

FLIGHT STORE

INCIDENT REPORT PROCEDURE

Purpose:

The purpose of this procedure is to ensure that all workplace incidents, accidents, near misses, injuries, and hazards are reported, recorded, and investigated promptly to maintain a safe working environment and prevent recurrence.

1. Scope

This procedure applies to all employees, contractors, and visitors who are involved in or witness any incident occurring on company premises or during work-related activities.

2. Definition of an Incident

An incident includes any event that results in, or could have resulted in: injury or illness, damage to property, equipment, or the environment, unsafe conditions, or near misses.

3. Reporting an Incident

1. Immediate Action: Ensure the safety of all personnel and prevent further harm. Administer first aid if required and contact emergency services if necessary.
2. Notification: Report the incident to your supervisor or manager as soon as possible—ideally within the same shift. Supervisors must notify the Health & Safety Officer (HSO) or relevant department within 24 hours.
3. Incident Report Form: The person involved or their supervisor must complete an Incident Report Form within 24 hours of the event, including details such as date, time, location, persons involved, description, and corrective actions.

4. Investigation

The HSO or delegated investigator will assess the incident to determine the root cause and contributing factors. Evidence such as photos, witness statements, and maintenance records should be collected. Findings and recommendations will be documented in the Incident Investigation Report.

5. Corrective and Preventive Actions

Management must implement corrective actions promptly. Follow-up checks will verify that actions are effective and risks are controlled. Lessons learned should be communicated to all staff to prevent recurrence.

6. Recordkeeping and Review

All incident reports and investigation records will be securely stored in the Safety Management System. The HSO will review incident trends quarterly to identify and address recurring hazards.

Incident report form



Flight Store Pty Ltd is dedicated to providing a safe working environment for everyone.

What is an incident?

An incident is an event or circumstance that could have, or did, lead to harm.

Why do we report incidents?

Incident reporting helps us learn and minimise risk to staff.

What do we do in an incident?

1. Prioritise the safety of yourself and others.
2. In an emergency, call triple-zero (0-0-0).
3. Alert your manager / coordinator of the incident.
4. Complete this form as soon as possible.

Who should complete this form?

Please fill out this form if you witness or are involved in an incident

1. Who is reporting this incident?

Reporter's Name:

Position:

Department:

Reporter's contact details

Reporter's phone number:

Reporter's email:

Date reported:

2. Who was affected?

The incident relates to (please select):

- Me / myself
- Worker / Contractor
- Customer / Relative / Visitor
- Property / Vehicle / Equipment

Name/s of person(s) or property affected:

Contact details of person(s) affected:

Address of person(s) affected:

Incident Report Number (Office use only):

Manager / Supervisor:

Did the incident occur during regular work hours?

Yes No

Has anyone been injured (physically or otherwise)?

Yes No

3. When did the incident occur?

Incident date:

Incident time:

 am pm

4. Where did the incident occur?

Site: (e.g. Flight Store, Airshow):

Setting / location: (e.g. bathroom, hallway, waiting area, meeting room, car park):

Address:

Flight Store Pty Ltd Incident Report; continued

5. What happened?

Details: Please provide a detailed account of what occurred. All information is to be relevant, factual and objective.

If a vehicle was involved please provide registration number. Please indicate whether this incident is related to COVID-19. Please attach additional paper if required.

What activity was being undertaken at the time of the incident? (e.g: office, warehouse, picking, showroom, airshow):

Were emergency services called?

Yes No

If yes, which service? (please select):

Ambulance Police Fire Department SES
Other

Emergency service notification date: Notification time:

am pm

If a physical injury has been sustained, please describe:

Describe any treatment given and by whom:

Were there any witnesses?

Yes No

Witness role (please select):

Employee Client Client relative Contractor
Other

Name and contact details of all witnesses:

Name/s:

Contact details:

Where and when to submit this form:

Flight Store employees; please give this completed form to your manager / team leader as soon as possible following the incident.

Other parties; please give this completed form to Flight Store management as soon as possible following the incident.

Contractors / Service providers; please notify Flight Store of any incidents or 'near misses' within 24 hours. If there is harm to a person, please call: 07 5536 8694 and ask to speak with a manager. Please complete this form, or email your organisations incident report form to the email address below:

For office use only

Date form received:

Date entered:

Entered by: