Finvestigation required?  Yes No Click here for a list of trained Health and Safety Investigators  Person Responsible for Investigation  Miller, Cassandra Leigh, S. 78B(2) Female, Adm Officer (	No Records	No Records	No Records
Surname Given Names Employee IDs No Records No Records No Records  Assign Investigator  Investigation required?  Yes No Click here for a list of trained Health and Safety Investigators Person Responsible for Investigation  Miller, Cassandra Leigh, STAB(2) Female, Add Officer (Reasons for Not Investigating)  Investigation  Investigation Start Date	No Records	No Records	No Records
Surname Given Names Employee IDs No Records No Records No Records  Assign Investigator  Investigation required?  Yes No Click here for a list of trained Health and Safety Investigators  Person Responsible for Investigation  Miller, Cassandra Leigh, S. 78B(2) Female, Adm Officer (  teasons for Not Investigating  Investigation  Investigation Start Date  30/11/11  Investigation Team Leader	AAEP), Bus Serv Manager,	No Records	No Records
Surname Given Names Employee IDs No Records No Records No Records  Sign Investigator  Investigation required?  Yes No  Click here for a list of trained Health and Safety Exvestigators  Verson Responsible for Investigation  Alliller, Cassandra Leigh, S. 78B(2) Female, Adm Officer, Adm Officer (  Leasons for Not Investigating  Investigation Start Date  10/11/11  Investigation Team Leader  Alliler, Cassandra Leigh, S. 78B(2) Female, Adm Officer, Adm Officer  Female, Adm Officer, Adm Officer	AAEP), Bus Serv Manager,	No Records  OneSchool Role, Mini	mbah State School
Surname Given Names Employee IDs No Records No Records No Records  Assign Investigator  Funcestigation required?	AAEP), Bus Serv Manager,	No Records  OneSchool Role, Mini  OneSchool Role, Mini  No Records  No Records  No Records	mbah State School  Employee IDs Gender R No Records No Records No R
Surname  No Records  No Record	AAEP), Bus Serv Manager,	No Records  OneSchool Role, Mini  OneSchool Role, Mini  No Records	mbah State School
Surname Given Names Employee IDs No Records No Records No Records  Assign Investigator  Finvestigation required?  Finvestigation required?  Finvestigation required?  For No  Click here for a list of trained Health and Safety Investigators  Person Responsible for Investigation  Miller, Cassandra Leigh, STAB(2) Female, Add Officer, Adm Officer (Reasons for Not Investigating)  Finvestigation  Finvestigation Team Leader  Miller, Cassandra Leigh, STAB(2) Female, Adm Officer, Adm Officer (RAEP), Bus Serv Manager, OneSchool Role, Minimbah State School  Staff Witnesses  Surname Given Names En	AAEP), Bus Serv Manager,	No Records  OneSchool Role, Mini  OneSchool Role, Mini  No Records  No Records  No Records	Mbah State School  Employee IDs Gender R No Records No Records No R
Surname Given Names Employee IDs No Records No Records No Records  Assign Investigator  Investigation required?  FYES NO  Click here for a list of trained Health and Safety Investigators  Person Responsible for Investigation  Miller, Cassandra Leigh, STAB(2) Female, Adm Officer, Adm Officer (  Reasons for Not Investigating  Investigation Start Date  30/11/11  Investigation Team Leader  Miller, Cassandra Leigh, STAB(2) Female, Adm Officer, Adm	AAEP), Bus Serv Manager,  In the service of the ser	No Records  OneSchool Role, Mini  OneSchool Role, Mini  No Records  No Records  No Records	mbah State School  Employee IDs Gender R No Records No Records No F

Summary of Investigation Findings		
tripped over mat outside admin front door - combination of tired, footware and environm	nent	
Is a Formal Root Cause Analysis required?  C Yes Roo  File Attachment  Delete Checked Items  Attached File File Type  No Records No Records	Date Loaded <i>Na Records</i>	File Upl N:
Add New File Attachment  Investigation Outcomes		www.woodan.re
Recommendations		<b></b>
move mat to more central location between door and path		

**Risk of Incident Recurrence** 

## **Consequence Likelihood**

-InsignificanRare -Minor -Unlikely

- Moderate - Possible

-Major -Likely -Critical -Almost Certain

<u></u>	MAILUM AVAIT TO THE	T	Matri:	k iseque
]		Insignificant	Minor	Mode
Γ	Almosi Certain	Medium	Medium	Hig
ş	Likely	Low	Medium	Hig
Like#K	Possible	Low	Medium	₩g
š	Unlikely	Low	Low	Medi
	Rare	Low	Low	ŁO

Click here to view further Ma

#### Result

Low

Is the Investigation complete?

**Investigation Completion Date** 

30/11/11

Date Loaded File Upl No Records A
* Date Signed Off 29/03/12
Action Tibe No Necurds
Who was Spoken To No Records

cident ID (generated on save)		
	Entered By	
NC-4763	Telfer, Michelle Denise, <sup>S.78B(2)</sup> Fern. (AAEP), Bus Serv Manager, OneSchool	ale, Adm O Role, Minir
cident Status		
gned Off and Closed 💌		
porting Details		
Reported Date	Reported Time (24 hour HH:MM)	
3/07/11	15:19	
Pported by Staff (3)(b) - Contrary to Public Interest	Reported by Student	
(3)(b) - Contrary to rubile interest		
eported by Other Person	Type of Other Person	
	<b>M</b>	
ther Person Address 1		
ther Person Address 2		
ther Person Suburb	Other Person State (eg. QLD) Other P	erson Pos
her Person Phone Number	Other Person Employer	
eported To		]
cident Details		
Incident Date	Incident Time (24 hour HH:MM)	
8/07/11	14:25	
the Incident occurred at a Departmental lo	ocation, select this location as the Departmental Incident Location.	
	ocation, select this location as the Departmental Incident Location.	ental Incid
	ocation, select this location as the Departmental Incident Location.	ental Incid
the Incident occurred at a Non-Departmen	ntal location select your Base Location and complete the Non-Departme	ental Incid
the Incident occurred at a Non-Departmen Departmental Incident Location or 34se Location	ntal location select your Base Location and complete the Non-Departme	ental Incid
the Incident occurred at a Non-Department  Departmental Incident Location or 845/2 Location of 845/2 L	ntal location select your Base Location and complete the Non-Departme	ental Inci
	ntal location select your Base Location and complete the Non-Departme	ental Incid
the Incident occurred at a Non-Department  Departmental Incident Location or 3asa Location  on-Departmental Incident Location  Actual Incident Address 1	ntal location select your Base Location and complete the Non-Departme	ental Inci
the Incident occurred at a Non-Department  Departmental Incident Location or 3452 Location  on-Departmental Incident Location  Actual Incident Address 1  on Minimbah Drive & Walkers Road	ntal location select your Base Location and complete the Non-Departme	ental Incid
the Incident occurred at a Non-Department  Departmental Incident Location or Base Location  on-Departmental Incident Location  Actual Incident Address 1  In Minimbah Drive & Walkers Road	ntal location select your Base Location and complete the Non-Departme	ental Incid
the Incident occurred at a Non-Department  Departmental Incident Location or Base Location  on-Departmental Incident Location  Actual Incident Address 1  on Minimbah Drive & Walkers Road  ctual Incident Address 2  Suburb	ental location select your Base Location and complete the Non-Departmental location  * State (eg. QLD)  Post Co	
the Incident occurred at a Non-Department  Departmental Incident Location or Base Location  On-Departmental Incident Location  Actual Incident Address 1  In Minimbah Drive & Walkers Road  Stual Incident Address 2	ntal location select your Base Location and complete the Non-Department	
the Incident occurred at a Non-Department Departmental Incident Location or Sase Localimbah State School Departmental Incident Location  Actual Incident Address 1 In Minimbah Drive & Walkers Road Statul Incident Address 2  Suburb Drayfield Summary of Incident	* State (eg. QLD)  QLD  Post Co	
Departmental Incident Location or Sase Localimbah State School  on-Departmental Incident Location  Actual Incident Address 1  In Minimbah Drive & Walkers Road  State Incident Address 2  Suburb  orayfield	* State (eg. QLD)  QLD  Post Co	

Related Hazards  Date Hazard Reported Hazard ID Hazard Location	
Date Hazard Reported Hazard ID Hazard Location No Records No Records No Records	Hazard Category Hazard Description No Records No Records
* Supervising Officer	Click here for help selecting Supervising Officer
Farwell, Mark David, 18.78B(2) Male, OneSchool Role, PR-Secondary, Craigslea State High School	
Elected Workplace Health and Safety Representative	
vacuation Details	
Did an evacuation occur?	
· Yes® No	
Did a lockdown occur?	
r Yes∉ No	
Locations Involved	
Location Minimbali State School	
ncident Types	
* Select one or more Incident Types	Click here for help selecting Incident Types
▼ Injury Illness	
Security Threat	
Motor Vehicle	
5 Electrical	
□ Fire	
Environmental	
□ Property/Plant/Equipment □ Near Miss	
is Near Miss	
Nas this a Dangerous Incident as defined under Legislation?  Yes® No	Click here for definition of Dangerous Incident
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TO	NE DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Illness	
injury/Illness	
Injury/Illness ID Description 5-tudent Name	Staff Name
INJ-4432 Fellover backwards over two children coming out of bish track	S.47 (O)(b) - Contrary to 1 dulic interest
Submit Incident Record for Review	
To submit this Incident Record, please tick the box below and click Save	
Submit Incident Record for review?	
* 165 / NO	
Incident Review	
Review Incident Classification	
Incident Classification (generated on save) C - Investigation is Optional ਲੋਂ	
If this is a Psychological Illness, is the Incident notifiable to Workplace	e Health and Safety Queensland (WHSQ)?
c Yesc No	·

Review and Provide Actions	TRIANS COMMENTS		m. Nr. d. 2014/1923/11/1999/1970/1970
Review and Provide Actions			A A A A A A A A A A A A A A A A A A A
Immediate actions reviewed? Yeso No			
Have any further actions been undertaken?			
○ Yes® No			
Details of Further Actions			
urther Actions Undertaken By		-	
Surname Given Names Employee IDs No Records No Records No Records	Gender No Records	Roles No Records	Locations No Records
leview Acknowledgement and Notifications	- AMERICA CALLED AND AND AND AND AND AND AND AND AND AN	man manufacture of the second	
f you are the reviewer of the Incident Record, and you are im lirected to escalate the Incident Record to Human Resources.	plicated in this	Incident, you must c	onsult your supervisor for a
NCIDENT RECORD DETAILS REVIEWED?™			///>
scalate to Human Resources?□			/>///
Once you have reviewed and saved the Incident, details of not	ifiable Incident	s will automatically !	e forwarded to:
Workplace Health and Safety Queensland; or Electrical Safety Office			
s legal action anticipated?			
r Yes⊛ No			
on Officer in Charge will be automatically notified about the In ncident select these employees here.	ncident. If there	are other employee	s within the Department tha
Additional People to Notify Surname Given Names Employee IDs	Gender	Roles	Locations
No Records No Records No Records	No Records	No Records	No Records
Assign Investigator	1.00-10,000		ALIMAN AND AND AND AND AND AND AND AND AND A
Investigation required?			
click here for a list of trained Health and Safety Investigators			
Person Responsible for Investigation			
teasons for Not Investigating	<u> </u>		<del></del>
File Attachments			AMARIAN AMARIAN TO THE STATE OF
Attachment  Attached File  No Records  No Records		Date Loaded No Records	File Uplaa <i>No</i> R
Finalisation - Officer In Charge			
Signed Off By		* Date Signed Of	<u> </u>
arwell, Mark David (\$\frac{1}{2} \text{ RB}(2) \ \text{Craigslea State High School} \text{ Male, OneSchool Role, PR-Secondary, }		14/11/11	
Sign Off Comments	·		

e Yes∈ No	
Actions	
Due Date Action ID	Action Title No Records
Case Notes Case Notes	
Date of Note Person Making Note V No Recards No Recards	Who was Spoken To <i>No Records</i>

ncident Incident Record		
*Required Fields		
Incident ID (generated on save)		Entered By
INC-11426		Schubert, Diane Sandra, 5.78B(2) Female, OneSchool Role, TA Teacher Aide, Minimbah State School
Incident Status		Chadha hada hada hada hada hada hada had
Signed Off and Closed 🛎		
Reporting Details		
* Reported Date		Reported Time (24 hour HH;MM)
21/03/12		15:29
Reported by Staff .47(3)(b) - Contrary to Public Interest		Reported by Student
.+r(3)(b) - Contrary to rubile interest		
Reported by Other Person	<del></del>	Type of Other Person
Other Person Address 1		
Other Person Address 2		
Other Person Suburb	Other Person Sta	ate (ag. QLD) Other Person Post C
Other Person Phone Number	<u> </u>	Other Person Employer
The state of the s		
Reported To Telfer, Michelle Denise, S.78B(2) Female, Adm	Officer, Adm Officer (AAEP), Bu	s Serv Manager, OneSchool Role, Minimbah State School
Incident Details		
* Incident Date		Incident Time (24 hour HH:MM)
19/03/12		07:45
* Departmental Incident Location or 34s	nental location select your B	n as the Departmental Incident Location. ase Location and complete the Non-Departmental Inciden
Minimbah State School		
Non-Departmental Incident Location		
* Actual Incident Address 1 Minimbah Drive		
Actual Incident Address 2		
* Suburb	* State (eg. QLD	) Post Code
Morayfield	Qld	4506
* Summary of Incident Tripped and hurt left ankle		
Detailed Description of Incident		
stepped onto a paver and then her rigogrammed.	ht foot twisted over left ankle. T	hen she fell down twisting the left ankle over and fell to the
Immediate Action Taken		
mmediate Action Taken	<del></del>	

elated Hazards	
Date Hazard Reported         Hazard ID         Hazard Location           No Records         No Records         No Records	Hazard Category Hazard Description  No Records No Records
Supervising Officer ennett, Sean Michael, S.78B(2) Male, OneSchool Role, PR-Primary,	Click here for help selecting Supervising Office
nimbah State School	
set of Maylenia as Harith and Cafety Benyamatation	
ected Workplace Health and Safety Representative	
acuation Details	
d an evacuation occur?	
Yes® No	
d a lockdown occur?	
Yes € No	
cations Involved	
Location No Records	
ident Types	
Tabada an annua Varida I.T	Aug transfer
Select one or more Incident Types	Click here for help selecting Incident Types
Injury Illness	
Security Threat	
Motor Vehicle	
Electrical	
Fire	
Environmental	
Property/Plant/Equipment	
Near Miss	
	(0) (
as this a Dangerous Incident as defined under Legislation? Yes® No	Click here for definition of Dangerous Incide
AVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	E DETAILS FOR ALL INCIDENT TYPES SELECTED.
ury/Illness	
jury/Illness Injury/Illness Description	Student Staff Name
10	Name
IN3-10464 stepped onto a pave; and then ner right foot anisted over the left ankle. She fell dankle over and fell to the ground.	own twisting the left
bmit Incident Record for Review	
submit this Incident Becard, also notice the box below and click Save	
submit this Incident Record, please tick the box below and click Save	
Submit Incident Record for review?  Yes: No	
sidant Daviau	
oldent Review	
cident Review	
cident Review	

္ Yes္ No				
Click here for Information on Incident	t Classifications and WHSC	notification requ	<u>irements</u>	
Review and Provide Actions		TARAMET MARKENAMENTAL DE CONTROL		
* Immediate actions reviewed?  • Yese No				
* Have any further actions been unde $\circ$ Yes $\circ$ No	rtaken?			
Details of Further Actions				
m m kn k ;kj; n;ln ;l;				
Further Actions Undertaken By			(0)}	1
Surname Given Names  No Records No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgement and Notifications				
If you are the regioner of the Traider	t Bacard and you are impl	installe this Tesi	dant variation and	***************************************
If you are the reviewer of the Inciden directed to escalate the Incident Reco		icated in this thick	gent, you mast consu	v. your supervisor for advi
INCIDENT RECORD DETAILS REVIEW	ED3 <u>∆</u>			
Escalate to Human Resources?□				
Once you have reviewed and saved th	e Incident, details of notif	iable Incidents wi	ll automatically be for	rwarded to:
Workplace Health and Safety Queen     Electrical Safety Office	nsland; or			
Is legal action anticipated? ○ Yes No				
An Officer in Charge will be automatic Incident select these employees here.  Additional People to Notify  Surname Given Names	Employee I.)s	Gender	Roles	Locations
No Records No Records	No Records	No Records	No Records	No Records
Assign Investigator		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
* Investigation required?			AAAAMA	
Click here for a list of trained Health a	and Safety Investigators			
Person Responsible for Investigation				
Reasons for Not Investigating				
Acasons for Not 211763tigating				
	70)_			
File Attachments				
File Attachment	The shadeling and the shadelin			
Attached File No Records	File Type <i>No Records</i>		Date Loaded No Records	File Uploaded <i>No Rec</i> o
Finalisation - Officer In Charge				
* Signed Off By		F <sup>-</sup>	Date Signed Off	
Bennett, Sean Michael, S. 78B(2) Male, On Minimbah State School	neSchool Role, PR-Primary,	į	29/03/12	
Sign Off Comments				
			<del></del>	

Finalise this record?   Finalise this record?  Finalise this record?	
Actions	
Actions  Due Date Action ID Action Title  27/03/12 ACT-520 Slipping on Paver Miller, Cassandra Leigh, S.78B(2) Female, Adm Officer, Adm	Assigned To Officer (AAEP), Bus Serv Manager, OneSchool Role, Minim
Case Notes	
Case Notes  Date of Note  24/05/12  Sargent, Phillip John, 5.78B(2)  Person Making Note Male, SnrWCCAdminOfficer, Organisational Health	Who was Spoken To System

Required Fields		
Incident ID (generated on cave)		Fahrund Der
Incident ID (generated on save) INC-13461		Entered By Schubert, Diane Sandra, S.78B(2) Femal
INC 13401	<u> </u>	OneSchool Role, TA Teacher Aide, Minimbah State
ncident Status Submitted 💆		
Reporting Details		
Reported Date		Demostrad Time (24 hours Util-MM)
01/05/12		Reported Time (24 hour HH:MM) 09:48
to a start the Chaff		
Reported by Staff 7(3)(b) - Contrary to Public Interest		Reported by Student
	1	
Reported by Other Person		Type of Other Person
		693
Other Person Address 1		
Other Person Address 2		
Other Person Suburb	Other Person State (ag	Other Person Post
Other Person Phone Number		Other Person Employer
Reported To		
	The state of the s	
neidant Bataile		
incident Details	and the same and t	
		Incident Time (24 hour HH:MM)
Incident Date		Incident Time (24 hour HH:MM) 08:35
incident Details  F Incident Date 24/04/12		
Incident Date		
Incident Date	ocation, select this location as the	08:35
Incident Date 24/04/12 If the Incident occurred at a Departmental In		08:35 ne Departmental Incident Location.
Incident Date 24/04/12 If the Incident occurred at a Departmental In		08:35 ne Departmental Incident Location.
Incident Date 24/04/12 f the Incident occurred at a Departmental In		08:35
f Incident Date 24/04/12  f the Incident occurred at a Departmental in the Incident occurred at a Non-Department	ta! location select your Base Lo	08:35 ne Departmental Incident Location.
Incident Date 24/04/12  f the Incident occurred at a Departmental in f the Incident occurred at a Non-Department Departmental Incident Location or 3:382 Lo	ta! location select your Base Lo	08:35 ne Departmental Incident Location.
Incident Date 24/04/12  If the Incident occurred at a Departmental is If the Incident occurred at a Non-Department Departmental Incident Location or 2452 Location of 2452 Locat	ta! location select your Base Lo	08:35 ne Departmental Incident Location.
Incident Date 24/04/12 If the Incident occurred at a Departmental In	ta! location select your Base Lo	08:35 ne Departmental Incident Location.
Fincident Date 24/04/12  If the Incident occurred at a Departmental in the Incident occurred at a Non-Department  Departmental Incident Location or 2/452 Location  Mon-Departmental Incident Location	ta! location select your Base Lo	08:35 ne Departmental Incident Location.
Incident Date 24/04/12  If the Incident occurred at a Departmental in the Incident occurred at a Non-Department of the Incident occurred at a Non-Department of Departmental Incident Location or 2/45/2 Location  Incident Address 1	ta! location select your Base Lo	08:35 ne Departmental Incident Location.
Fincident Date 24/04/12  If the Incident occurred at a Departmental is If the Incident occurred at a Non-Department Departmental Incident Location or 2452 Location State School	ta! location select your Base Lo	08:35 ne Departmental Incident Location.
Incident Date 24/04/12  If the Incident occurred at a Departmental in If the Incident occurred at a Non-Department Departmental Incident Location or Sase Lo Inimbah State School Ion-Departmental Incident Location  Actual Incident Address 1 Inimbah Dve	ta! location select your Base Lo	08:35 ne Departmental Incident Location.
Incident Date 24/04/12  f the Incident occurred at a Departmental in the Incident occurred at a Non-Department of the Incident occurred at a Non-Department of Departmental Incident Location or 3:452 Low Minimbah State School  Ion-Departmental Incident Location  Actual Incident Address 1  Minimbah Dve  Actual Incident Address 2	nta! location select your Base Lo	ne Departmental Incident Location. cation and complete the Non-Departmental Incide
Incident Date 24/04/12  f the Incident occurred at a Departmental is f the Incident occurred at a Non-Department Departmental Incident Location or Sase Lo Minimbah State School Ion-Departmental Incident Location Actual Incident Address 1 Minimbah Dve Actual Incident Address 2 Suburb	ta! location select your Base Lo	ne Departmental Incident Location. cation and complete the Non-Departmental Incide
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Incident Date 24/04/12  If the Incident occurred at a Departmental is If the Incident occurred at a Non-Department Departmental Incident Location or Mass Localinimbah State School Ion-Departmental Incident Location Actual Incident Address 1 Alinimbah Dve Incident Address 2  Suburb Morayfield  Summary of Incident Sild over and fell to ground	ta! location select your Base Lo	ne Departmental Incident Location. cation and complete the Non-Departmental Incide
Incident Date 14/04/12  If the Incident occurred at a Departmental is If the Incident occurred at a Non-Department Departmental Incident Location or Sase Lo Inimbah State School Ion-Departmental Incident Location  Actual Incident Address 1 Incident Address 2  Suburb	* State (eg. QLD)	ne Departmental Incident Location. cation and complete the Non-Departmental Incide

Jointed Manneda	
Celated Hazards   Date Hazard Reported   Hazard ID   Hazard Location	Hazard Category Hazard Description
No Records No Records No Records	No Records No Records
Supervising Officer	Click here for help selecting Supervising Office
ennett, Sean Michael, [8:78B(2)] Male, OneSchool Role, PR-Primary, Inimbah State School	
lected Workplace Health and Safety Representative	
vacuation Details	
id an evacuation occur?	
Yes® No	
id a lockdown occur?	
· Yes® No	
ocations Involved	
Location No Records	
ncident Types	
Select one or more Incident Types	Click here for help selecting Incident Types
Injury Illness	
Security Threat	
Motor Vehicle	
Electrical	
7 Fire	
□ Environmental	
Property/Plant/Equipment Near Miss	
Near Miss	
Vas this a Dangerous Incident as defined under Legislation?  Yes No	Click here for definition of Dangerous Incident
AVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE TH	SE DETAILS FOR ALL INCIDENT TYPES SELECTED.
njury/IIIness	
njury/Illness Injury/Illness Description	Student Staff Name
ID  INJ-12310 Walking to shed, slid on foreign substance (get like) and fell to ground. Hurt Left knee, le	Name  S.47(3)(b) - Contrary to Public Interest
right arm and hand.	
ubmit Incident Record for Review	
o submit this Incident Record, please tick the box below and click Save	
Submit Incident Record for review?	
₹ Yes ◌ No	
ncident Review	
eview Incident Classification	
CAICAN THEIREST FIRESHINGTON	
ncident Classification (generated on save)	

lick here for Information on Incident Cla	seifications and M/UC/	notification room	iramente	
inck tiere for Tittormation on Inchent Clas	SSIFICATIONS AND WITS	nouncation requ	<u>irements</u>	
eview and Provide Actions		William The Control of the Control o		
Immediate actions reviewed?  Yeso No				
Have any further actions been undertaken Yeso No	en?			
etails of Further Actions		·		
urther Actions Undertaken By	<del></del>			
Surname Given Names No Records No Records	Employee 1Ds No Records	Gender No Records	Roles No Record	Locations No Records
view Acknowledgement and Notifications	HINANICAS VALVA		, and the second	A
CIDENT RECORD DETAILS REVIEWED?	o Human Resources.			
ecalate to Human Resources?  Ince you have reviewed and saved the Ince you have reviewed and saved the Ince Workplace Health and Safety Queenslar Electrical Safety Office legal action anticipated? Yes No	cident, details of notif			
NCIDENT RECORD DETAILS REVIEWED?  Scalate to Human Resources?  Ince you have reviewed and saved the Inc.  Workplace Health and Safety Queenslar  Electrical Safety Office  Segal action anticipated?  Yesc No  In Officer in Charge will be automatically incident select these employees here.	cident, details of notif			
scalate to Human Resources?  nce you have reviewed and saved the Inc Workplace Health and Safety Queenslar Electrical Safety Office legal action anticipated? Yese No n Officer in Charge will be automatically acident select these employees here.	cident, details of notified; or notified about the lac	ident. If there are	e other employees wit	thin the Department th
scalate to Human Resources?  nce you have reviewed and saved the Inc. Workplace Health and Safety Queenslar Electrical Safety Office  legal action anticipated? Yes No n Officer in Charge will be automatically ncident select these employees here. dditional People to Notify	cident, details of notif nd; or notified about the lac	ident. If there are	e other employees wit	thin the Department th
scalate to Human Resources?  Ince you have reviewed and saved the Ince you have reviewed and saved the Ince Workplace Health and Safety Queenslar Electrical Safety Office  I legal action anticipated?  Yeso No  In Officer in Charge will be automatically acident select these employees here.  Ididitional People to Notify  Surname Given Names  No Records No Records	cident, details of notified; or notified about the lac	ident. If there are	e other employees wit	thin the Department th
scalate to Human Resources?  Ince you have reviewed and saved the Inc.  Workplace Health and Safety Queenslar Electrical Safety Office  Is legal action anticipated?  Yesc No  In Officer in Charge will be automatically incident select these employees here.  Idditional People to Notify  Surname Given Names  No Records No Records  Tube Date  No Records	cident, details of notified; or notified about the lac	ident. If there are	e other employees wit	thin the Department th
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Incident Record	- Control of the Cont	
Required Fields		
ncident ID (generated on save)		Entered By
INC-13452		Schubert, Diane Sandra, <sup>S.78B(2)</sup> Female OneSchool Role, TA Teacher Alde, Minimbah State S
Incident Status Submitted		
Reporting Details		
Reported Date		Reported Time (24 hour HH:MM)
01/05/12		09:05
Reported by Staff		Reported by Student
		s.47(3)(b) - Contrary to Public Interest
Reported by Other Person		Type of Other Person
Other Person Address 1		
Other Person Address 2		
Other Person Suburb	Other Person State (e	Other Person Post
Other Person Phone Number		Other Person Employer
Leported To		
ncident Details		
	965 XXXXXIII (g	
Incident Date 23/04/12		Inciderit Time (24 hour HH:MM)
	( ) All	7
f the Incident occurred at a Departmental locat	ian, coloct this location as t	the Denortmental Incident Location
f the Incident occurred at a Non-Departmental	iocation select your Base Lo	ocation and complete the Non-Departmental Incide
Departmental Incident Location or Base Locat	ion	
Minimbah State School		
Non-Departmental Incident Location		
ion-Departmental Incluent Location		
* Actual Incident Address 1		
Minimbah Dve	7	
Actual Incident Address 2		
Suburb	* State (eg. QLD)	Post Code
Morayfield	Qld	4506
		1
Rolled ankl,e resulting in fracture		
Rolled ankl,e resulting in fracture Detailed Description of Incident		
Rolled ankl,e resulting in fracture	e,	
Summary of Incident Rolled ankl,e resulting in fracture  Detailed Description of Incident Student was playing on netball courts and rolled anklowmediate Action Taken Immobilisation, Ice, Contact parents	е.	

Date Hazard Reported		
	Hazard LD Hazard Location  No Records No Records	Hazard Category Hazard Description No Records No Records
No Records	THE INCOMES	
* Supervising Officer Zordan, Megan Kim, <sup>S.78B(2)</sup> Fema	ale, OneSchool Role, Tch-General,	Click here for help selecting Supervising Off
Minimbah State School	aic, Oricochoor Role, Tell General,	
Elected Workplace Health and S	afety Representative	
vacuation Details	ANDMAN	
Did an evacuation occur?		
↑ Yes® No		
oid a lockdown occur?		
ocations Involved		
	Location No Records	
ncident Types		
Select one or more Incident T	ypes	Click itere for help selecting Incident Types
₹ Injury Illness		
□ Security Threat		
□ Motor Vehicle		
- Electrical		
⊺ Fire		
Environmental		
□ Property/Plant/Equipn	nent	
□ Near Miss	Helic	
Was this a Dangerous Incident :	as defined under Legislatian?	Click here for definition of Dangerous Incide
ras ans a bangerous medicine. ∴Yes≪ No	as defined ander pegistation:	SHER WATER GETTINGS OF BUILDINGS THOUSE
	SS TO THE NEXT TAB (S. TC) COMPLETE THE C	DETAILS FOR ALL INCIDENT TYPES SELECTED.
SAVE THIS PAGE AND PROGRES		
SAVE THIS PAGE AND PROGRES		
Injury/Illness		> 
	/D/serigition	Student Hame
Injury/Illness  Injury/Illness  Injury/Illness ID		Student Name s.47(3)(b) - Contrary to Public Interest
Injury/Illness  Injury/Illness  Injury/Illness ID	Distription	Student Name s.47(3)(b) - Contrary to Public Interest
Injury/Illness  Injury/Illness  Injury/Illness ID	Distription	Student Name s.47(3)(b) - Contrary to Public Interest
Injury/Illness Injury/Illness Injury/Illness ID INJ-12300 Student rol Submit Incident Record for Review	Distription	Student Name s.47(3)(b) - Contrary to Public Interest
Injury/Illness Injury/Illness Injury/Illness ID INJ-12300 Student rol Submit Incident Record for Review	Discription  Iled ankle while playing on netball courts at lunch time.  Is e cick the box below and click Save	Student Name  5.47(3)(b) - Contrary to Public Interest
Injury/Illness Injury/Illness Injury/Illness ID INJ-12300 Student rol Submit Incident Record for Review To submit this Incident Record pies	Discription  Iled ankle while playing on netball courts at lunch time.  Is e cick the box below and click Save	Student Name s.47(3)(b) - Contrary to Public Interest
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Injury/Illness Injury/Illness Injury/Illness ID INJ-12300 Student rol Submit Incident Record for Review  To submit this Incident Record for re Submit Incident Record for re	Discription  Iled ankle while playing on netball courts at lunch time.  Is e cick the box below and click Save	Student Name s.47(3)(b) - Contrary to Public Interest
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Injury/Illness Injury/Illness Injury/Illness ID INJ-12300 Student rol Submit Incident Record for Review  To submit this Incident Record for re Submit Incident Record for re	Discription  Iled ankle while playing on netball courts at lunch time.  Is e cick the box below and click Save	Student Name  s.47(3)(b) - Contrary to Public Interest
Injury/Illness Injury/Illness Injury/Illness ID INJ-12300 Student rol Submit Incident Record for Review  To submit this Incident Record for re Submit Incident Record for re Yes No Incident Review	Discription  Hed ankle wittle playing on netball courts at lunch time.  He cick the box below and click Save	Student Name  s.47(3)(b) - Contrary to Public Interest
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Injury/Illness Injury/Illness Injury/Illness Injury/Illness ID INJ-12300 Student rol Submit Incident Record for Review To submit this Incident Record for re Submit Incident Record for re Yes No Incident Review Review Incident Classification (Incident Classification (generat B - Investigation is Required Illness If this is a Psychological Illness	Discription  Hed ankle wittle playing on netball courts at lunch time.  He cick the box below and click Save	s.47(3)(b) - Contrary to Public Interest
Injury/Illness Injury/Illness Injury/Illness Injury/Illness ID INJ-12300 Student rol Submit Incident Record for Review  To submit this Incident Record for re Submit Incident Record for re Yes No Incident Review  Review Incident Classification  Incident Classification (generate B - Investigation is Required  If this is a Psychological Illness C Yes No	Discription  lled ankle with playing on netball courts at lunch time.  lise cick the box below and click Save  eview?	s.47(3)(b) - Contrary to Public Interest

Review and Provide Actions	The state of the s		and the second s		w.v.ouv.yy
* Immediate actions reviewed?					
o Yeso No					
* Have any further actions been und	ertaken?				
o Yeso No				•	
Details of Further Actions		· <b></b> .	<del></del>		
Further Actions Undertaken By					
Surname Given Names No Records No Records	Employee IOs  No Records	Gender No Records	Roles No Records	Locations No Records	
no necotas	NO NAMED	No necords	tto (Cabia)	no received	
Review Acknowledgement and Notifications					
A BANK AND	de la			A VANDAMAN AND AND AND AND AND AND AND AND AND A	
If you are the reviewer of the Incide			ident, you must cons	wit your supervisor	for ad
directed to escalate the Incident Rec	cord to Human Resources.	ı			
INCIDENT RECORD DETAILS REVIEW	VED?□				
Escalate to Human Resources?□					
Escalate to numan Resources.					
Once you have reviewed and saved t	the Incident, details of not	tifiable Incidents w	vill automatically be \$	orwarded to:	
1. Workplace Health and Safety Que	ensland: or				
2. Electrical Safety Office	,				
Is legal action anticipated?					
○ Yes○ No					
VETESTENO		(())			
An Officer in Charge will be automat		ncident. If there ar	e other employees w	ithin the Departme	nt that
Incident select these employees her	e.				
Additional People to Notify					
Surname Given Names No Records No Records	Employee IDs  No Records	Gender No Records	Roles No Records	Locations No Records	
No Records	NO RECORDS	Plo Reculus		No Necolus	•
			7/		
Actions					
Actions					
Due Date Action ID Action Title			Assigned To		••
05/05/12 ACT-623 Follow up	Miller, Cossandra Le	sigh s.78B(2) Female, Adra	Officer, Adm Officer (AAEP), Bus	Serv Manager, OneSchool Rol	ie, Minimb
Case Notes					
	AAMUMA		—	A Alleland	J-E/8
Case Notes				<b>-</b>	
Date of Note No Records	Person Kaking Not No Records		Who was Spok		
	7//	/		. :	

ncident Incident Record			
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-16961		Schubert, Diane Sandra, <sup>S.78B(2</sup> OneSchool Role, TA Teacher A	Female,
Incident Status Submitted   Submitted			,
Reporting Details			
* Daniel Date			
* Reported Date 12/06/12		Reported Time (24 hour HH 10:55	:MM)
Reported by Staff		Reported by Student	
noportion by starr		s.47(3)(b) - Contrary to Public Interest	
Reported by Other Person		Type of Other Person	
Other Person Address 1			<del>}</del>
Other Person Address 2			
Other Person Address 2			
Other Person Suburb	Other Person State (eg	). QLD)	Other Person Post C
Other Person Phone Number		Other Person Employer	
Other Person Phone Number		Ogici Person Grapiover	
	, OneSchool Role, Minimbair State	School	
Incident Details	MAN COMMANDE AND COMMAND TO THE PARTY OF THE	The second secon	CYCOC To the second
* Incident Date		Incident Time (24 hour HH:	MM)
30/05/12		13:45	
If the Incident occurred at a Departmental loc	ation, select this location as t	ne Departmental Incident Locati	on.
If the Incident occurred at a Non-Department	al location select your Base Lo	cation and complete the Non-De	epartmental Inciden
(1/0	7		
* Departmental Incident Location or Base Loc Minimbah State School	ation		
Millimbali State School		•	
Non-Departmental Incident Location			
* Actual Incident Address 1			
Minimbah Dve			
Actual Incident Address 2			
* Suburb	* State (eg. QLD)	-	Post Code
Morayfield	Qld		4506
* Summary of Incident			
Student fell and injured leg.			
Detailed Description of Incident Student was playing soccer on oval. Another stude	nt fell onto his lea whilst they wer	both going for the ball. His ankle wa	is injured.
	The state of the s		
mmediate Action Taken  Leg elevated, ice applied and parents contacted.		<u> </u>	
neg cierates, les applies una pareites contacteu.		·	

Related Hazards			
Date Hazard Reported Hazard 1D No Records No Records	: Hazard Location : No Records :	Hazard Category :	Hazard Description  No Records
	NO RECORDS		
* Supervising Officer		Click here for	help selecting Supervising Officer
Jahnke, Pauline Janelle, <sup>s.78B(2)</sup> Female, OneSch General, Minimbah State School	iool Role, Tch-		
OCTICION, Philimbalt State School			
Elected Workplace Health and Safety Repres	entative		
Evacuation Details		and the state of t	
Did an evacuation occur?		ANT PETO	
c Yes® No			
Did a lockdown occur?			
∘ Yes⊛ No			
Locations Involved	I a a a Mari		A MANUEL AND A MAN
	Location No Records		
		**************************************	
Incident Types		**************************************	
* Select one or more Incident Types		Click bere for	help selecting Incident Types
✓ Injury Illness			Help Science 19 2 Heldelle 19 pes
* ·			
□ Security Threat			
□ Motor Vehicle			
🗆 Electrical			
□ Fire			
□ Environmental			
□ Property/Plant/Equipment			
□ Near Miss			
Was this a Dangerous Incident as defined un	der Legislation?	Click here for	definition of Dangerous Incident
⊂ Yes≋ No			
SAVE THIS PAGE AND PROGRESS TO THE NE	XT TAB/S TO COMPLETE TH	E DETAILS FOR ALL IN	CIDENT TYPES SELECTED.
Injury/Illness			
11 · · · · · · · · · · · · · · · · · ·			
Injury/Illness		and the same of the same of	
Injury/Illness ID INJ-15681 Student playing soccer on ovel, anoth	Lascription ler student fell onto leg whilst they were b	oth going for the ball - ankle fractu	student Name    Student Name
(0/2	A COLUMN TO THE STATE OF THE ST		
Submit Incident Record for Review		, . po	
To submit this Incident Record, please tick the box	below and click Save		
* Submit Incident Record for review?			
e Yeso No			
Incident Review			
	The state of the s		The state of the s
Review Incident Classification			and a halo and the first t
Incident Classification (generated on save)			
B - Investigation is Required			
The state of the s	na matifiable to the desire	Hoolth and Cafety O	anciand (WUSO)?
If this is a Psychological Illness, is the Incide	ent notinable to Workplace	meaith and Safety Que	ensiano (WHSQ)?
∘ Yes∘ No			
Click here for Information on Incident Classi	fications and WHSO notifies	ation requirements	
SHOW THE RESTRICTION OF SHOWING GRADIE			
		and the second s	20 Aurilland - American - America

Review and Provide Actions	WWW.may.xx		**************************************		
* Immediate actions rev っ Yesっ No	riewed?				
* Have any further actio	ns been undertake	en?			
○ Yes No					
Details of Further Action	is				<del></del>
Further Actions Underta					· · · · · · · · · · · · · · · · · · ·
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
Review Acknowledgement and	d Notifications		ANAXAMAY PER TOTAL ANAXAMAY PER		Continue of the Continue of th
If you are the reviewer of directed to escalate the				ncident, you must cons	งใน your supervisor for advi
INCIDENT RECORD DET	AILS REVIEWED?				
Escalate to Human Reso	urces?□				
Once you have reviewed	and saved the Inc	cident, details o	f notifiable Incidents	will automatically be fo	orwarded to:
1. Workplace Health and 2. Electrical Safety Office		ıd; or			
Is legal action anticipate	ed?				
r Yesr No				> < /	
An Officer in Charge will Incident select these em		notified about ti	he Incident. If there a	are other employees wi	thin the Department that n
Additional People to Not	ify				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
No Necuras	No records		In National		TO ACCOUNT
Actions					
Actions					e e como e e e e e e e e e e e e e e e e e e
Due Date Action ID 22/05/12 ACT-806	Action Title Injury Report	Sch	ubert, Diane Sandra 5.78B(2)	Assigned To Fernale, Adm Officer, OneS	chool Role, TA Teacher Aide, Minimbah Sta
Case Notes		$(\mathcal{D})$			
Case Notes		7			
Date of Note <i>No Records</i>	~ (7/s	Person M. kir No Reco	The state of the s	Who was Spoke No Records	

ncident ID (generated on save)	Entered By
IC-17908	Schubert, Diane Sandra <sup>5.78B(2)</sup> Fe OneSchool Role, TA Teacher Aide, Minimbah S
acident Status ubmitted ᠍	
eporting Details	
Reported Date	Reported Time (24 hour HH:MM)
2/06/12	15:34
eported by Staff	Reported by Student
oucaut, Sarah Jane, <sup>8.78B(2)</sup> Female, OneSchool Role, T ieneral, Minimbah State School	
eported by Other Person	Type of Other Person
Other Person Address 1	
Other Person Address 2	
Other Person Suburb	Other Person State (eg. QLD) Other Person P
ther Person Phone Number	Other Person Employer
Reported To  Boucaut, Sarah Jane, S. 78B(2) Female, OneSchool Role, T	Tch-General, Minimbah State School
ncident Details	
Incident Date	Incident Time (24 hour HH:MM)
5/06/12	11:30
	select this location as the Departmental Incident Location. ation select your Base Location and complete the Non-Departmental Inc
Departmental Incident Location or Base Location	
Departmental Incident Location or Base Location dinimbah State School	
Departmental Incident Location or Sase Location Minimbah State School	
Departmental Incident Location or Base Location Minimbah State School Non-Departmental Incident Location  Actual Incident Address 1	
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Departmental Incident Location or Base Location  Inimbah State School  Ion-Departmental Incident Location  Actual Incident Address 1  Inimbah Dve,  Ional Incident Address 2  Suburb  Iorayfield	* State (eg. QLD)  Qld  Post Code  4506
Departmental Incident Location or Base Location Inimbah State School on-Departmental Incident Location  Actual Incident Address 1 Inimbah Dve, ctual Incident Address 2  Suburb Iorayfield  Summary of Incident	
Departmental Incident Location or Base Location  Inimbah State School  Ion-Departmental Incident Location  Actual Incident Address 1  Inimbah Dve,  Ictual Incident Address 2  Suburb	

The distance of the process of the p	
pervising Officer oner, Diome Louise   788(2)   Female, OneSchool Role, Tcherel, Minimbals 1ste School ted Workplace Health and Safety Representative  set one or more Incident Types   Sinck here for nelp selection Notice of the Property   Plant   Security Threat   Sinck here for nelp selection   Mornisol Sinck here for nel	
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Milson, Bryan Henry, S.78B(2) Male, OneSchool Roncident Details  Incident Date 10/09/12  If the Incident occurred at a Departmental location or Base Location or Base Location between the Incident State School	cation, select this location as to	Incident Time (24 hour HH:MM) [11:35]  he Departmental Incident Location.
Milson, Bryan Henry, S.78B(2) Male, OneSchool Roncident Details  Incident Date 10/09/12  If the Incident occurred at a Departmental location or Base Location or Base Location Minimbah State School	cation, select this location as to	Incident Time (24 hour HH:MM) [11:35]  he Departmental Incident Location.
Milson, Bryan Henry, S.78B(2) Male, OneSchool Roncident Details  Incident Date 10/09/12  If the Incident occurred at a Departmental local from the Incident occurred at a Non-Department Departmental Incident Location or Base Local Minimbah State School Non-Departmental Incident Location	cation, select this location as to	Incident Time (24 hour HH:MM) [11:35]  he Departmental Incident Location.
Milson, Bryan Henry, S.78B(2) Male, OneSchool Roncident Details  * Incident Date 10/09/12  If the Incident occurred at a Departmental locality of the Incident occurred at a Non-Department  * Departmental Incident Location or Base Localing Non-Departmental Incident Location Non-Departmental Incident Location  * Actual Incident Adviress 1	cation, select this location as to	Incident Time (24 hour HH:MM) [11:35]  he Departmental Incident Location.
Wilson, Bryan Henry, S.78B(2) Male, OneSchool Rouncident Details  * Incident Date 10/09/12  If the Incident occurred at a Departmental location or Base Location or Base Location Minimbah State School  Non-Departmental Incident Location  * Actual Incident Adáress 1  Minimbah Dve	cation, select this location as to	Incident Time (24 hour HH:MM) [11:35]  he Departmental Incident Location.
Milson, Bryan Henry, 5.78B(2) Male, OneSchool Roncident Details  Incident Date 10/09/12  If the Incident occurred at a Departmental local from the Incident occurred at a Non-Department Departmental Incident Location or Base Local Minimbah State School  Ion-Departmental Incident Location  Actual Incident Adáress 1	cation, select this location as to	Incident Time (24 hour HH:MM) [11:35]  he Departmental Incident Location.
Milson, Bryan Henry, S.78B(2) Male, OneSchool Roncident Details  Incident Date 10/09/12  If the Incident occurred at a Departmental local fine Incident occurred at a Non-Department Departmental Incident Location or Base Local Incident State School Ion-Departmental Incident Location Actual Incident Address 1  Minimbah Dve Actual Incident Address 2	cation, select this location as to	Incident Time (24 hour HH:MM) [11:35]  the Departmental Incident Location.  Docation and complete the Non-Departmental Incident
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Related Hazards  Date Hazard Reported Hazard ID Hazard Location		
Date Hazard Reported Hazard ID Hazard Location	Hazard Category Hazard Description	
No Records No Records No Records	No Records No Records	
Supervising Officer	Click here for help selecting Supervising	Offic
Vebster, Carlene, S. 78B(2) Female, OneSchool Role, Tch-General, linimbah State School		
lected Workplace Health and Safety Representative		
vacuation Details		
id an evacuation occur?		
`Yes® No		
id a lockdown occur?		
Yes® No		
100 · 140		
ocations Involved		
Location No Records		<b>—</b>
ocident Types		
Calast and an area Incident Tour	College to a second sec	<b></b> -
Select one or more Incident Types	Click here for help selecting Incident Ty	h#2
Injury Illness		
Security Threat		
Motor Vehicle		
Electrical		
Fire		
Environmental		
Property/Plant/Equipment		
Near Miss		
ivedi iriss		
Vas this a Dangerous Incident as defined under Legislation? Yes® No	Click here for definition of Dangerous Ir	<u>ciden</u>
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE	E DETAILS FOR ALL INCIDENT TYPES SELECTED.	
injury/Illness		
njury/Illness	and the second s	
The state of the s	Student Name s.47(3)(b) - Contrary to Public Interest	
njury/Illness Injury/Illness ID Description		
njury/Illness Injury/Illness ID Injury/Illness ID INJ-21540 Student fell fom upper school fort/ployground, she was laying on the flying fox, She h		
njury/Illness Injury/Illness ID INJ-21540 student fell fom upper school fort/ployground, she was laying on the flying fox, She h		
njury/Illness Injury/Illness ID INJ-21540 student fell fom upper school fort/playground, she was laying on the flying fox, She h		
njury/Illness Injury/Illness ID INJ-21540 student fell form upper school fort/ployground, she was laying on the diying fox. She h Submit Incident Record for Review To submit this Incident Record, please tick the box below and click Save  Submit Incident Record for review?		
njury/Illness Injury/Illness ID INJ-21540 student fell form upper school fort/ployground, she was laying on the diying fox. She h Submit Incident Record for Review To submit this Incident Record, please tick the box below and click Save  Submit Incident Record for review?		
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- / / / / / / /		A A A A A A A A A A A A A A A A A A A
Injury/Illness Injury/Illness ID INJ-21540 student fell form upper school fort/ployground, she was laying on the dying fox. She h Submit Incident Record for Review To submit this Incident Record, please tick the box below and click Save Submit Incident Record for review?  Submit Incident Record for review?  Yes No Incident Review		
Injury/Illness Injury/Illness ID INJ-21540 student fell form upper school fort/playground, she was laying on the diying fox. She has submit Incident Record for Review To submit this Incident Record, please tick the box below and click Save Submit Incident Record for review? TYES ONO Incident Review Review Incident Classification Incident Classification (generated on save)		
Injury/Illness Injury/Illness ID INJ-21540 student fell form upper school fort/playground, she was laying on the flying fox. She has submit Incident Record for Review To submit this Incident Record for review?  Submit Incident Record for review?  Yes No Incident Review	s.47(3)(b) - Contrary to Public Interest	

Click here for Inform	ation on Incident Cla	ssifications and WH	SO notification requ	<u>iirements</u>	
Review and Provide Action	ns				
* Immediate actions	reviewed?				
െ Yes ം No					
* Have any further ac	ctions been undertak	en?			•
r Yesh No					
Details of Further Act	tion <u>s</u>				
				-	
urther Actions Unde	ertaken Bv				
Surname No Records	Given Names No Records	Employee IDs	Gender No Records	Roles No Records	Locations No Records
No Records	NO NECOLOS	No Records	No Records	No Recolus	no necolus
Review Acknowledgement	t and Notifications				
lirected to escalate t	the Incident Record 1	to Human Resources		ident, you must consu	ılt your supervisor for ad
-	DETAILS REVIEWED?	L.:			
scalate to Human Re					
Once you have review	wed and saved the Ir	ncident, details of no	otifiable Incidents w	ill automatically be fo	rwarded to:
L. Workplace Health 2. Electrical Safety O	and Safety Queensla	nd; or			
•					
is legal action anticip O Yeso No	pateur				
	P10 4				die de Benedere et de
in Officer in Charge in Incident select these		notified about the	rucident. It znere ar	e other employees wi	thin the Department that
Additional People to	Notify				
Surname No Records	Given Names No Records	Employee JDs No Records	Gender No Records	Roles No Records	Locations No Records
Actions					
Actions  Due Date Action I  14/09/12 ACT-106		Schu	bert, Siano Santra, S.78B(2)	Assigned To Female, Adm Officer, Or	eSchool Role, TA Teacher Aide, Minim
Case Notes			7		
Case Notes  Date of No No Recor		Person Making No No Records	te	Who was Spoker <i>No Records</i>	то

Incident Record		
*Required Fields		
Incident ID (generated on save) INC-26796		Entered By Schubert, Diane Sandra, S. 78B(2) Female
INC-20/30		OneSchool Role, TA Teacher Aide, Minimbah State
Incident Status Signed Off and Closed 🔀		
Reporting Details		ACCUSATE TO THE PARTY OF THE PA
* Reported Date		Reported Time (24 hour HH:MM)
16/11/12		15:30
Reported by Staff		Reported by Student
47(3)(b) - Contrary to Public Interest		
Reported by Other Person		Type of Other Person
Other Person Address 1		
Other Person Address 2		
Other Person Suburb	Other Person State (ag	Other Person Post
Other Person Phone Number		Other Person Employer
Reported To		
	Officer, Adm Officer (AAEP), Bus Serv	Manager, OneSchool Role, Minimbah State School
	WALLER WALLEN TO THE TOTAL PROPERTY OF THE T	
Incident Details		
A THE STATE OF THE		
and the second s		Incident Time (24 hour HH:MM)
* Incident Date		Incident Time (24 hour HH:MM) 07:00
* Incident Date		
* Incident Date 27/09/12	location, select this location as th	07:00
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* Incident Date 27/09/12 If the Incident occurred at a Departmental		07:00 ne Departmental Incident Location.
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elated Hazards	
Date Hazard Reported Hazard ID Hazard Location	Hazard Category Hazard Description
No Records No Records No Records	No Records No Records
Supervising Officer	Click here for help selecting Supervising Off
ennett, Sean Michael, <sup>6.78B(2)</sup> Male, OneSchool Role, PR-Primary, inimbah State School	
ected Workplace Health and Safety Representative	
vacuation Details	
id an evacuation occur?	
Yes® No	
id a lockdown occur?	
Yese No	
ocations Involved  Location	
No Records	
ncident Types	
innerit 1763	
Select one or more Incident Types	Click here for help selecting Incident Types
Injury Illness	
Security Threat	
Motor Vehicle	
Electrical Control	
□ Fire	
5 Environmental	
Property/Plant/Equipment	
Near Miss	
- IVEdI IVISS	
Vas this a Dangerous Incident as defined under Legislation? ি Yes ে No	Click here for definition of Dangerous Incident
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMP	LETZ THE DETAILS FOR ALL INCIDENT TYPES SELECTED.
Injury/Illness	
njury/Illness	NEW AND ADDRESS OF THE PROPERTY OF THE PROPERT
Injury/Illness ID Description IN3-24955 Was cleaning outside high windows on classrooms. Was using a ladder. Au	Student Name Staff Name s.47(3)(b) - Contrary to Public Interest
Submit Incident Record for Review	
o submit this Incidenc Record, please tick the box below and click Save	
Submit Incident Record for review?	
≆ Yes∘ No	
Incident Review	
teview Incident Classification	
ncident Classification (generated on save)  B - Investigation is Required	
n = myesituation is retioned %#1	
f this is a Psychological Illness, is the Incident notifiable to Wo	

Click here for Information on Incident Classifications and WHSQ	notification requirements	
Review and Provide Actions		
* Immediate actions reviewed?  © Yes No		
* Have any further actions been undertaken?		
Details of Further Actions		
Further Actions Undertaken By		
Surname Given Names Employee IDs No Records No Records No Records	Gender Roles Locations No Records No Records No Records	=
Review Acknowledgement and Notifications		
If you are the reviewer of the Incident Record, and you are impl directed to escalate the Incident Record to Human Resources.	icated in this Incident, you must consult your supervisor	for advi
INCIDENT RECORD DETAILS REVIEWED?™		
Escalate to Human Resources?□		
Once you have reviewed and saved the Incident, details of notifi	able Incidents will automatically be forwarded to:	
Workplace Health and Safety Queensland; or     Electrical Safety Office		
Is legal action anticipated?		
୍ Yes⊛ No		
An Officer in Charge will be automatically notified about the Incident select these employees here.	ident. If there are other employees within the Departmen	it that n
Additional People to Notify  Surname Given Names Employee IDs	Gender Roles Locations	. <del>.</del>
Additional People to Notify	Gender Roles Locations No Records No Records No Records	
Additional People to Notify Surname Given Names Employee IDs		
Additional People to Notify  Surname Given Names Employee IDs  No Records No Records No Records		III (** PARIMITY)
Additional People to Notify  Surname Given Names Employee IDs  No Records No Records No Records  Assign Investigator		
Additional People to Notify  Surname Given Names Employee IDs  No Records No Records No Records  Assign Investigation required?		
Additional People to Notify  Surname Given Names Employee IDs  No Records No Records No Records  Assign Investigator  * Investigation required?  • Yes • No		
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Additional People to Notify  Surname Given Names Employee 10's  No Records No Records No Records  Assign Investigator  * Investigation required?  • Yes • No  Click here for a list of trained Health and Safety Investigators  Person Responsible for Investigation		
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Additional People to Notify  Surname Given Names Employee IDs  No Records No Records No Records  Assign Investigator  * Investigation required?  • Yes • No  Click here for a list of trained Health and Saisty Investigators  Person Responsible for Investigation  Reasons for Not Investigating  File Attachment  Attached File File Type	No Records No Records  No Records  File  Date Loaded File  F	
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Additional People to Notify  Surname  No Records  No Records  No Records  No Records  Assign Investigator  * Investigation required?  C Yes © No  Click here for a list of trained Health and Saïsty Tovestigators  Person Responsible for Investigation  Reasons for Not Investigating  File Attachment  Attached File No Records  File Attachment  File Type No Records  * Signed Off By  Bennett, Sean Michael S.78B(2) Male, OneSchool Role, PR-Primary, Minimbah State School  Sign Off Comments	No Records  No Records  No Records  No Records  Pate Loaded  No Records  * Date Signed Off	
Surname Given Names Employee IDS No Records No Records No Records  Assign Investigator  * Investigation required?  • Yes • No  Click here for a list of trained Health and Safety Investigators  Person Responsible for Investigation  Reasons for Not Investigating  File Attachment  Attached File File Type No Records  Finalisation - Officer in Charge  * Signed Off By  Bennett, Sean Michael State School  Male, OneSchool Role, PR-Primary, Minimbah State School	No Records  No Records  No Records  No Records  Pate Loaded  No Records  * Date Signed Off	

® Yes≎ No	0			
Actions				
Actions	Due Date No Records	Action ID No Records	Action Title No Records	
Case Notes  Case Notes				add 11 8°°°'ann ann an Albhija Cairmann ann an Airm C
,	Date of Note No Records	Person Making Note <i>Na Records</i>	Who was Spoken <i>No Records</i>	То
				)

*Required Fields		
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Incident ID (generated on save)		Entered By
INC-27055		Schubert, Diane Sandra, S. 78B(2)  OneSchool Role, TA Teacher Aide, Minimbah State S
usidant Chatus		Oresarios Rose, in Teacher Place, Pliniff State 5
ncident Status Submitted :ৰ		
Reporting Details		
Reported Date		Reported Time (24 hour HH:MM)
21/11/12		12:47
Reported by Staff		Reported by Student
		s.47(3)(b) - Contrary to Public Interest
tanastad by Other Person		Tuna of Other Payres
Reported by Other Person		Type of Other Person 麗
Other Person Address 1		
Other Person Address 2		
Other Person Suburb	Other Person State	(eg. QLD) Other Person Post
Other Person Phone Number		Other Serson Employer
		Y (3.5.)
eported To		· //
Page, Leigh Christine, S.78B(2) Female, OneSchool	ol Role, Snr-General, Minimbah	State School
ncident Details	ANNA SAMON S	
	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	V V
Incident Date		Incident Time (24 hour HH:MM)
		13:20
		13:20
13/11/12		7
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13/11/12  f the Incident occurred at a Departmental io		7
13/11/12  f the Incident occurred at a Departmental in f the Incident occurred at a Non-Departmen	ita! location select your Base	as the Departmental Incident Location.
3/11/12  f the Incident occurred at a Departmental in fithe Incident occurred at a Non-Department Departmental Incident Location or Base Locat	ita! location select your Base	as the Departmental Incident Location.
f the Incident occurred at a Departmental to f the Incident occurred at a Non-Department Departmental Incident Location or Base Location of Base Location	ita! location select your Base	as the Departmental Incident Location.
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f the Incident occurred at a Departmental to f the Incident occurred at a Non-Department Departmental Incident Location or Base Localism State School Ion-Departmental Incident Location	ita! location select your Base	as the Departmental Incident Location.
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f the Incident occurred at a Departmental to f the Incident occurred at a Non-Department Departmental Incident Location or Base Location  Departmental Incident Location  Actual Incident Address 1  Minimbah Dve  Actual Incident Address 2  Suburb  Morayfield  Summary of Incident  tudent fell from monkey bars	cation  * State (eg. QLD)	e Location and complete the Non-Departmental Incide
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Related Hazards			
Date Hazard Reported Hazard ID  No Records No Records	Hazard Location No Records	Hazard Category No Records	Hazard Description  No Records
	140 (Chillia		•
Supervising Officer  Broome, Alexia, S.78B(2) Female, OneSchool Role, Tch-G	eneral.	Click nere to	or help selecting Supervising Office
Inimbah State School			
lected Workplace Health and Safety Representativ	re		
vacuation Details	ARREST P 1 VIII (Albamol d P 2 VIII VIII VIII VIII VIII VIII VIII	The property of the state of th	
old an evacuation occur?	A38		and the second s
Yes® No			
Did a lockdown occur?			
Yes⊛ No			
ocations Involved	Location		- Sautana
	No Records		
ncident Types		and the state of t	THE PARTY OF THE P
	-	MANAGEMENT OF THE STATE OF THE	Annual
Select one or more Incident Types		Click here for	or help selecting Incident Types
Injury Illness			
Security Threat			
Motor Vehicle			
Electrical Electrical			
Fire			
Environmental			
Property/Plant/Equipment			
Near Miss			
Vas this a Dangerous Incident as defined under Le	gielation?	Click here fo	or definition of Dangerous Incident
Yese No	<b>(3)</b>	Girch Holy II	
		<u></u>	
SAVE THIS PAGE AND PROGRESS TO THE NEXT TAB	B/S TO COMPLETE TH	EDETAILS FOR ALL	INCIDENT TYPES SELECTED.
		•	
Injury/Illness		_ # .	
injury/Illness		The state of the s	Hart Committee C
Injury/Illness ID Description INJ-25197 Student fell face first from Monkey Bars and cut	t upper lip area just below nose	s.47(3)(b) - Co	Student Name Intrary to Public Interest
Submit Incident Record for Review	, , , , , , , , , , , , , , , , , , ,	P4-1-	
o submit this Incident Record, please tick the box below	and click Save		
Submit Incident Record for review?	7		
* Yes Oo			
Incident Review		400	
teview Incident Classification			
ncident Classification (generated on save) 3 - Investigation is Required			
f this is a Psychological Illness, is the Incident not	ifiable to Workplace	Health and Safety O	reensland (WHSQ)?

					Water Committee of the
eview and Provide Action	ns			A TO STATE OF THE PARTY OF THE	participate in the second of t
Immediate actions	reviewed?				
Yes No					
Have any further a	ctions been undertal	ken?			
Yesr No					
etails of Further Ac	tions			•	
ırther Actions Unde	ertaken By				
Surname	Given Names	Employee IDs	Gender	Roles	Locations
No Records	No Records	No Records	No Records	No Records	No Records
view Acknowledgemen	t and Notifications	W. W	Market Control of the	Marie	W. W
you are the review	er of the Incident R	ecord, and you are in	nplicated in this Inc	ident, you must consu	t your supervisor for a
		to Human Resources	•		
	DETAILS REVIEWED?	, IIi			
calate to Human R	esources?□				
nce you have review	wed and saved the I	ncident, details of по	tifiable Incidents w	ill automatically be for	warded to:
	and Safety Queensla	and; or			
Electrical Safety O	ffice				
legal action anticip	pated?				
Yes⊂ No					
100		v notified about the I	ncident. If there ar	e other employees wit	hin the Department tha
n Officer in Charge		incrinca about the x			
n Officer in Charge		y notined about the s			
n Officer in Charge Icident select these Iditional People to	employees here.	<			
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n Officer in Charge scident select these dditional People to Surname No Records  ctions  Due No Ro see Notes ase Notes	employees here.  Notify  Given Names  No Records  Date ecords	Employee IDs  No Records  Action ID  No Record	Gender No Records	Roles No Records  Action Title No Records	Locations No. Records

incident	Contraction to the second seco		
Incident Record			ddalamidy, - ge m, mgggapapapapa
*Required Fields			
Incident ID (generated on save)		Entered By	
INC-32355		Schubert, Diane Sandra,	.78B(2) Female,
		OneSchool Role, TA Teac	her Aide, Minimbah State S
Incident Status			
Signed Off and Closed উ			
Popoviju a Potuila			A. Maria M. L. Lander, and a second s
Reporting Details			WALL TO LEAD AT TAXABLE PARTY OF THE PARTY O
* Reported Date		Reported Time (24 hou	ır HH:MM)
15/03/13		14:27	
Reported by Staff		Reported by Student	
.47(3)(b) - Contrary to Public Interest			
Reported by Other Person		Type of Other Person	
Other Person Address 1			
Other Person Address 2			
Other Person Suburb	Other Person State (	on (15)	Other Bareen Best (
Other Person Suburb	Other Person States	<u> </u>	Other Person Post C
Other Person Phone Number		Other Person Employe	
Reported To	Pala Tab Garage Number 6	to to Goldani	
Robinson, Kim Louise, S.78B(2) Female, OneSchool	Role, Tch-General, Minimbah S	tate School	
Incident Details	ANNA MARIE M	**************************************	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
	MANAGEMENT SEA AND THE COLUMN SEA OF THE COLUMN	ACONING WATERWAYSE	OMANIAMAN, <u>Salah beraturan mananan mana</u>
* Incident Date		Incident Time (24 hou	r HH:MM)
14/03/13	10/4	11:00	
If the Incident accurred at a Departmental loc	ation select this location as	the Densetmental Incident I	acation
If the Incident occurred at a Departmental loc			
If the Incident occurred at a Non-Department	al location select your Base	Location and complete the No	on-Departmental Incider
* Departmental Incident Location or Base Loca	ation		
Minimbah State School			
Non-Departmental Incident Location			
Bunyaville EEC			
			,
* Actual Incident Address 1 Albany Creek			-
			THE THE SOURCE
Actual Incident Address 2			
		· · · · · · · · · · · · · · · · · · ·	
* Suburb	* State (eg. QLD)		Post Code
Albany Creek	Qld		4035
* Summary of Incident			,
rolled ankle			
Detailed Description of Incident			
Walking with children on bush track and rolled left	ankle - felt faint/dizzv immediat	ely afterwards. Also nausea and o	sweating
The children of bush treat and folice left		, and induced that	
Immediate Action Taken			

Rest and water for approx 10 minutes till symptons gone.	
elated Hazards	
Date Hazard Reported         Hazard ID         Hazard Location           No Records         No Records         No Records	Hazard Category Hazard Description  No Records No Records
Supervising Officer ennett, Sean Michael, 8.788(2) Male, OneSchool Role, PR-Primary,	Click here for help selecting Supervising Officer
finimbah State School	
lected Workplace Health and Safety Representative	
vacuation Details	
id an evacuation occur?	
Yes® No	
id a lockdown occur?	
Yes® No	
ocations Involved	
Location No Records	
ncident Types	
Select one or more Incident Types	Click here for help selecting Incident Types
Injury Illness	
Security Threat	OY < //</td
Motor Vehicle	
Electrical	
Fire	
Environmental	
Property/Plant/Equipment	
Near Miss	
illedi iliss	
/as this a Dangerous Incident as defined under Legislation? YES® NO	Click here for definition of Dangerous Incident
AVE THIS PAGE AND PROGRESS TO THE NEXT TAB/S TO COMPLETE THE	DETAILS FOR ALL INCIDENT TYPES SELECTED.
njury/Illness	
njury/Illness	
Injury/Illness ID Description Student Na	me Staff Name  5.47(3)(b) - Contrary to Public Interest
INI-30068 whilst walking with children on school excursion at dunyaville, rolled earlie	5.47 (O)(b) - Contrary to 1 done interest
ubmit Incident Record for Review	
o submit this Incident Record, please tick the box below and click Save	
Submit Incident Record for review?	
Yes: No	
ncident Review	
eview Incident Classification	
ncident Classification (generated on save)	
	anith and Cafaba Our I J Callings
this is a Psychological Illness, is the Incident notifiable to Workplace He	earth and Safety Queensland (WHSQ)?
Yesc No	

Click here for Information on Incident Classifications and WHSQ	THOUSE CONTROLLED	
Review and Provide Actions		
* Immediate actions reviewed?   • Yes No		
* Have any further actions been undertaken?  • Yese No		
Details of Further Actions		
Further Actions Undertaken By		
Surname Given Names Employee IDs No Records No Records No Records		ocations Records
Review Acknowledgement and Notifications		O IARA
If you are the reviewer of the Incident Record, and you are implidirected to escalate the Incident Record to Human Resources.	icated in this Incident, you must consult your	supervisor for advi
INCIDENT RECORD DETAILS REVIEWED?™		
Escalate to Human Resources?□		
Once you have reviewed and saved the Incident, details of notifi	iable Incidents will automatically be forwarde	d to:
Workplace Health and Safety Queensland; or     Electrical Safety Office		
Is legal action anticipated?  • Yes No		
An Officer in Charge will be automatically notified about the Incident select these employees here.	ident. If there are other employees within the	Department that n
Additional People to Notify	9) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Surname Given Names Employee !Os No Records No Records No Records		ocations Records
Assign Investigator		
* Investigation required?		
∘ Yes∘ No		
Click here for a list of trained Health and Safety Investigators		
Person Responsible for Investigation	<del>\</del>	
Person Responsible for Investigation  Reasons for Not Investigating		
	ntributing factors can be identified.	
Reasons for Not Investigating  Minor incident, as staff memeber rolled ankle while on excursion, no continuous descriptions and the staff member rolled ankle while on excursion, no continuous descriptions.	ntributing factors can be identified.	
Reasons for Not Investigating  Minor incident, as staff memeber rolled ankle while on excursion, no confile Attachments  File Attachment		File Union teel
Reasons for Not Investigating  Minor incident, as staff memeber rolled ankle while on excursion, no confile Attachments	ntributing factors can be identified.  Date Loaded  No Records	File Uploaded I No Reco.
Reasons for Not Investigating  Minor incident, as staff memeber rolled ankle while on excursion, no col  File Attachments  File Attachment  Attached File File Type	Date Loaded	
Reasons for Not Investigating  Minor incident, as staff memeber roiled ankle while on excursion, no confidence of the Attachments  File Attachment  Attached File No Records  Finalisation - Officer in Charge  * Signed Off By  Bennett, Sean Michael, 5.78B(2)  Male, OneSchool Role, PR-Primary,	Date Loaded	
Reasons for Not Investigating  Minor incident, as staff memeber roiled ankle while on excursion, no confile Attachments  File Attachment  Attached File No Records  Finalisation - Officer in Charge  * Signed Off By	Date Loaded No Records  * Date Signed Off	
Reasons for Not Investigating  Minor incident, as staff memeber rolled ankle while on excursion, no confidence of the Attachments  File Attachment  Attachment  Attached File No Records  Finalisation - Officer in Charge  * Signed Off By  Bennett, Sean Michael, 5.78B(2) Male, OneSchool Role, PR-Primary, Minimbah State School	Date Loaded No Records  * Date Signed Off	

ଳ Yes ନ	lo			
Actions				
Actions				
	Due Date No Records	Action ID	Acti	ion Title <i>Records</i>
ase Notes			The state of the s	**************************************
Case Notes	Date of Note	enter i emercia de la constanta de la constant		g gag arasa
		Person Making Note	Who	was Spoken To

Incident	
Incident Record	
*Required Fields	
Incident ID (generated on save)	Entered By
INC-34993	Schubert, Diane Sandra, S.78B(2) Female, /
	OneSchool Role, TA Teacher Aide, Minimbah State Sch
Incident Status Submitted   S	
Reporting Details	
* Reported Date	Reported Time (24 hour HH:MM)
07/05/13	15:46
Reported by Staff	Reported by Student
	s.47(3)(b) - Contrary to Public Interest
Reported by Other Person	Type of Other Person
Other Person Address 1	
Ottor responsed to	
Other Person Address 2	
Outer Person Address 2	
Other Borres Calenda	
Other Person Suburb	Other Person State (eg. QLD) Other Person Post Co
Other Person Phone Number	Other Person Employer
Reported To  Cousins, Jodie Ann, S. 78B(2)  Female, EST-Lrng Diffic, One:	School Role, Minimbah State School
remale, EST-LING DINIC, One	School Role, Minimipan State School
Incident Details	
**************************************	
* Incident Date	Incident Time (24 hour HH:MM)
30/04/13	13:35
If the Incident occurred at a Departmental location,	select this location as the Departmental Incident Location.
If the Incident occurred at a Non-Departmental local	tion select your Base Location and complete the Non-Departmental Incident
(0)	
* Departmental Incident Location or Base Location	
Minimbah State School	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Non-Departmental Incident Location	
* Actual Incident Address 1 Chr Minimbah Dve and Walkers Rd	
Actual Incident Address 2	
* Cultural	× Ch-k- ( OID)
* Suburb Morayfield	* State (eg. QLD) Post Code Qld 4506
* Summary of Incident Student fell and cut shin open	
Detailed Description of Incident	
Student was swinging on the monkey bars on the upper so with bolts. Front shin scraped onto bolts and cut it open or	thool fort. Hands slipped causing him to fall against steel stepping floor edged in the right leg.
Immediate Action Taken	

Related Hazards				
Date Hazard Reported No Records	Hazard ID No Records	Hazard Location No Records	Hazard Category No Records	Hazard Description No Records
Supervising Office <u>r</u>	_		Click here f	or help selecting Supervising Offi
Vilson, Mark Anthony, s.78B(2) Inimbah State School	Male, OneSchool Role	, Snr-General,		
lected Workplace Health an	d Safety Representa	ntive		
vacuation Details				
oid an evacuation occur?				
? Yes∉ No				
oid a lockdown occur?				
° Yes≋ No				
ocations Involved		Location		<u> </u>
		Location No Records		
ncident Types				
Select one or more Inciden	t Types		<u> Ĉlick here f</u>	or help selecting Incident Types
7 Injury Illness			(O)	
Security Threat				
Motor Vehicle				
Electrical				
∃ Fire				
7 Environmental				
Property/Plant/Equi	pment			
Near Miss	•			
Vas this a Dangerous Incide	nt as defined under	Legislation?	Click here f	or definition of Dangerous Incide
Yes No			<u> </u>	
AVE THIS DAGE AND DOOG	SECONO THE NEXT T	TAR IS TO COMPLETE 1	THE DETAILS FOR ALL	INCIDENT TYPES SELECTED
MATE THIS PAGE AND PROGE	CESS TO THE MEAT I	AD/S TO COMPLETE	THE DETAILS FOR ALL	INCIDENT TYPES SELECTED.
ta time difference				
injury/Illness			APHIBA-1.0	
njury/Illness Injury/Illness	The state of the s	Description	1985 - Company of the State of	Student N
ID		per school for. hands slipped cau	ising him to fall against steel step	ping florr edged with s.47(3)(b) - Contrary to
	holts. His front shinn	on right leg scraped onto bolts ca	using it to be cut open.	Public Interest
Submit Incident Recard for Review			Section of the sectio	Parties and the state of the st
o submit this Incident Record, p		ow and click Save		
Submit Incident Record for Yes No	review?			
Incident Review	ANALISE AND ANALIS	Addition At the Atlanta Atlant		
teview Incident Classification		A STATE OF THE STA	**************************************	AND THE STATE OF T
ncident Classification (gene	rated on save\			
HOUSE CHESSINGUION COLICE	INCOLOR SHEET			

o Yeso No					
Click here for Informa	tion on Incident Cla	ssifications and WHSQ	notification requ	<u>irements</u>	
Review and Provide Actions	and a state of the	A			
* Immediate actions r	eviewed?				
୍ Yes୍ No					
* Have any further act	ions been undertak	en?			
Details of Further Acti	ons				
				· nove	
Further Actions Under			- Andrews		
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locations No Records
TIB TOCONS	To secolds	ni accono	1000745		
Review Acknowledgement	and Notifications				
directed to escalate the INCIDENT RECORD DI Escalate to Human Re Once you have review  1. Workplace Health at 2. Electrical Safety Off Is legal action anticipate Yese No	e Incident Record to ETAILS REVIEWED? sources? To ed and saved the In and Safety Queenslatice	to Human Resources.	able Incidents wi	li automa⁄cically be forw	your supervisor for advi varded to: n the Department that n
Incident select these		notified about the Inc	asin at there are	Caner Cimpioyaco vicin	it the populations that i
Additional People to N	otify				
Surname	Given Names	Employee IDs	Gender No Records	Roles No Records	Locations No Records
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Actions Due I No Rec		Action ID No Records		Action Title No Records	
Case Notes					man and a street of the street
Case Notes  Date of Not No Record		Person Making Note No Recons	, m	Who was Spoken To <i>No Records</i>	

Required Fields  Incident ID (generated on save)  INC-18955  Incident Status Submitted  Incident Status Submitted  Incident Status Submitted  Incident Status Submitted  Reported Date 23/07/12  Reported Date 23/07/12  Reported by Staff  Reported by Staff  Reported by Other Person  Other Person Address 1  Other Person Address 2  Other Person Address 2  Other Person Phone Number  Other Person Fine Suburb  Other Person State (e.g. QLD)  Other Person Encyloyer  Reported To Schubert, Diane Sandra, Passical Female, Adm Officer, OneSchool Role, TA Teacher Akia, Minimbah State School  Incident Date 13/07/12  If the Incident Occurred at a Departmental Joursian select this Identition and complete the Non-Departmental Incident Location.  If the Incident Address 1  Minimbah State School  Non-Departmental Incident Location or Rase Location Minimbah State School  Non-Departmental Incident Location or Rase Location Minimbah State School  Non-Departmental Incident Location or Rase Location Minimbah State School  Non-Departmental Incident Location or Rase Location Minimbah State School  Non-Departmental Incident Location or Rase Location Minimbah State School  Non-Departmental Incident Location or Rase Location Minimbah Date  * Actual Incident Address 1  Minimbah Date  * Actual Incident Address 1  Minimbah Date	Incident Incident Record					
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Schubert, Diane Sandra, Principle Section Role, TA Teacher Alde, Minimizari State Size Size Size Size Size Size Size Siz	Tasidant ID (generated on cays)		Published Box			
Incident Status Submitted 3  * Reported Date 23/07/12  Reported Date 23/07/12  Reported by Staff  Reported by Staff  Reported by Staff  Reported by Other Person  Other Person Address 1  Other Person Address 2  Other Person Suburb  Other Person Suburb  Other Person Status (eg. 9LD)  Other Person Employer  Reported To Schubert, Dane Sandre, Presizo  Female, Adm Officer, OneSchool Role, TA Teacher Aide, Minimbah State School  Incident Data  Incident Data  Incident Data  If the Incident occurred at a Departmental focation, select this location as the Departmental Incident Location.  If the Incident occurred at a Non-Departmental focation, select this location as the Departmental Incident Location.  If the Incident Address 2  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * State (eg. QLD)  * Suburb  * State (eg. QLD)  Pest Code  * Suburb  * State (eg. QLD)  * Suburb  * State (eg. QLD)  * Suburb  * Suburb  * State (eg. QLD)  * Suburb  * State (eg. QLD)  * Suburb  * Suburb  * State (eg. QLD)  * Suburb  * Suburb  * State (eg. QLD)  * Suburb  *	/		Schubert, Diane Sandra, s.7	8B(2) Female,		
Reported Date 23/07/12 Reported by Staff Reported by Staff Reported by Staff Reported by Other Person Type of Other Person  Other Person Address 1 Other Person Suburb Other Person State (eg. QLD) Other Person Poet of Schubert, Diane Sandra, 1,788(c) Female, Adm Officer, OneSchool Role, TA Teacher Alde, Minimbah State School Incident Date 13/07/12 Incident Date 13/07/12 If the Incident occurred at a Departmental foretion, select this location as the Departmental Incident Location. If the Incident occurred at a Non-Departmental incident Location and complete the Non-Departmental Incident Location Non-Departmental Incident Location or Sase Location Non-Departmental Incident Location Non-Departmental Incident Location Non-Departmental Incident Location  * Actual Incident Address 1 Minimbah State School Non-Departmental Incident Location Non-Departmental Incident Location * Summary of Incident Supped avvivority on Introdent Supped avvivority on Introdent Supped avvivority on Introdent Supped avvivority on Introdent Suden jumped on a chair and slipped - he fell avvivority on left foot. Immediate Action Taken	Incident Status Submitted  Submitted		Uneschool Role, TA Teach	er Alde, Minimban State Sc		
Reported by Staff Reported by Staff Reported by Staff Reported by Staff Reported by Other Person Type of Other Person Other Person Address 1 Other Person Address 2 Other Person Suburb Other Person Suburb Other Person State (e.g. QLD) Other Person Employer Reported To Schubert, Diane Sandra, 788(2) Female, Adm Officer, OneSchool Role, TA Teacher Aide, Minimah State School Incident Datel 13/07/12 Incident Date 13/07/12 If the Incident occurred at a Departmental Jourtion, select this location as the Departmental Incident Location. If the Incident occurred at a Non-Departmental jourtion, select this location and complete the Non-Departmental Incident Non-Departmental Incident Location Non-Departmental Incident Location Non-Departmental Incident Location Non-Departmental Incident Address 1 Minimibah State School Non-Departmental Incident Location * Actual Incident Address 1 Minimibah Other Actual Incident Address 2 * Suburb	Reporting Details					
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Reported by Other Person  Type of Other Person  Other Person Address 1  Other Person Address 2  Other Person Static (e.g. QLD)  Other Person Employer  Reported To Schubert, Diane Sandra, Pribility  Female, Adm Officer, OneSchool Role, TA Teacher Aids, Minimbah State School  Incident Date 13/07/12  If the Incident occurred at a Departmental Jourdion, select this location as the Departmental Incident Location.  If the Incident occurred at a Non-Departmental Incident Address 1  Minimbah State School  Non-Departmental Incident Location or Race Location  Minimbah State School  Non-Departmental Incident Address 1  Minimbah Dve  Actual Incident Address 1  Minimbah Ove  Actual Incident Address 2  * Suburb  * State (eg. QLD)  Post Code  [4506  * Summary of Incident Studen jumped on a chair and slipped - he fell awdwardly on left foot.  Immediate Action Taken	23/07/12					
Reported by Other Person  Type of Other Person  Other Person Address 1  Other Person Address 2  Other Person Static (e.g. QLD)  Other Person Employer  Reported To Schubert, Diane Sandra, Pribility  Female, Adm Officer, OneSchool Role, TA Teacher Aids, Minimbah State School  Incident Date 13/07/12  If the Incident occurred at a Departmental Jourdion, select this location as the Departmental Incident Location.  If the Incident occurred at a Non-Departmental Incident Address 1  Minimbah State School  Non-Departmental Incident Location or Race Location  Minimbah State School  Non-Departmental Incident Address 1  Minimbah Dve  Actual Incident Address 1  Minimbah Ove  Actual Incident Address 2  * Suburb  * State (eg. QLD)  Post Code  [4506  * Summary of Incident Studen jumped on a chair and slipped - he fell awdwardly on left foot.  Immediate Action Taken	Reported by Staff		Reported by Student			
Other Person Address 2  Other Person Suburb Other Person Stats (e.g. QLD) Other Person Employer  Other Person Phone Number Other Person Phone Number  Reported To Schubert, Diane Sandra, 1988(2) Incident Date 13/07/12  If the Incident Occurred at a Departmental Jocation, select this location as the Departmental Incident Location.  If the Incident occurred at a Non-Departmental jocation select your Rase Location and complete the Non-Departmental Incident Non-Departmental Incident Location.  If the Incident Address 1  Minimbah State School Non-Departmental Incident Location Non-Departmental Incident Location  * Actual Incident Address 1  Minimbah Dve Actual Incident Address 2  * Suburb			s.47(3)(b) - Contrary to Public Inte	erest		
Other Person Address 1  Other Person Suburb Other Person State (eg. 9Lb) Other Person Employer  Reported To Schubert, Diane Sandra, 788(2)  Female, Adm Officer, OneSchool Role, TA Teacher Aide, Minimbah State School  Incident Date 13/07/12  If the Incident occurred at a Departmental Journal Incident Location.  If the Incident occurred at a Non-Departmental Journal Incident Person as the Departmental Incident Location.  If the Incident Cocurred at a Non-Departmental Journal Incident State School  Non-Departmental Incident Location or Rase Location Minimbah State School  Non-Departmental Incident Location  * Departmental Incident Location  * Actual Incident Address 1  * Suburb  * State (eg. QLD) Post Code   Wordyricki   Suburb   State School   Suburb   State (eg. QLD)   Post Code     Suburb   Su	Reported by Other Person					
Other Person Suburb Other Person State (eg. QLD) Other Person Phone Number Other Person Employer  Reported To Schubert, Diane Sandra, 788(2) Female, Adm Officer, OneSchool Role, TA Teacher Aide, Minimbah State School Incident Datalis ** Incident Date 13/07/12 If the Incident occurred at a Departmental Io. *tion, select this location as the Departmental Incident Location. If the Incident occurred at a Non-Departmental io. *tion, select this location as the Departmental Incident Location. If the Incident occurred at a Non-Departmental io. *tion, select this location and complete the Non-Departmental Incident Non-Departmental Incident Location Minimbah State School Non-Departmental Incident Location  **Departmental Incident Location Non-Departmental Incident Location **Actual Incident Address 1 **Minimbah Dve Actual Incident Address 2 **Suburb **State (eg. QLD) **Qud **State (eg. QLD) **Post Code [Qld **Suburb **Summary of Incident Slipped awkwardy on left foot Detailed Description of Incident Studen jumped on a chair and slipped - he fell awdwardly on left foot. Immediate Action Taken			1.55%			
Other Person Suburb Other Person State (ep. QLD) Other Person Employer  Reported To Schubert, Diane Sandra, 788(2) Incident Date 13/07/12 If the Incident occurred at a Departmental Journal of Sandra of Sand	Other Person Address 1			//		
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Schubert, Diane Sandra,   1788(2)   Female, Adm Officer, OneSchool Role, TA Teacher Aide, Minimbah State School	Reported To					
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* Suburb	Minimbah Dve					
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Immediate Action Taken	·		<del></del>			
	Studen jumped on a chair and slipped - he fell awdward	dly on left foot.				
Ice, Elevation and contacted parents	Immediate Action Taken					
	Ice, Elevation and contacted parents	-				

Related Hazards				
Date Hazard Reported No Records	Hazard ID No Records	Hazard Location No Records	Hazard Category No Records	Hazard Description No Records
				•
* Supervising Officer Priestley, Angela Josephine General, Minimbah State School	Female, OneSchoo	l Role, Tch-	Click here to	r help selecting Supervising Officer
Elected Workplace Health and Sa	afety Representati	ve	A	
Evacuation Details				
Did an evacuation occur?		The state of the s	**************************************	
,, 165% NO				
Did a lockdown occur?				
ୁ Yes ® No				
Locations Involved				
		Location No Records		
Incident Types				
* Select one or more Incident Ty	rpes		Click here fo	r he/p selecting Incident Types
Injury Illness	p Cu			
□ Security Threat				
□ Motor Vehicle				
□ Electrical				
□ Fire				
□ Environmental				
□ Property/Plant/Equipm	ant			
□ Near Miss	CHE			
14Cai 14133				
Was this a Dangerous Incident a	s defined under Le	egislation?	<u>Click here fo</u>	r definition of Dangerous Incident
റ Yes⊛ No				
SAVE THIS PAGE AND PROGRESS	S TO THE NEXT TA	B/S TO COMPLETE T	HE DETAILS FOR ALL I	NCIDENT TYPES SELECTED.
Injury/Illness		.)		
Injury/Illness				
Injury/Iilness ID INJ-17599 Student jumped onto	o a chair in the undercover a	L'escription area between Block 1 and 6. He	slipped and fell awkwardly onto let	s.47(3)(b) - Contrary to Public
	(0/8)			Interest
Submit Incident Record for Review				
To subsoit this Took and Subsoit in	no biole blass based as	and slink rows	, samenoopogo oponoooo ee shidiis hooshada a sadood	downed the end the dead of the second the end of the end
To submit this Incident Record, pieas		and click Save		
* Submit Incident Record for rev	riew?			
« Yesc No	101			
Incident Review	AAAU (MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			
		W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	AAN-AAN-AAN-AAN-AAN-AAN-AAN-AAN-AAN-AAN	
Incident Review  Review Incident Classification			A-14-01-01-01-01-01-01-01-01-01-01-01-01-01-	
	ed on save)			
Review Incident Classification  Incident Classification (generate  C - Investigation is Optional   If this is a Psychological Illness,		tifiable to Workplac	e Health and Safety Qu	eensland (WHSQ)?
Review Incident Classification  Incident Classification (generate C - Investigation is Optional	is the Incident no			eensland (WHSQ)?

Review and Provide Actions						
* Immediate actions revie	ewed?					
* Have any further actions	s been undertaken?					
Details of Further Actions						
Further Actions Undertake	en By					
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Roles No Records	Locati No Rec	
Review Acknowledgement and I	lotifications				A CONTRACTOR OF THE SAME AND TH	***************************************
If you are the reviewer of directed to escalate the Ir			licated in this	Incident, you must	consult your su	pervisor for advi
INCIDENT RECORD DETAI	LS REVIEWED?					
Escalate to Human Resour	rces?□					
Once you have reviewed a	and saved the Incide	ent, details of noti	iable Incident	s will automatically	be forwarded t	o:
1. Workplace Health and S 2. Electrical Safety Office	Safety Queensland;	or				
Is legal action anticipated	?					
o Yeso No						
An Officer in Charge will b Incident select these emp		ified about the Inc	ident. If there	are other employed	es within the De	partment that r
Additional People to Notif	у	<				
Surname No Records	Given Names No Records	Employee IDs No Records	Gender No Records	Rokes No Records	Locati No Rec	
Actions	•					
Actions	The state of the s					ышшышыны уургушшы, алышшыш
Due Date No Records		Action ID No Records	57	Action 1		
Case Notes						
Case Notes  Date of Note  No Records		Person Making Note No Records			is Spaken Ta Records	