

**DUTY HOLDER REVIEW (DHR)**

 Duty Holder Review (DHR) file number: [ ]

Due date: []

|  |
| --- |
| **Section 1:****The Organisation/s** |
| **Your Business:** |
| ***Registered business name (include trading name) & postal address***: |
| Number of employees: | Number of sites: |
| Director(s): |
| Phone: | Email:  |
| Are you the main business onsite? |  Yes ☐ No ☐ |
| **Company who engaged your services - *if relevant:*** |
| ***Registered business name (include trading name) & postal address***: |
| Number of employees: | Number of sites: |
| Director(s):  |
| Contact name:  | Their role/title: |
| Phone:  | Email:  |
| **Other companies (contractors) - *those on site at the time of the incident:*** |
| ***Registered business name (include trading name) & postal address***: |
| Number of employees: | Number of sites: |
| Directors: |
| Contact name: | Their role/title: |
| Phone: | Email: |
| **Section 2:****The People** |  |
| **Who is leading your investigation of the incident?** |
| Company: |
| Name: |
| Role/title: |
| Phone: | Email: |
| **Other people who were involved or consulted during your investigation**: |
|  |
|  |
|  |
|  |
|  |
| **Was the injured person involved in the investigation?** Yes ☐ No ☐ |

|  |
| --- |
| **People at the scene:** |
| **Injured person(s):** |
| Name: |
| Role/title: |
| Address: |
| Statement obtained: Yes ☐ (please provide copy) No ☐ |
| Were there any witnesses: Yes ☐ No ☐ |
| Witnesses (those present at scene; the first aider; first on scene etc.) |

**Type of injury: Mark location of injuries: **

|  |
| --- |
| ☐ Bruising ☐ Dislocation ☐ Strain/sprain ☐ Scratch/abrasion ☐ Internal ☐ Fracture ☐ Amputation ☐ Foreign body ☐ Laceration/cut ☐ Burn/scald ☐ Chemical reaction  |
| ☐ Other (specify)  |
| Comments:---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |

----------------------------------------------------------------------------------------------------

|  |  |
| --- | --- |
| **Section 3:** **DESCRIBE THE INCIDENT SCENE** |  |
| **Provide detailed relevant information** |
| Date of incident: | Time of incident: AM ☐ PM ☐ |
| ***Address and exact location of incident*** *(e.g., 123 First St, Wellington. South east corner of Warehouse 2)*: |
| ***Working conditions at the location and time of the incident*** *(e.g. poor lighting, extreme temperature, time pressures, confined working space etc.)*: |
| ***Weather conditions at the time of the incident*** *(if applicable)*: |
| Create a timeline. Describe the details in the order of what happened immediately before, during, and after the incident: |
| ***Before:*** *(e.g., 07:00AM Worker X began work.**07:10AM Worker X attended a toolbox meeting. Etc …)* |
| ***During:*** *(e.g., 12:30PM Worker X began using concrete cutting saw on sewer pipeline.**12:40PM Saw blade pinched in pipe, cutting saw kicked back, & the blade struck Worker X’s throat …)* |
| ***After:*** *(e.g. 12:43PM Worker Y first on scene and provided first aid to Worker X.**12:45PM Worker Z phoned 111 …)* |
| **Section 4:****IDENTIFY DIRECT CAUSE(S):** | ***Immediate factors that influence human decisions*** |
| **A direct cause is anything at the location that has had an immediate influence on actions or decisions made by workers contributing to the incident occurring (the actions or inactions of people, obstacles, poorly maintained equipment etc.)** |
|  |
| **People:**List all those who were present in the area and describe the actions or inactions of: the injured party; supervisors (who was in charge?); others (witnesses etc.). Have these actions or inactions contributed to, or failed to stop, the incident? |
|  |
| **Plant (building, machinery etc.) & Equipment (bench saw, gas bottles, pallets etc.)**:What plant and/or equipment (including its make, model, age, and condition) was at the location that had an influence on the incident?How did this influence the incident? |
|  |
| **Substances:**Were there any substances at the location that had an influence on the incident?If “yes”, what was the substance/s, and what was the influence? |
|  |
| **Environment**:Describe the environment and how it influenced the incident (e.g., confined working space, fumes, poor lighting etc.). |
|  |
| **Section 5:** **IDENTIFY CAUSATIVE FACTOR(S)** | ***Your Health and Safety Management System*** |
| Given that people make mistakes and/or take short-cuts, what could have been in place to mitigate the consequences of their actions? |
|  |
| **Training:**What training or instruction have the parties been provided (induction, task specific, hazard identification etc.)? Please provide supporting documents (company records, certificates etc.). |
|  |
| **Competence:**What qualifications and/or experience do the parties have to undertake the task being performed?How do you know workers are performing as per their training, and that they remain competent? |
|  |
| **Procedures:**What procedures do you have that cover the task being performed at the time of the incident? Consider the following: standard operating procedures (SOPs), job safety analysis (JSA), emergency plans, contractor management etc. Please provide a copy of these where applicable.Were those SOPs, JSAs, plans, procedures etc. followed? |
|  |
| **Supervision:**Who was the supervisor?What level of supervision was required for the task?Has the supervisor or other workers noticed any actions that are out of line with procedures, and if so what actions were taken? |
|  |
| **Hazard and Risk Management**:Was the hazard identified? Please provide a copy of your hazard identification method.What was the risk associated with the hazard? |
|  |
| If the risk was previously identified, what controls were put in place to mitigate this risk?How did these controls fail? |
|  |
| What other controls were considered and how did you decide on the most appropriate to control this risk? |
|  |
| What do you have in place to:Assess the effectiveness of hazard and risk controls that are in place?Ensure workers and visitors are doing what they should in relation to your procedures and/or Standard Operating Procedures?Compare existing controls with new control opportunities? |
|  |
| **Governance:**How are senior management made aware of hazards and risks within the workplace?When were senior management first aware of the hazards and risks associated with this incident?What factors were assessed when deciding on any existing controls the business had? |
|  |
| **Health and Safety Standards:**What standards, codes of practice, guidelines etc. do you refer to in relation to the task being performed (you may reference manufacturer’s manuals or similar)? |
|  |
| **Other Causes:**If applicable, advise what other causes contributed to the incident (fatigue, complacency etc.) |
|  |
| **Section 6:** **DIRECT CAUSE(S)** | ***Immediate factors that influence human decisions*** |
| **Direct causes:**Summary of identified key points from Section 4 |
|  |
| **Section 7:** **ROOT CAUSE** | ***Your broader health and safety system*** |
| **Root cause:**Having reviewed your key points identified in Section 5, can you now identify what, if added or removed from the situation, would have prevented the incident from occurring? |
|  |

|  |  |
| --- | --- |
| **Section 8:****CORRECTIVE ACTIONS TAKEN** |  |
| **Corrective Actions Taken:**Corrective actions taken to address the direct and root causes as listed above (Section 6 & 7) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Action:** | **Control Type:****(Elimination, Substitution etc., (refer to the diagram below)** | **Expected completion date:** | **Overseen by:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Section 9:** **SUPPORTING DOCUMENTATION (add others as necessary)** |  |
| Statements (injured party, witnesses etc.) |  | Procedures |  |
| Standard operating procedures |  | Hazard identification and control docs |  |
| Toolbox minutes |  | Training records |  |
| Skills assessment documentation |  | Certification (forklifts, cranes etc.) |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Section 10:** **SIGN-OFF** |
| **Person responsible for report** |
| Name: |  |
| Title: |  |
| Signature: |  |
| Date: |  |

|  |
| --- |
| **Health and Safety Representative (if applicable)** |
| Name: |  |
| Title: |  |
| Signature: |  |
| Date: |  |

|  |
| --- |
| **Chief Executive or Senior Decision Maker****Declaration:** I confirm that improvements identified in this report have been implemented or are planned to be implemented by the dates specified. |
| Name: |  |
| Title: |  |
| Signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| ***Appendix 1* – complete if appropriate:****DIAGRAM OF LOCATION OF INCIDENT** |  |
|  |

|  |  |
| --- | --- |
| ***Appendix 2 – complete if appropriate*:****PHOTO(S) TAKEN** |  |
| If you have taken photos that you haven’t previously submitted to WorkSafe, then electronically attach those additional photos as appendices to this report if you think they are relevant. Attach them in their original file size (as reducing their file size makes them pixelate if they’re ‘zoomed’). |
|  |