



Assess your Accident Recording and Management System

Accident Management System	Yes	No	Unsure
Do you have written accident reporting, recording and management procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your procedures apply to all the people in your workplace (employees, contractors, visitors and public)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have written investigation procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a register of accidents which cause any person to be harmed; or in different circumstances, might have caused any person to be harmed (near hits)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your accident register record the information required by the Health and Safety in Employment Act 1992?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all incidents where serious harm occurred, or could have occurred, the subject of full and proper investigation and are those results recorded in the register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you record, report and investigate accidents to determine whether it was caused by or arose from a significant hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where any serious harm occurs, do you:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ As soon as possible after its occurrence, notify OSH (MSA if on a vessel) of the occurrence? ▪ Within 7 days of the occurrence, give the Secretary of Labour written notice of the circumstances of the occurrence? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where a person is seriously harmed, you do not, unless authorised by a Health and Safety Inspector, interfere with the accident scene except—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ To save someone's life or prevent further harm or suffering to them; or ▪ To maintain access by the general public to an essential service or utility; or ▪ To prevent serious damage or loss of property? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Provisions	Yes	No	Unsure
Do you have adequate first aid personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ At least two first aid personnel for up to each 10 employees – where timely and convenient access to appropriate medical or ambulance services is restricted due to distance or remote location ▪ In offices and retail shops — at least two first aid personnel where there are up to 50 employees. Where there are more than 50 employees, an additional first aid person for each additional 50 employees or part thereof ▪ In all other places of work — at least two first aid personnel where there are up to 25 employees. Where there are more than 25 employees, an additional first aid person should be provided for each additional 25 employees or part thereof 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have first aid services available to cover all hours of operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you made appropriate first aid provision for employees work away from their usual place of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>