**Employee / Contractor Emergency Procedures, Contact Numbers and Incident Report Form**

**NOTE: All hazards, injuries, incidents, accidents, near misses must be reported to the Principal Employer immediately**

A copy of the Emergency Procedures, Contact Numbers and Incident Report Form must be on the job at all times.

Copies are available to downloadon thePrompt Safety Solutions Employee – Contractor Induction Page. <https://www.promptsafetysolutions.com/employee-contractorinductionpage>

**Police: 000 Western Power: 131 351 Telstra: 132 200 Water Corporation 131 375**

 **FIRE – Emergency Call 000 Adhere To All Warnings - Hot Works and Machinery Movement Bans**

* Register with the Local Shire to receive warning text
* Contact the Principal Employer for Instructions- (Insert Numbers above).
* Listen to local radio for warnings and updates ABC regional radio
* DFES 1300 657 209 for updates or Website <http://www.dfes.wa.gov.au/alerts/Pages/default.aspx>

**Emergency Response**

**1. Telephone – 000**

**Advise –**

2. Accurate location

3. Details of injury/incident

4. Number of persons involved

5. Follow emergency services instructions for initial care of person/s

6. Phone Principal Employer Emergency Contact Number/s – (Write contact names & No’s opposite)

Determine the best access for Emergency Services

**Poisons Information 13 11 26**

|  |  |
| --- | --- |
| **Principal Employer** **Write Contact Names Below** | **Contact Number:****Write Contact Numbers Below** |
|  |  |
|  |  |
|  |  |
| **First Aid Kit Location?****Write Location Opposite** |  |

**CHANGING WEATHER CONDITIONS**

If weather conditions change during the task/day/shift, re assess (risk assess) before re-commencing work e.g. rain, lightning or fire warning - machinery movement ban.

**Rain** – Review work area and road conditions for hazards caused/changed by rain wind e.g. electrical, slippery surfaces etc

**Lightning** – If you can clearly hear thunder or see a storm approaching then precautionary action must be taken.

* Stop at-risk activities - Make safe incomplete or hazardous work in-progress e.g. barricading - Check equipment and materials that could become airborne
* Move to a safe location (building) if possible
* If stuck in vehicle - wind up windows -drive away from tree fall zone-stay in vehicle - do not touch anything metal until lightning/storm has passed.

**Flood Waters** - **Never** attempt to enter or cross flooded roadways or crossings of unknown depth and road surface condition. Warn others wherever Possible. Contact the Principal Employer – **Numbers above.**

**REMOTE EMERGENCY COMMUNICATION PLAN**

During the planning of tasks, identify the most reliable communication device.

* Before starting work, undertake a radio check / phone check with the Principal Employer to ensure a tried and tested means of communication exists. Do not start work until you have a communication plan in place and confirmed that the communication method is working.
* **In The event of an Emergency -** If you are working remotely away from the Principal Employers Premises, you will be contacted by the Principal Employer and given instructions. Remain where instructed until “all clear” directed by the Principal Employer. **Do not return to the work area until instructed to do so**

Lone/remote Employees/Contractor Workers to call Principal Employer at noon with status and location and at the end of the day. All workers must carry an ample supply of drinking water for the conditions in case of break downs.

**Hazard, Incident, Accident, Injury Report – Statement Form**

**NOTE: All hazards, injuries, incidents, accidents, near misses must be reported to the Principal Employer immediately**

|  |  |
| --- | --- |
| Principal Employer/Company Name: | Company that You work For: |
| Name of person filling out this Report: |  | 🞏 Were you Involved in the Incident?  | 🞏 Did you Witness the Incident  |
| Date - Time of Incident: | Day:  | Date:  | Time: am/pm |
| Nature of Incident: | 🞏Hazard 🞏Near Miss 🞏Injury 🞏Property/Plant Damage 🞏Environmental 🞏Other |
| Other - Please State: |  |
| If Injury – What Part of Body?  |  |

|  |  |  |
| --- | --- | --- |
| Reported to: |  | Date Reported: |
| Time Reported: |

|  |
| --- |
| Where did the Incident occur: |
|  |

|  |
| --- |
| Description of Incident: (Include a description of the work performed at the time)Use the following questions as prompts - Who? What? Where? When? How? Why? |
|  |
|  |
|  |
|  |

|  |
| --- |
| Contributing Factors: |
|  |
|  |

|  |
| --- |
| Name/s of Witness/s: |
|  |

|  |
| --- |
| (Optional) Sketch, draw or attach photos of parts of the Incident scene where people, equipment or machinery involved were located or where the potential actions that contributed to the incident occurred. NORTH |
|   |

|  |  |  |
| --- | --- | --- |
| Person Filling out Form Signature: |  | Date:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Employer Representative: | Name: | Sign: | Date: |
| Comments: |
|  |
|  |