Procedure: Incident & Near Miss Reporting Procedure

1. Purpose
   Ensure effective reporting and investigation of OHS incidents, near misses and hazards.

2. Actions Required
   • Ensure incidents, near misses and hazards are reported
   • Investigate incident, near misses and hazards appropriately
   • Implement appropriate corrective actions
   • Report “WorkSafe notifiable incidents”
   • Monitor, audit and review.

3. Definitions
   ANSTAT - SAI Global Legal & Statutory Update Service
   MY SAFETY – Council’s Safety Management System
   GCCC - Greater Shepparton City Council
   HSR-Health and Safety Representative
   INCIDENT/ACCIDENT - An unplanned event that may cause an injury or illness
   NEAR MISS – A process or action that had the potential for injury or damage
   NOTIFIABLE INCIDENT – A serious incident that must be reported to WorkSafe
   SWMS - Safe Work Method Statements
   WORKER- a person who carries out work in any capacity for GSCC

4. Responsibilities
   Directors
   • Ensure an effective OHS management and reporting system of incidents, near misses and hazards is applied
   • Delegate OHS appropriate responsibilities and accountabilities to all levels of management.
   • Ensure adequate consultation with employees regarding health and safety issues
   • Report to CEO any of the following:
     o WorkSafe notifiable incident (see section 5 this procedure)
     o Notifiable Dangerous occurrence (see section 5 this procedure)
     o A serious incident. (see section 4 this procedure)

   Managers/Team Leaders and Contractors
   • Ensure workers involved in an incident receive first aid, medical attention or other relevant support
   • Ensure OHS Incident/Near Miss and Hazard reporting forms are completed correctly and promptly
   • Report WorkSafe notifiable incidents
   • Report immediately up line and to Risk Management the following or to the Contractors GSCC Responsible Officer:
     o WorkSafe notifiable incident
     o Notifiable Dangerous occurrence
     o A serious incident.
   • Secure the scene of a notifiable incident in order to conduct appropriate investigations
• Investigate incidents with appropriate staff such as the Health and safety representatives (HSR), employees, volunteers or contractors and implement corrective actions
• Communicate to workers any corrective actions and review for effectiveness
• Ensure workgroup meetings include discussion and review of corrective actions

Workers
• Report all incidents, near misses and hazards
• Complete OHS report forms as soon as practicable after an incident
• Participate in any incident investigation as required
• Comply with any corrective or preventative actions implemented.

Health and Safety Representatives (HSR’s)
• Assist if required to make the area safe following an incident
• Assist if required with incident and hazard investigation and development of appropriate risk control measures.

5. Procedure
What is an Incident?
• An unplanned event that may cause an injury or illness
• Near miss is a process or action that has the potential for injury or damage
• Any event that results in death.

Categorising an Incident
To give guidance on GSCC reporting requirements of incidents to “higher levels”, incidents are categorised as following:

A. WorkSafe Notifiable Incident
• Incidents that result in a level of injury or involve some plant items must be reported, by legislation to WorkSafe Vic. (See section 6 this procedure)
• These incidents are referred to as:
  o WorkSafe Notifiable Incident
  o Notifiable Dangerous Occurrence

WorkSafe Notifiable Incidents must be reported to Directors and CEO. Contractors must report this type of incident as soon as practicable to their GSCC RO.

B. Serious Incidents
• Incidents resulting in injuries to multiple persons
• Incidents where multiple emergency services attend
• Any incident managers or supervisors consider may cause negative or damaging community impact.

These incidents must be reported to Directors and CEO. Contractors must report this type of incident immediately to their GSCC RO.

C. Standard Incident
All other incidents that occur.

These incidents are managed at an operational level and reported to People Performance Department.
Reporting of an Incident
(Other than a WorkSafe reportable incident. See section 6 this procedure)

- Seek first aid assistance as required.
- Control any hazards to prevent further incidents or injury and to ensure accurate information can be obtained for investigation purposes.
- Notify responsible Manager or Supervisor (Contractors and volunteers must be made aware who to contact if an incident occurs).
- Record incidents as soon as possible after it has occurred, or by end of next working day.

Refer:
M10/102423 OHS Incident Near Miss hazard Form
If it is not possible for a person to complete a form e.g. the person has been taken to hospital or is not at work, a GSCC RO is to complete the form.

- Forms are to be Trimmed to 46/544/0015 Incident/Near misses/Hazard Reports and work flowed to OHS Advisor within 2 working days and appropriate Department Manager. Hard copies to be sent to OHS Advisor.
- Managers, Team Leaders and Supervisors are to ensure the incident report form is completed with sufficient detail to ensure an appropriate investigation of the incident.

Near Miss / Hazard Reporting
It is a requirement of The Occupational Health and Safety Act 2004 and GSCC to report and record incidents, near misses and hazards.

Managers and supervisors must actively encourage the reporting of all incidents, near misses and hazards using Incident / Near Miss Form

Refer: M10/102423 OHS Incident Near Miss hazard Form

Forms are to be Trimmed to 46/544/0015 Incident/Near misses/Hazard Reports and work flowed to OHS Advisor and appropriate Department Manager.

Hard copies to be sent to OHS Advisor.

6. WorkSafe Notifiable Incident Definition

Notifiable Incidents:
- Death
- Serious injury requiring hospital treatment as an in-patient
- Exposure to a hazardous substance that requires medical treatment within 1 day of exposure
- Serious head or eye injury
- Electrical shock
- Loss of a bodily function
- Separation of the skin from underlying tissue.

Notifiable Dangerous Occurrence:
- The collapse or overturning of any plant item
- The collapse or failure of a trench or shoring of an excavation
- The collapse of a part of a building structure
- An implosion, explosion or fire
- The escape, spillage or leakage of a substance
- The fall from height, or release from height of any plant item or substance or object.
When And Who Should Report A Notifiable Incident:
It is a requirement to notify WorkSafe within 48 hours of a notifiable incident. A written report of the incident is required using the approved notification form M08/2583.

Managers are responsible for reporting to WorkSafe the following information:
- Time, address or the location of the place where the incident occurred
- Name of any injured persons, details of the injury and a brief description of what happened
- Contact details of a person at the incident site
- If police, ambulance or other emergency service has attended the scene.

Reporting and Management of a Work Safe Notifiable Incident
- Ensure the site where the injury occurred has not been altered unless to render medical treatment or to ensure no further injuries occur
- Plant, equipment or substances connected with the incident is not reused, repaired or removed
- Complete the WorkSafe Notifiable Incident form: M08/2583 and fax as per instructions
- Trim completed form to 46/961/0002 Human Resources / WorkCover / WorkSafe Authority
- Notify Manager and Risk Management
- Manager to inform General Manager and CEO.

If you are uncertain if an incident is notifiable or not, contact Risk Management or phone WorkSafe.

How To Notify
STEP 1: Telephone WorkSafe
Report Phone Line: 13 23 60 (24Hour Emergency - 7 days a week)
WorkSafe will record details of the incident and issue you with a Reference Number. The Reference Number is your PROOF OF IMMEDIATE NOTIFICATION.

STEP 2: The written report must be submitted to WorkSafe on an approved form (M08/2583) or online:
- Online via the internet using the electronic form available at www.worksafe.vic.gov.au
- Hard copy by facsimile to (03) 9641 1091
- By post to WorkSafe Victoria, Incident Notification, GPO Box 4306, Melbourne 3001
- By post or courier to WorkSafe Victoria, 222 Exhibition Street, Melbourne 3000.

Incident/Near Miss and Hazard Investigations
The manager, supervisor or team leader must investigate all incidents, near miss and hazard reports and involve relevant HSR and workers/ volunteers where possible.

Incidents should be investigated to determine the circumstances which contributed to the “incident” and to prevent reoccurrence by:
- Using the Hazard Corrective Action Form to aid the investigation
  Refer: M10/102398 Hazard Correction Action Form
- This form will assist in investigation of:
  o Problems identified with plant, equipment or substances
  o The workplace environment e.g. lighting, floor surface, signage, weather conditions
  o Documented procedures, SWMS or work instructions and if they were followed correctly
Training and competency level of persons involved with the incident
Examination of the incident scene and record any physical evidence
Interviewing of persons and witnesses involved
Any similar events that have previously occurred.
- Forms are to be Trimmed to 46/544/0015 Incident/Near misses/Hazard Reports and work flowed to OHS Advisor and appropriate Department Manager
- Hard copies to be sent to OHS Advisor.

Implementing Corrective Actions
The Manager or Supervisor/Team Leader, in consultation with relevant persons must identify appropriate corrective actions required to prevent similar incidents/Near Misses or Hazards occurring by:
- Ensuring control options are chosen in descending order using the Hierarchy of Controls. Refer: Hazard Identification, Risk assessment, and Control - (M10/109360)
- Implementing short and long term control measures, depending on the findings of the investigation
- Documenting corrective actions and the persons responsible for there implementation on a Hazard Correction Action Form and Trim.
- Implement required corrective actions into standard operating procedures, SWMS, Work Instructions and communicate to appropriate work groups.

Monitor and Review Actions for Effectiveness
The Manager or Supervisor/Team Leader must:
- Discuss, monitor, evaluate and review corrective actions for effectiveness
- Amend the risk assessment if new hazards are identified
- Communicate the outcomes of the incident investigation to workers.

7. Employee Assistance
All GSCC resources, work cover, Human Resources and EAP are available to assist workers and their families following an incident.

8. References
- Victorian Occupational Health and Safety Act 2004
- Victorian Occupational Health and Safety Regulations 2007 (Issue resolution)
- Victorian Equipment Public Safety Regulations 2007

9. Related Procedures and Documents
Other procedures and forms that may contribute or provide further guidance are:
- Refer to Trim Reference:
  - M10/109360: Hazard Identification, Risk assessment, Control & Reporting
  - M10/102423: Incident/ Near Miss report form (Attachment 1)
  - M10/102398: Hazard corrective action form (Attachment 2)
  - M08/2583: WorkSafe Notifiable Incident form (Attachment 3)
10. Flow Chart

**Incident occurs**

- **Injury?**
  - **No** → **Incident / Near Miss form M10/102423**
  - **YES** → **Seek medical attention**

**WorkSafe Notifiable incident?**

- **YES** → **Manager or Supervisor Team Leader to Investigate incident:**
  - Implement corrective actions
  - Communicate actions to staff
  - Hazard correction action form

**Incident / Near Miss form within 2 days and Hazard Correction action when investigation complete to OHS Advisor**

**Review Corrective action**

**Hazard correction action form M10/102398**

**Manager to notify WorkSafe.**

**Notify – CEO, GM & Risk Management**

- Is this a “Serious incident” or Dangerous occurrence?
  - **YES** → **WorkSafe Serious Incident Form to be completed and forwarded to WorkSafe**
  - **No** → "Standard incident?"

**WorkSafe Serious Incident M08/2583**
**OHS INCIDENT / NEAR MISS / HAZARD FORM**

**REPORTING AN INCIDENT – Complete sections 1 through to 8**
**REPORTING NEAR MISS OR HAZARD – Complete sections 1, 2 & 3**

To place a cross in a shaded square. Right click on grey box, go to properties, under heading “default value” select “checked” and click ok.
To take the cross off, repeat process and select “not checked” and click ok.

### SECTION 1: My details

Person involved in incident or reporting a near miss or hazard

<table>
<thead>
<tr>
<th>EMPLOYEE</th>
<th>CONTRACTOR</th>
<th>VOLUNTEER</th>
<th>CLIENT/MEMBER OF PUBLIC</th>
</tr>
</thead>
</table>

Incident number (OHS to complete)

Name of person involved in incident or reporting a hazard:

Address of person involved in incident:

Contact Telephone:

**Who is your direct Manager / Supervisor / Coordinator?**

Responsible Directorate: (or Directorate responsible for Contractor/Volunteer)

| Infrastructure | Sustainable Development | Office of the CEO | Community | Business |

### Section 2: What are you reporting?

**An incident**

- An injury occurred  
- An incident occurred but no injury

Complete appropriate Sections 1 through to 8

**A Near Miss or Hazard Report**

- An injury or incident could have occurred while performing a task or operating equipment.

Complete Sections 1, 2 & 3 only

Date incident occurred:

Incident time:

Location incident/Near Miss/Hazard occurred (i.e. Service or Facility name):

Area Incident or Near Miss/Hazard occurred (i.e. specific location, room name etc):

Who was the Incident / Near Miss / Hazard reported to:

Date reported:

### Section 3: Detailed description of Incident / Near Miss / Hazard.

Describe what led up to, during, after the incident or what you were doing at the time of the incident.

(Attach or supply photos and drawings if required)

Please list any witnesses to the incident

- There were no witnesses

Name

Name

To write in a shaded rectangle click in box and type text.

### Section 4 My incident / Injury suspected cause was……….

<table>
<thead>
<tr>
<th>Trip / Fall / Slip</th>
<th>Motor Vehicle</th>
<th>Chemical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Handling</td>
<td>Entanglement</td>
<td>Incident involving Plant (Detail below)</td>
</tr>
<tr>
<td>Fall from Heights</td>
<td>Involving animal</td>
<td>Psychological Incident</td>
</tr>
<tr>
<td>Electric shock</td>
<td>Hit by Machinery</td>
<td>Dropping of item</td>
</tr>
</tbody>
</table>

Other/Details

### Section 5 My injury was...

- No Injury
- Body Front
- Body Back

<table>
<thead>
<tr>
<th>Foot (left / right)</th>
<th>Eye (left / right)</th>
<th>Neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leg (left / right)</td>
<td>Arm (left / right)</td>
<td>Head</td>
</tr>
<tr>
<td>Knee (left / right)</td>
<td>Hand / Wrist/ Fingers</td>
<td>Ankle left / right</td>
</tr>
</tbody>
</table>

Other/Details
Has this injury occurred before?  

Yes ☐  No ☐

**Section 6 My treatment required was…..**

<table>
<thead>
<tr>
<th>Nil</th>
<th>Hospital Treatment</th>
<th>First Aid</th>
<th>Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other/Details

**Section 7: My lost time was…….(at time of completing report)**

<table>
<thead>
<tr>
<th>Nil time off from work</th>
<th>I had …….Hours off from work</th>
<th>I had ……..Days off from work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 8: Signature**

Signature of person completing report (involved in incident):  

Date:  

Thank you for your report, please ensure this is provided to your direct supervisor promptly.

---

**Section 9 - Manager or Direct Supervisor to complete**

**Section 9 Investigations and Notifications**

Consider the severity.  

Has this Incident / Near Miss / Hazard been reported to the appropriate levels of Management within your Department?  

Yes ☐  No ☐

If no, why?  

Has an investigation started on this Incident / Near Miss / Hazard?  

All Incidents / Near Misses / Hazards are to be investigated.  

Investigation to be completed by a GSCC responsible officer or investigation team within Department or by coordinating with OHS Advisor.  

Document investigation by completing Hazard Corrective Action Form (M10/102398).  

Please nominate person or team who will be investigating this Incident/Near Miss/Hazard?

**VICTORIA WORKCOVER AUTHORITY (WorkSafe)-NOTIFIABLE INCIDENT.  Report Phone Line: 13 23 60**

In accordance with WorkSafe Victoria requirements where a serious injury or incident occurs.

Is this a VICTORIA WORKCOVER AUTHORITY Notifiable Incident?  

If “Yes”, Contact OHS (People Performance Department) to co-ordinate:  

- WorkSafe phone and online notifications  
- Up-line reporting to management and Communications Department.  

Refer procedure: Accident / Incident and Near Miss Reporting Procedure - 46.PRO3.7. M10/105068

**WorkSafe Notification No:**  

Manager or direct Supervisor to sign completed form (Trimming will provide an “electronic” signature)

Signature of Manager (or direct Supervisor):  

Date:  

Manager Comments:

---

**STEP 1**  
Person involved in incident or reporting Hazard to complete Incident /Near miss/Hazard form.

**STEP 2**  
Completed Incident/Near Miss/Hazard form to be given to immediate supervisor to assist with completing step 4.

**STEP 3**  
Trim this form to 46/544/0015- Incident Report Form-SURNAME, First name> Day / Month / Year within 2 working days of incident. (OHS will receive automatic alert of incident, no need to work flow)

**STEP 4**  
Incident to be investigated by a GSCC responsible person or investigation team using and completing the Hazard Corrective Action Form (M10/102398). (OHS will receive automatic alert of incident, no need to work flow)

**STEP 5**  
When the investigation is completed, Trim the Hazard Corrective Action Form to:  

46/544/0015.  Hazard Correction Form-SURNAME, First name> Day / Month / Year

**STEP 6**  
Hard copies to OHS Advisor

Damage to any plant or vehicle or property is to be reported to Risk Management using: Public Assets Plant Incidents Report Form M11/53744

---

Trim Reference  
M10/102398

Issue Number:  
1

Endorsed by:  
The Executive
**OHS HAZARD CORRECTIVE ACTION FORM**

Complete Sections 1, 2 & 3 to investigate an incident and report control actions to be implemented.

To place a cross in a shaded square, right click, under heading "default value" select "checked" and click ok.

To take the cross off, repeat process and select "not checked" a click ok.

To write in a shaded rectangle click in box and type text.

### SECTION 1 (Details of person completing this form)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Directorate:

- Infrastructure [ ]
- Sustainable Development [ ]
- Community [ ]
- Office of the CEO [ ]
- Business [ ]

### SECTION 2- INCIDENT / NEAR MISS / HAZARD INVESTIGATION

<table>
<thead>
<tr>
<th>Location of incident or hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Who investigated this incident/Near Miss or Hazard?

Name: [ ]

Position: [ ]

Name: [ ]

Position: [ ]

**“What went wrong”?**

Provide a Short summary of the incident or reference the TRIM number of incident report form.

What are the probable cause(s) of this incident, Near Miss or hazard?(Section 3 of this form will assist you)

### What is to be changed to prevent similar incidents or address this hazard?

From the issues identified in section 3, who is responsible for any changes and what is to be implemented to prevent an incident like this occurring again or to fix this hazard?

<table>
<thead>
<tr>
<th>RECOMMENDED CORRECTIVE ACTIONS or CORRECTIVE ACTIONS TAKEN</th>
<th>Who is responsible for the corrective actions</th>
<th>Required Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Manager/Supervisor to sign off corrective actions appropriate.

Name: [ ]

Sign: [ ]

Date: [ ]

Trim Hazard Corrective Action as "Hazard Corrective Action Form <Surname, First name><Date>" to: 46/544/0015. The GSCC OHS Advisor will be automatically alerted of the corrective actions. Communicate to relevant staff within workgroup as required.
SECTION 3- INCIDENT INVESTIGATION CHECK LIST
The most important final step is to come up with a set of recommendations designed to prevent recurrences of similar accidents, Near Misses or Hazards. Once you are knowledgeable about the work processes involved and the overall situation, work with those involved to come up with some realistic recommendations.

<table>
<thead>
<tr>
<th>Was the cause?</th>
<th>Comments/Changes required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plant and Equipment</strong></td>
<td></td>
</tr>
<tr>
<td>- Poor maintenance or design of plant</td>
<td></td>
</tr>
<tr>
<td>- Poor quality or defective equipment or tools</td>
<td></td>
</tr>
<tr>
<td>- Incorrect equipment used</td>
<td></td>
</tr>
<tr>
<td>- Training or education insufficient for this equip.</td>
<td></td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td></td>
</tr>
<tr>
<td>- Work area unsafe/not suitable for task</td>
<td></td>
</tr>
<tr>
<td>- Physical demands of the task too much</td>
<td></td>
</tr>
<tr>
<td>- Improved Housekeeping required</td>
<td></td>
</tr>
<tr>
<td>- Weather/Forces of Nature contributed</td>
<td></td>
</tr>
<tr>
<td><strong>Methods/Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>- No procedure in place / Procedure insufficient</td>
<td></td>
</tr>
<tr>
<td>- Written Procedure differs to actual practice</td>
<td></td>
</tr>
<tr>
<td>- Safe Work Method Statement needs to be altered.</td>
<td></td>
</tr>
<tr>
<td>- Improved / Additional PPE required</td>
<td></td>
</tr>
<tr>
<td>- Poor communication</td>
<td></td>
</tr>
<tr>
<td>- Did not follow procedure correctly</td>
<td></td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td></td>
</tr>
<tr>
<td>- Inattention to task</td>
<td></td>
</tr>
<tr>
<td>- Previous identified hazards were not eliminated</td>
<td></td>
</tr>
<tr>
<td>- Lack of process</td>
<td></td>
</tr>
<tr>
<td>- Stress demands</td>
<td></td>
</tr>
<tr>
<td><strong>People</strong></td>
<td></td>
</tr>
<tr>
<td>- Poor employee involvement</td>
<td></td>
</tr>
<tr>
<td>- Inattention to task</td>
<td></td>
</tr>
<tr>
<td>- Poor recognition of hazard</td>
<td></td>
</tr>
<tr>
<td>- Did not follow procedure</td>
<td></td>
</tr>
</tbody>
</table>

**Training**
For the task that was being undertaken when the incident occurred……

1. List any training required to perform the task
2. Provide information on when the training was undertaken by the person involved in the incident.

<table>
<thead>
<tr>
<th>Training</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment 3 (For complete form refer Trim)

WORKSAFE VICTORIA
INCIDENT NOTIFICATION FORM
SECTION 38(3) OCCUPATIONAL HEALTH AND SAFETY ACT 2004 AND
REGULATION 904 EQUIPMENT (PUBLIC SAFETY) REGULATIONS 2007

<table>
<thead>
<tr>
<th>Reference Number</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Ring 132 360 to obtain a Reference Number.
The Reference Number is your proof of immediate notification. Immediate notification is required

Person Submitting Details  (Please print in BLOCK letters)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Date of Incident</th>
<th>Time of Incident</th>
</tr>
</thead>
</table>

Name of Employer / Self-Employed Person / Person in Charge of Prescribed Equipment

| Business Address (Not P.O. Box) | Postcode |

Name of Employer of Deceased / Injured Person(s), if any, if different from above

| Address or Location where Incident Occurred |

Brief Description of the Incident

Details of Deceased / Injured Person(s)

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

| Residential Address | Postcode |

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

| Occupation / Job Title | Employee / Contractor / Member of Public |

Work / Activity being undertaken at Time of Incident [Identify any Plant, Substance, Equipment Involved]

| Brief description of injuries |

Person(s) who saw Incident or first came to Scene

| Action Taken / Intended, if any, to prevent recurrence of Incident |

The above information is to be provided to the extent that it is known at the time of writing

Declaration
I declare that where I provide personal or health information to the Victorian WorkCover Authority (WCA) about any other individual, I am authorised to provide that information, the information has been collected in accordance with applicable privacy legislation and the individual has been or will be made aware of the WCA's identity and how to contact it and of the other matters of which an individual is required to be made aware when personal or health information is collected about them.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Name</th>
</tr>
</thead>
</table>

Optional

| WorkCover ID |

| Establishment No |