

Event Type. 3

Event ID 172328

Assessment ID 288484

Investigation ID \_\_\_\_\_



Queensland Government  
Department of Justice and Attorney-General

## WORKPLACE HEALTH AND SAFETY QUEENSLAND BRISBANE NORTH SUNSHINE COAST REGION

### EVENT FILE

LOCATION ID: \_\_\_\_\_ ABN: 73 420 754 944

EMPLOYER / PC NAME: Thrill Hill

EVENT LOCATION: 74 Schubert Rd, Woombye

INJURED PERSON: \_\_\_\_\_ EVENT DATE: 5/10/12

ALLOCATED TO: Berhanu BY: RK DATE: 5/10/12

### CONTENTS OF FILE

Note: Inspectors must mark relevant boxes that apply.

\*\*\* File is to be compiled in 'Contents of File' order.

<u>Assessment</u>
<input type="checkbox"/> 1. Running Sheet
<input type="checkbox"/> 2. Event details
<input type="checkbox"/> 3. CISR History Report - current
<input type="checkbox"/> 4. Notices
<input type="checkbox"/> 5. Photographs
<input type="checkbox"/> 6. Inspector Notebook Notes
<input type="checkbox"/> 7. Correspondence - See Index
<input type="checkbox"/> 8. Other - See Index

<u>Investigation</u>
<input type="checkbox"/> 1. Running Sheet
<input type="checkbox"/> 2. Event details
<input type="checkbox"/> 3. CISR History Report - current
<input type="checkbox"/> 4. Investigation Report
<input type="checkbox"/> 5. Notices
<input type="checkbox"/> 6. Statements - See Index
<input type="checkbox"/> 7. Photographs <input type="checkbox"/> CD <input type="checkbox"/> Hardcopy
<input type="checkbox"/> 8. Inspector Notebook Notes
<input type="checkbox"/> 9. Correspondence - See Index
<input type="checkbox"/> 10. Documents Requested/Seized - See Index
<input type="checkbox"/> 11. Other - See Index

Notices reviewed by ROM/RIM/PI (OPS)  
 Improvement (wording/evidence/compliance)  
 Prohibition (wording/evidence/compliance)  
 Infringement (wording/evidence to support)

RIM  ROM  PI (Ops)  
(Signature)

(Print Name): \_\_\_\_\_

Date: 14/11/12

REPORT: **CIRR00010** **Employer History**

PARAMETERS: Detailed

USERNAME: REPORT\_USER@DBAP10

DATE CREATED: 14-NOV-2012 07:16 AM

**Employer Location**

**Legal Name** RICHARD WILLIAM LAW  
**ABN** 73420754944 **Employees:** 1-10 **Special Interest Flag:**  
**Trading Name**  
**Address** 74 SCHUBERT RD, WOOMBYE, 4559

**ANZSIC Codes**

Code	Description
4122	FRUIT AND VEGETABLE RETAILING

**Assessments**

Id	Start Date	Completion Date	Type	Inspector
288484	09/10/2012	14/11/2012	GENERAL ASSESSMENT	IAN BOSHAMMER

**Description**

**Assessment Activities**

Id	Date	Description	Inspector	Note book
1283985	09/11/2012	PHONE CALLS	IAN BOSHAMMER	129 46

**Outcomes** Phone call to witness to confirm complaint issue.

Id	Date	Description	Inspector	Note book
1283983	09/11/2012	SITE VISIT	IAN BOSHAMMER	129 45-46

**Description** site visit for complaint.

**Outcomes** spotted 1/3/3 name, mobile.

explained operating procedures to inspector and observed same.

completed walkthrough inspection of waterside.

stated that complainant had been abusive and agitated and had threatened to call police.

stated that a witness had come forward if needed.

WATS

Events id	Event Date	Type	Priority	Priority Level	Status
172328	05/10/2012	WHS	3	Complaints regarding significant risk	

**Notify Date** 05/10/2012

**Notified By** [Redacted]

**Tel:** [Redacted]

**Injured Persons** None

**Event Desc** Complaint that there are no life guards at the water park which has 3 pools. Complainant states there was only 1 worker at the gate checking peoples wrist bands as they enter and the manager. The manager who was not watching the pools said the the complainant that she had her running shoes on and could run to the pool if someone was drowning.

**Event Activities**

id	Date	Type	Inspector	Note book
1257832	05/10/2012	REGIONAL RESPONSE	IAN BOSHAMMER	

**Outcomes** Allocated to Ian - Assessment will be created once entity is known

Event Type. 3

Event ID 182414

Assessment ID 307958

Investigation ID \_\_\_\_\_



Queensland Government

**WORKPLACE HEALTH AND SAFETY QUEENSLAND  
BRISBANE NORTH SUNSHINE COAST REGION**

**EVENT FILE**

LOCATION ID: \_\_\_\_\_

ABN: 24128803703

EMPLOYER / PC NAME: Timivale Pty Ltd

EVENT LOCATION: 73 Frizzo Rd Palmview

INJURED PERSON: \_\_\_\_\_ EVENT DATE: 15/5/13

ALLOCATED TO: D Kyling BY: D Kyling DATE: 17/5/13

**CONTENTS OF FILE**

**Note: Inspectors must mark relevant boxes that apply.**

\*\*\* File is to be compiled in 'Contents of File' order.

<u>Assessment</u>	
<input checked="" type="checkbox"/>	1. Running Sheet
<input checked="" type="checkbox"/>	2. Event details
<input checked="" type="checkbox"/>	3. CISR History Report - current
<input checked="" type="checkbox"/>	4. Notices
<input type="checkbox"/>	5. Photographs
<input checked="" type="checkbox"/>	6. Inspector Notebook Notes
<input checked="" type="checkbox"/>	7. Correspondence - See Index
<input type="checkbox"/>	8. Other - See Index

<u>Investigation</u>	
<input type="checkbox"/>	1. Running Sheet
<input type="checkbox"/>	2. Event details
<input type="checkbox"/>	3. CISR History Report - current
<input type="checkbox"/>	4. Investigation Report
<input type="checkbox"/>	5. Notices
<input type="checkbox"/>	6. Statements - See Index
<input type="checkbox"/>	7. Photographs <input type="checkbox"/> CD <input type="checkbox"/> Hardcopy
<input type="checkbox"/>	8. Inspector Notebook Notes
<input type="checkbox"/>	9. Correspondence - See Index
<input type="checkbox"/>	10. Documents Requested/Seized - See Index
<input type="checkbox"/>	11. Other - See Index

<u>Notices reviewed by ROM/RIM/PI (OPS)</u>	
<input type="checkbox"/>	Improvement (wording/evidence/compliance)
<input type="checkbox"/>	Prohibition (wording/evidence/compliance)
<input type="checkbox"/>	Infringement (wording/evidence to support)

RIM  ROM  PI (Ops)

(Signature) 

(Print Name): R Kickbush

Date: 29/5/13

**Workplace Health and Safety Queensland  
EVENT SUMMARY**

*Event Reference*

Event Number: 182414	Assessment Number: 307958	Inspector: D Kyling
----------------------	---------------------------	---------------------

*Event Information*

PCBU Name:	Timevale Pty Ltd		
PCBU Address:	72 Frizzo Rd Palmview 4553		
Event Date:	Notify Date 15/05/2013	Event Time;	N/A
Injured Worker:	N/A	Position:	
Workplace Contact:	Number: 5494 5444	Position:	

Inspector Intervention:	<p>17/05/2013: Met with general manager and tech services mgr to investigate complaint issues. Arranged to obtain copies of inspections and other documentation in relation to the Wild Mouse rollercoaster.</p>
-------------------------	--

Incident Summary:	<p>The managers reported that the complainant was charged with Public Nuisance by QPS when he climbed the Wild Mouse rollercoaster on 23 March 13. He was fined in the Maroochydore Court on 14/05/13. He lodged a complaint against Aussieworld on 15/05/13. The complaint issues were unsubstantiated, details recorded in file note E182414.</p>
-------------------	---

Post Incident measures:	NFA required
-------------------------	--------------

Inspector:	D KYLING	Date: 29/5/13
Signature:	<i>D Kyling</i>	

Conclusion:

Regional Operations Manager		Regional Investigations Manager	
Signature		Signature	
Date:		Date:	
Comments:		Comments:	

*Regional Director's endorsement*

Regional Director		Endorsed	Yes / No
Signature		Date:	
Comments:			

**Work Health and Safety Act 2011**  
 Complaint about a Work Health and Safety Issue  
 Date: 15-May-2013 14:29, Ref 5692



**Details of person making complaint**

Reporter: [redacted] sch.4/3/3 name, mobile

Telephone: [redacted]  
 Email: [redacted]

Relationship to the workplace: **EX-EMPLOYEE**  
 Postal address:

**Questions answered before complaint submission**

Question	Answer	Special Notes
Do you approve Workplace Health and Safety Queensland raising the issue with the relevant workplace parties?	Yes	
Do you approve Workplace Health and Safety Queensland making the parties aware that the issue has been raised by you?	No	<u>CONFIDENTIALITY HAS BEEN REQUESTED.</u>

**Details of business or undertaking directly associated with the Work Health and Safety issues**

Legal name:  
 Trading name: **AUSSIE WORLD**  
 Business Address: **73 FRIZZO RD  
 PALMVIEW 4553 QLD**

ABN:  
 ACN:  
 Telephone: **54945444**  
 Mobile:  
 Email:

**Details of Work Health and Safety issues**

Address where issue identified: **73 FRIZZO RD  
 PALMVIEW 4553 QLD**  
 Date aware of the issue: **15-May-2013**

Issue location description:  
 Date issue last apparent:

Description of issue: **AC spoke with employee who quit over safety issues. Fall from heights risk when inspecting/performing maintenance on the roller coaster (made in 1935). Each morning (6am-9am) workers have to inspect the rides prior to opening - workers have refused to sign off on plant as being safe but the manager just signs off on the rides so he can open to the public. Roller Coaster - Maintenance workers have to climb 10m and walk on a wooden planks (less than 1 metre wide) and clip a harness to an overhead metal rope (he doesn't believe it to be a load rated static line) which is secured into wood. The tracks of the roller coaster are also coming up. Bottleshop area - Unlicensed forklift operators (Tuesday morning). Slip fall risk when inspecting the plunge ride - workers climb up the conveyor belt and there are no foot or hand holds/no where to secure the harness to when you traverse the area where the boat enters the water to inspect the track. Both the plunge ride and the dogem cars frequently trip and workers access the electrical cabinet when fuses blow and turn them back on - they also change motors and reconnect wires in the dogems. The complainant is happy for an inspector to contact him if they need further information.**

**Hazard Classifications**

Hazard Category	Hazard Issue
-----------------	--------------

Issue raised with person conducting the business or undertaking directly: **Yes**  
 Outcome from raising the issue with the workplace: **no action**

**HSR details**

Workplace has HSR: **No**

**Other agency or person details**

Other agencies involved in resolving the issue: **No**  
 Any other person conducting businesses or undertakings involved in resolving the issue: **No**

Event Type. 3

Event ID 185652

Assessment ID 312799

Investigation ID \_\_\_\_\_



Queensland Government

**WORKPLACE HEALTH AND SAFETY QUEENSLAND  
BRISBANE NORTH SUNSHINE COAST REGION**

**EVENT FILE**

LOCATION ID: \_\_\_\_\_

ABN: 24128803703

EMPLOYER / PC NAME: Timevale Plk

EVENT LOCATION: 73 Frizzo Rd, Palmview

INJURED PERSON: Sharon McCardhy

EVENT DATE: 21/7/13

ALLOCATED TO: DK

BY: PY

DATE: 22/7

**CONTENTS OF FILE**

**Note: Inspectors must mark relevant boxes that apply.**

\*\*\* File is to be compiled in 'Contents of File' order.

<u>Assessment</u>
<input type="radio"/> 1. Running Sheet
<input checked="" type="radio"/> 2. Event details
<input checked="" type="radio"/> 3. CISR History Report - current
<input type="radio"/> 4. Notices
<input checked="" type="radio"/> 5. Photographs
<input checked="" type="radio"/> 6. Inspector Notebook Notes
<input checked="" type="radio"/> 7. Correspondence - See Index
<input type="radio"/> 8. Other - See Index

<u>Investigation</u>
<input type="radio"/> 1. Running Sheet
<input type="radio"/> 2. Event details
<input type="radio"/> 3. CISR History Report - current
<input type="radio"/> 4. Investigation Report
<input type="radio"/> 5. Notices
<input type="radio"/> 6. Statements - See Index
<input type="radio"/> 7. Photographs <input type="radio"/> CD <input type="radio"/> Hardcopy
<input type="radio"/> 8. Inspector Notebook Notes
<input type="radio"/> 9. Correspondence - See Index
<input type="radio"/> 10. Documents Requested/Seized - See Index
<input type="radio"/> 11. Other - See Index

<u>Notices reviewed by ROM/RIM/PI (OPS)</u>
<input type="checkbox"/> Improvement (wording/evidence/compliance)
<input type="checkbox"/> Prohibition (wording/evidence/compliance)
<input type="checkbox"/> Infringement (wording/evidence to support)


RIM  ROM  PI (Ops)  
(Signature)

(Print Name):

P. TATU

Date: 30/7/13

## Event Cover Sheet

 <b>Queensland Government</b>  <b>Workplace Health and Safety Queensland</b>	WHSQ District:	NAMBOUR
	Event no:	185652
	Response assessment no:	312799
	Investigation no:	

Injured person/complainant:	SHARON MCCARTHY		
Entity legal name:	TIMEVALE PTY LTD		
Trading name:	AUSSIEWORLD & THE ETTAMOGAW PUB  AUSSIE WORLD GARAGE  AUSSIE WORLD		
Event/Complaint address:	PUB BOTTLE SHOP CAFE & SOUVENIR SHOP, 73 FRIZZO RD, PALMVIEW 4553 QLD		
Date of Event	21-JUL-2013	Notifier:	MICHAEL DAWKINS
Notification date:	22-JUL-2013	Formal notification date:	
Summary of event:			
<p>Guest went to stop herself from sliding at the end of the ride by putting her foot out onto the carpet at the base of the ride. Notifier is notifying on behalf of : Not Stated - Workplace Controller : Not Stated</p>			



<b>Regional review</b> (if the answer is unknown then proceed as if yes)		<b>Yes</b> go to	<b>No</b> go to
<b>1</b>	Does the OFSWQ hold jurisdiction over the event?	<b>2</b>	<b>D</b> (nil letter)
<b>2</b>	Did the event result in a: a. fatality b. an injury or illness requiring a person to have immediate treatment as an inpatient for items highlighted (A through to K) refer to definition on following page.	<b>A</b>	<b>3</b>
<b>3</b>	Is event: a. a request or referral to the regulator under the Act b. an enforcement priority c. a serious electrical incident d. an injury or illness requiring a person to have immediate treatment as an in-patient in a hospital <b>excluding</b> those items highlighted (A through to K) refer to definition on following page.	<b>B</b>	<b>4</b>
<b>4</b>	Is event: (not categorised under 2 or 3 as above) a. a serious injury or illness b. a potential significant event c. a critical event other than a fatality d. a complaint of non-compliance e. a serious contravention of the WHS Act f. a dangerous electrical event?	<b>C</b>	<b>D</b>

- A** – Forward to RIM for assessment of response.
- B** – **Mandatory** allocation of a response assessment and allocate to inspector.
- C** – Discretion of RMT delegate to assess event to determine required action (e.g. administrative response, response assessment, investigation).
- D** – RMT agreement required to close out and administrative response from the region.

**Work Health and Safety Act 2011**  
**Incident Notification Report Summary**  
 Date: 22-Jul-2013 10:25, Ref 21693



**Person submitting the report**

Name: **MR MICHAEL DAWKINS**

Contact Phone Number: **07 5494 5444**

*Jason*

Email:

Position at Workplace: **HEALTH AND SAFETY REPRESENTATIVE**

**Alternate contact person**

Name: **MR DAVID THOMPSON**

Contact Phone Number: **07 5494 5444**

Email: **DAVID@AUSSIEWORLD.COM.AU**

Position at Workplace: **MANAGEMENT REPRESENTATIVE FOR PERSON CONDUCTING A BUSINESS OR UNDERTAKING**

**Incident Details**

Location: **73 FRIZZO ROAD  
 PALMVIEW 4553 QLD**

Date and Time: **21-JUL-2013 16:15**

Location Description: **GAINT SLIDE RIDE**

Notified as a result of: **An injury or illness requiring a person to have immediate treatment as an in-patient in a hospital**  
 Involving:

Did the incident involve licensed work?:  
 Workplace is a Major Hazard Facility?:

Incident resulted in injury to person(s): **Yes**

Incident Description: **Guest went to stop herself from sliding at the end of the ride by putting her foot out onto the carpet at the base of the ride.**

**Business or Undertaking Notifying of the Incident**

Legal Name: **TIMVALE PTY.LTD**  
 Trading Name: **AUSSIE WORLD**  
 ABN: **24128803** ACN:  
**703**  
 Phone: **07 5494 5444** Mobile:  
 Email: **DAVID@AUSSIEWORLD.COM.AU**


Location: **73 FRIZZO ROAD  
 PALMVIEW 4553 QLD**

Industry Sector: **OTHER SERVICES**  
 Main Business: **THEME PARK**

Actions Taken to Prevent Reoccurrence: **Ride was closed**  
 Long Term Action to Prevent Reoccurrence: **Suggestion at the start of the ride to add to the safety spiel that the carpet will stop you.**

**Injured Person(s)**

Name	Address	Occupation	Injury	Treatment Details
sch.4/3/3 name, address			Fractured and dislocated right ankle	repositioned ankle and a plate will be required in the future Nambour hospital

 Queensland Government  <b>Office of Fair and Safe Work Queensland</b>	OFSWQ District:	BNSC - Nambour
	Event no:	207589
	Response assessment no:	344468
	Investigation no:	

Entity legal name:	The Trustee for Ettamogah Qld Unit Trust		
Trading name:			
Event/complaint address:			
LOC ID:		ABN:	24128803703
Injured person/complainant:	73 Frizzo Rd, Palmview		
Date of Event	4/1/15	Notifier:	
Notification date:	6/1/15	Formal notification date:	
Summary of event:			
Allocated to:	AH	By:	PY
		Date:	6/1/15

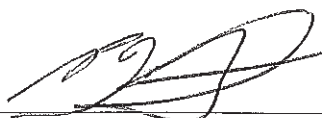
RIM / ROM / PI(OPS) TO COMPLETE

Regional review (if the answer is unknown then proceed as if yes)		Yes go to	No go to
1	Does the OFSWQ hold jurisdiction over the event?	2	D (nil letter)
2	Did the event result in a: a. fatality; or b. an injury or illness requiring a person to have immediate treatment as an inpatient for items highlighted (A through to K).	A	3
3	Is event: a. a request or referral to the regulator under the Act; b. an enforcement priority; c. a serious electrical incident; or d. an injury or illness requiring a person to have immediate treatment as an in-patient in a hospital <b>excluding</b> those items highlighted (A through to K) refer to definition on following page.	B	4
4	Is event: (not categorised under 2 or 3 as above) a. a serious injury or illness; b. a potential significant event; c. a critical event other than a fatality; d. a complaint of non-compliance; e. a serious contravention of the WHS Act; or f. a dangerous electrical event?	C	D

- A - Forward to RIM for assessment of response.
- B - **Mandatory** allocation of a response assessment and allocate to Inspector.
- C - Discretion of RMT delegate to assess event to determine required action (e.g. administrative response, response assessment, investigation).
- D - RMT agreement required to close out and administrative response from the region.

**FILE SIGN OFF**
 RIM  ROM  PI (Ops)

(Signature)



(Print Name):

P. J. YATES

Date:

27/1/15

**CONTENTS OF FILE**

Note: Inspectors - mark relevant boxes that apply.

\*\*\* File is to be compiled in 'Contents of File' order.

<input type="checkbox"/> 1. Incident details / Complaint Details	<input type="checkbox"/> 6. Photographs <i>O CD O Hardcopy</i>
<input type="checkbox"/> 2. CISR History Report - current	<input type="checkbox"/> 7. Inspector Notebook Notes
<input type="checkbox"/> 3. Response Assessment Report	<input type="checkbox"/> 8. Correspondence - <i>See Index</i>
<input type="checkbox"/> 4. Notices	<input type="checkbox"/> 9. Documents Requested/Seized - <i>See Index</i>
<input type="checkbox"/> 5. Statements - <i>See Index</i>	<input type="checkbox"/> 10. Other - <i>See Index</i>

STATEMENTS		Hardcopy / Notebook	DVR	Burnt to CD	Precis	G Drive
Relationship to Event / Position	Name					


CORRESPONDENCE	Electronic / Email	Mail	Phone	Fax

DOCUMENTS SEIZED / REQUESTED

OTHER
David Thompson - General Manager - 54945444.

Incident Date - 4/01/15 - Wild Mouse Roller Coaster

<b>Response assessment activity</b>			
Inspector/s allocated:	Alysha Head		
Allocated date:	06/01/2015	Commencement date:	06/01/2015
Response assessment number	344468		
<b>Incident/complaint detail</b>			
Address/location of incident site Business Address	73 Frizzo Road, PALMVIEW As above		
Name of incident site (workplace/project)	Aussie World Site Location – Wild Mouse Rollercoaster		
Person with management/control	David Thompson – General Manager		
<b>PCBU Detail</b>			
Legal name	The Trustee for Ettamogah QLD Unit Trust		
Trading name	Aussie World		
ACN/ABN	24 128 803 703		
<b>Summary of Assessment Findings</b>			
<ul style="list-style-type: none"> <li>• Conversations with Peter YATES (Regional Operation Manager), Discussed employer history.</li> <li>• Phone call to workplace spoke with David THOMPSON (General Manager), arranged site visit to workplace to address complaint/incident.</li> <li>• Site visit, met with David THOMPSON (General Manager) and Michael DAWKINS (Rides and Operations Manager). Discussed complaint/incident, obtained details.</li> <li>• Incident: 4<sup>th</sup> January 2015 at approximately 3pm, 'Wild Mouse Rollercoaster' (Amusement ride), Operator – [REDACTED] involving Member of the Public (6 year old child- [REDACTED] sch.4/3/3 name [REDACTED] Child was loaded onto 'Wild Mouse Rollercoaster', Cart number 5, procedure to latch seat belt and test seat belt is fitted by pulling on belt in holster. Once cart was on the track and on the downward motion of humps [REDACTED] (operator) observed child in cart 5 seat belt had come undone. Cart 5 had already past the last break stop on the ride and the cart continued in downward motion until it reached the unloading area. Child was shaken, no injuries. Operator states procedure was followed and belt was fastened, belt was removed and replaced.</li> <li>• Discussed amusement ride - 'Wild Mouse Rollercoaster', single person ride, ride opened in 2000, ride does not require restraint device, seat belts installed in each cart of 'Wild Mouse Rollercoaster', when patron is seated in cart operator fixes seat belt into lock (located on the exterior of cart). Key gate is required to unlock seatbelt by operator. Emergency stops fitted in loading and unloading areas.</li> <li>• [REDACTED] (Operator) employed since 18/11/2006, training received on 'Wild Mouse Rollercoaster' operating and procedure manual. Training register witnessed and copy obtained, questionnaire included in training.</li> <li>• 400 patrons utilized 'Wild Mouse Rollercoaster' on 4 January 2015.</li> <li>• Discussed maintenance of 'Wild Mouse Rollercoaster', observed documentation of daily pre-start checks and maintenance records. Observed documented pre-start check on 4/1/15.</li> <li>• Discussed procedure 'Wild Mouse Rollercoaster', observed and obtained copy.</li> <li>• Met with operator on site, discussed loading and unloading process, operator discussed procedure.</li> <li>• Observations made of workplace and location of 'Wild Mouse Rollercoaster'.</li> </ul>			

<ul style="list-style-type: none"> <li>• Photographs taken.</li> <li>• Obtained documentation.</li> </ul>				
<p>Corrective actions implemented by the duty holder:</p> <ul style="list-style-type: none"> <li>• Incident Investigation conducted.</li> <li>• Cart 5 was removed from track and checked by maintenance.</li> <li>• Belt lock in cart 5 was removed and replaced.</li> <li>• Operator [REDACTED] was given a written warning.</li> <li>• All operators where advised to follow operator procedure.</li> </ul>				
<p>Details of compliance action taken (by inspector):</p> <ul style="list-style-type: none"> <li>• Conversations with PCBU</li> <li>• Conversations with worker</li> <li>• Obtained documentation - incident report/investigation report, 'Wild Mouse Rollercoaster' operating and procedure manual, 'Wild Mouse Rollercoaster' evacuation manual, witness statement from [REDACTED] h.4/3/3 name (Operator), daily operator checks, maintenance checks, training records for [REDACTED] (Operator), count summaries of amusement rides.</li> <li>• Took photographs</li> </ul>				
Allocated inspector	Alysha Head	Date	15/01/2015	Signature 

Response assessment activity checklist			
People		Yes	No
<b>Injured or affected person/s</b>	Names of injured/affected persons		
	Address of injured/affected persons		
	Contact details of injured/affected persons		
	Statements obtained (only where applicable)		
	Condition (injuries of) person/s		
	Employment record		
	Training/induction records		
	Qualifications/experience		
	Work hours/fatigue issues		
<b>Witnesses</b>	Names of witnesses		
	Address of witness		
	Contact details of witness		
	Role of witness in incident/complaint		
	Position/role/qualifications/responsibilities		
Process/policies/procedures			
<b>Work Process</b>	Circumstances of incident/complaint identified		




<b>Response assessment activity checklist</b>			
	Task activity		
	Hazard identified		
	Risk identified		
	Inductions		
	Risk assessment records		
	Instruction/supervision/information/training		
<b>Equipment</b>			
<b>Plant/substance details</b>	Make / manufacturer		
	Model / substance name		
Note: May involve more than 1 item.	Serial Number		
<b>Plant/substance details</b>	Condition (general, guarding etc)		
	Owner details		
	Maintenance records		
	Risk assessment records		
	Licence's required		
	Electrical instrument category rating		
	For electrical equipment – equipment approvals where applicable		
<b>Environment</b>			
<b>Environmental factors</b>	Lighting		
	Time of day		
	Weather conditions		
	Temperature		
	Noise		
	Visibility		
<b>Inspector</b>	Observations/recollections		
	Photographs/sketches taken		
	Expertise/qualifications		

<b>Response assessment activity checklist</b>			
<b>Documents received</b>	Signed and dated on back from recipient		
<b>Seizure</b>	Is seizure of plant/ a substance, part of the workplace or the workplace required		
<b>Statutory Notices</b>	Improvement notice		
	Prohibition notice		
	Infringement Notice		
<b>Other</b>			
<b>Other</b>			
<b>Other</b>			

<b>Response Assessment Review</b>				
Officers present at review:	Insert name of officers present e.g. RMT name/s		Insert title	
Assessment completed:	Insert date	Review date:	Insert review date	
<b>Response Actions (assessed by reviewer)</b>				
Document	Yes	No	Inspector name/provider name	
Workplace inspection report (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>		
Notices issued	<input type="checkbox"/>	<input type="checkbox"/>		
Notebook notes	<input type="checkbox"/>	<input type="checkbox"/>		
Photographs	<input type="checkbox"/>	<input type="checkbox"/>		
Expert report	<input type="checkbox"/>	<input type="checkbox"/>		
Documents gathered	<input type="checkbox"/>	<input type="checkbox"/>		
CISr entries complete	<input type="checkbox"/>	<input type="checkbox"/>		
Has the complainant/notifier requested feedback be provided?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes to the question above, has feedback been provided?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Assessment Triage (case management)</b>			YES Go to	No Go to
1	Did the event develop into a critical event involving a fatality or injury?		<b>A</b>	<b>2</b>
2	Is the duty holder/subject of enquiry the only potential creator of the risk?		<b>3</b>	<b>C</b>
3	Was it reasonably practicable for the duty holder /s to have foreseen the risk? i.e: Is there a Regulation, COP, A/S or manufacturer's instruction available.		<b>4</b>	<b>5</b>
4	Was it reasonably practicable for the duty holder/s to have taken steps to control the risk? i.e: Is there a Regulation, COP, A/S or manufacturer's instruction available.		<b>C</b>	<b>5</b>



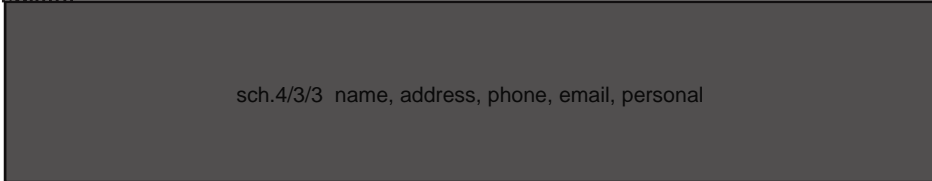
5	Has the action taken to date been sufficient to manage the risk into the future?	D	C
A	Forward to Regional Investigations Manager (RIM) for assessment of response		
B	Create new - or maintain response assessment and allocate to inspector		
C	RMT to determine appropriate action		
D	Regional Close Out		
<b>Triaging Conclusions</b>			
Conclusions:	<input type="checkbox"/> RIM referral (Referral for investigation form to be completed) <input type="checkbox"/> Return to inspector – further action required <input checked="" type="checkbox"/> Closeout (Closeout conclusions to be included below)		
Closeout conclusions (if applicable): Insert closeout conclusions <i>JAW Workplace Health &amp; Safety Enforcement Framework, compliance achieved by the way of workplace assessment 3/4/15</i>			
Regional delegate	<i>P. J. Yates</i>	Date	<i>21.1.15</i> Signature 

**Work Health and Safety Act 2011**  
 Complaint about a Work Health and Safety Issue  
 Date: 06-Jan-2015 11:23, Ref 13919



**Details of person making complaint**

Reporter:



sch.4/3/3 name, address, phone, email, personal

Relationship to the workplace:

Postal address:

**Questions answered before complaint submission**

Question	Answer	Special Notes
Do you approve Workplace Health and Safety Queensland raising the issue with the relevant workplace parties?	Yes	
Do you approve Workplace Health and Safety Queensland making the parties aware that the issue has been raised by you?	Yes	

**Details of business or undertaking directly associated with the Work Health and Safety issues**

Legal name:		ABN:	
Trading name:	AUSSIE WORLD THEME PARK IN QUEENSLAND	ACN:	
Business Address:	73 FRIZZO ROAD BRUCE HIGHWAY HWY PALMVIEW 4553 QLD	Telephone:	
		Mobile:	
		Email:	

**Details of Work Health and Safety issues**

Address where issue identified:	73 FRIZZO ROAD BRUCE HIGHWAY HWY PALMVIEW 4553 QLD	Issue location description:	On the Wild Mouse Roller coaster
Date aware of the issue:	04-Jan-2015	Date issue last apparent:	04-Jan-2015

Description of issue: On the 4th jan 2015 my partner and I took our 5 kids to aussie world. On arrival my 6 year old son [REDACTED] seen the wild mouse roller coaster and asked to go on. I waiting in line with him, and within 5 minutes he was ready to go on. After he was "buckled" into his solo carriage on the wild mouse he took off, the lady who was communicating with [REDACTED] my son, gave him NO verbal communication, just made a hand gesture and pushed him along the tracks to trigger the roller coaster. This ride was completely outdated, loud, Rocky, shaky, and overall jolted to the point of whip lash on your neck! After approximately 20 seconds my son started screaming at the top of his lungs "my seat belt mummy!! My seat belt has come off!! Help me mummy my seat belt has come off!!! Please help me" I looked at the worker who was simply emotionlessly staring at my son (almost too annoyed to be there in the heat on a Sunday) I then shouted at the staff member (who's name I did not get, however she was a large female with mousy colored hair) "his seat belt has come off!!" She again said nothing to me! Nothing at all, but picked up the phone that was against a wall of the coaster ride and made a 5 second phone call. My son was STILL screaming for his life and was horrified being in the carriage alone. This ride was NOT stopped! It was not slowed down, he was NOT comforted or attended to after the ride was over. He was airborne going down the huge dips in the roller coaster. And literally was hiding on for his life! The ONLY thing my son had going for him was his weight! He's a nice solid boy and I Believe his kept him down without being thrown out violently from the carriage! If it had of been ANY other of my 5 children they would not of been so lucky!!! I am furious, appalled and so greatly disappointed at how the actions of the staff handled the incident, and the reason why it happened in the first place! But most of all, why on earth this death trap was NOT SHUT DOWN when an innocent 6 year old boy was on board! After the ride completed I of course ran to his side, and was approached by another staff member who I'm assuming was a manager on duty? Can't be sure, offered to buy my son an ice cream after telling me about how the center pride themselves on safety. NO! [REDACTED]

Issue raised with person conducting the business or undertaking **Yes**

directly:  
Outcome from raising the issue  
with the workplace:

I emailed the work place raising the issue and how it's not acceptable, the response was from another staff member, not the member I had attentioned the email to. Which again I don't find acceptable, it's as if they are trying to hide this issue. The man David thompson who had replied to me, instead of Megan Cross who is the manager of marketing, (I phone reception of Aussie world who gave me that information). I am happy to email copies of both the email written and the response given. Ultimately David wantede to call him directly to tell me what had been done, I however believe this is to keep the matter private

---

**HSR details**

Workplace has HSR: **No**

---

**Other agency or person details**

Other agencies involved in resolving the issue: **No**

Any other person conducting businesses or undertakings involved in resolving the issue: **No**



Queensland Government

Office of Fair and Safe Work Queensland

OFSWQ District:	BNSC - Nambour
Event no:	207656
Response assessment no:	343983
Investigation no:	

Entity legal name:	The Trustee for Ettamogah QLD Unit Trust		
Trading name:			
Event/complaint address:	73 Frizzo Rd, Palmview		
LOC ID:		ABN:	2412 8803 703
Injured person/complainant:	ANDREW SKOW (IP)		
Date of Event	6/1/15	Notifier:	
Notification date:	7/1/15	Formal notification date:	
Summary of event:			
Allocated to:	BM	By:	RY
		Date:	7/1/15

Regional review (if the answer is unknown then proceed as if yes)		Yes go to	No go to
1	Does the OFSWQ hold jurisdiction over the event?	2	D (nil letter)
2	Did the event result in a; a. fatality; or b. an injury or illness requiring a person to have immediate treatment as an inpatient for items highlighted (A through to K).	A	3
3	Is event: a. a request or referral to the regulator under the Act; b. an enforcement priority; c. a serious electrical incident; or d. an injury or illness requiring a person to have immediate treatment as an in-patient in a hospital <b>excluding</b> those items highlighted (A through to K) refer to definition on following page.	B	4
4	Is event: (not categorised under 2 or 3 as above) a. a serious injury or illness; b. a potential significant event; c. a critical event other than a fatality; d. a complaint of non-compliance; e. a serious contravention of the WHS Act; or f. a dangerous electrical event?	C	D

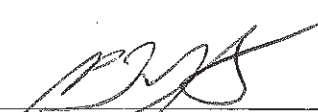
- A - Forward to RIM for assessment of response.
- B - **Mandatory** allocation of a response assessment and allocate to Inspector.
- C - Discretion of RMT delegate to assess event to determine required action (e.g. administrative response, response assessment, investigation).
- D - RMT agreement required to close out and administrative response from the region.

FILE SIGN OFF

RIM  ROM  PI (Ops)

(Signature)

(Print Name):

  
P. TATUM


Date: 22/1/15

RIM / ROM / PI (OPS) TO COMPLETE


<b>Response assessment activity</b>			
Inspector/s allocated:	Bill McDowall		
Allocated date:	6 Jan 15	Commencement date:	6 Jan 15
Response assessment number	343983		
<b>Incident/complaint detail</b>			
Address/location of incident site	73 Frizzo Road, Palmview		
Name of incident site (workplace/project)	Aussie World, Tourism Theme Park		
Person with management/control	Trevor THOMPSON		
<b>PCBU Detail</b>			
Legal name	The Trustee for Ettamogah QLD Unit Trust		
Trading name	Aussie World		
ACN/ABN	24 128 803 703		
<b>Summary of Assessment Findings</b>			
Briefly describe any observations/findings (who, what, when, where, how):			
<ul style="list-style-type: none"> <li>• Aussie World at 73 Frizzo Road, Palmview</li> <li>• POC: Trevor THOMPSON</li> <li>• Position: technical services manager and safety officer</li> <li>• Issue: Worker crushed</li> <li>• Injured worker: [redacted] sch.4/3/3 name</li> <li>• Injury: broken left ankle and skin damage with coming into contact with a drive wheel of a ride turning motor</li> <li>• Mechanism: a passenger boat associated with the amusement device</li> <li>• During the operation of the Plunge "flume" Ride a turning motor which is situated in the tunnel at the top of the ride shorted out causing three of the rides boats containing guests to become stuck in the tunnel. As per operating procedures maintenance staff were tasked to conduct investigation into the fault. Three workers attended the incident site, [redacted] a fourth worker remained at the operators console</li> <li>• Workers had successfully freed the first boat and had pushed it down the slide. As they attempted to manoeuvre the second boat over the drive wheel of the middle drive motor, the motor kicked in, at the same time the third boat lurched forward and hit the second boat causing it to move forward trapping [redacted] left leg. [redacted] had been standing in front of the second boat at the time of the incident.</li> <li>• A boat weights 500kgs and has a length of three metres</li> <li>• On Wednesday 7 Jan 15 conducted interview with [redacted] explained that he suffered a broken left ankle as a result of the incident.</li> <li>• [redacted] explained that as he and the other workers were attempting to move the second boat the motor kicked in and the third boat hit the second causing it to move forward trapping his left leg.</li> </ul>			



<b>NOTE:</b> No guests were injured as a result of the motor failure. Guests were evacuated as per evacuation procedures					
Details of contravention/s (the relevant sections as applicable): •					
Corrective actions implemented by the duty holder: • Conduct review of evacuation procedures of Plunge Ride • Conduct rectification repairs to isolate the individual drive motors at the top of the Plunge Ride					
Details of compliance action taken (by inspector): •					
<i>Allocated inspector</i>	Bill McDowall	<i>Date</i>	5/11/15	<i>Signature</i>	


Response Assessment Review				
Officers present at review:	Insert name of officers present e.g. RMT name/s		Insert title	
Assessment completed:	Insert date	Review date:	Insert review date	
Response Actions (assessed by reviewer)				
Document	Yes	No	Inspector name/provider name	
Workplace inspection report (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>		
Notices issued	<input type="checkbox"/>	<input type="checkbox"/>		
Notebook notes	<input type="checkbox"/>	<input type="checkbox"/>		
Photographs	<input type="checkbox"/>	<input type="checkbox"/>		
Expert report	<input type="checkbox"/>	<input type="checkbox"/>		
Documents gathered	<input type="checkbox"/>	<input type="checkbox"/>		
CISr entries complete	<input type="checkbox"/>	<input type="checkbox"/>		
Has the complainant/notifier requested feedback be provided?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes to the question above, has feedback been provided?	<input type="checkbox"/>	<input type="checkbox"/>		
Assessment Triage (case management)			YES Go to	No Go to
1	Did the event develop into a critical event involving a fatality or injury?		A	2
2	Is the duty holder/subject of enquiry the only potential creator of the risk?		3	C
3	Was it reasonably practicable for the duty holder /s to have foreseen the risk? i.e: Is there a Regulation, COP, A/S or manufacturer's instruction available.		4	5
4	Was it reasonably practicable for the duty holder/s to have taken steps to control the risk? i.e: Is there a Regulation, COP, A/S or manufacturer's instruction available.		C	5
5	Has the action taken to date been sufficient to manage the risk into the future?		D	C
A	Forward to Regional Investigations Manager (RIM) for assessment of response			
B	Create new - or maintain response assessment and allocate to inspector			
C	RMT to determine appropriate action .			
D	Regional Close Out			
Triaging Conclusions				
Conclusions:	<input type="checkbox"/> RIM referral (Referral for investigation form to be completed) <input type="checkbox"/> Return to inspector – further action required <input checked="" type="checkbox"/> Closeout (Closeout conclusions to be included below)			
Closeout conclusions (if applicable): IAW Workplace Health and Safety Enforcement Framework, incident actioned by the way of workplace assessment 343983				
Regional delegate	P. Yates	Date	22/1/15	Signature
				

# Event Cover Sheet

 Queensland Government	WHSQ District:	NAMBOUR
	Event no:	207656
	Response assessment no:	343983
<b>Workplace Health and Safety Queensland</b>	Investigation no:	

Injured person/complainant:	sch.4/3/3 name		
Entity legal name:	THE TRUSTEE FOR ETTAMOGAH QLD UNIT TRUST		
Trading name:	AUSSIEWORLD & THE ETTAMOGAW PUB AUSSIE WORLD GARAGE AUSSIE WORLD AUSSIE WORLD THEME PARK THE TRUSTEE FOR ETTAMOGAH QLD UNIT TRUST		
Event/Complaint address:	PUB BOTTLE SHOP CAFE & SOUVENIR SHOP, 73 FRIZZO RD, PALMVIEW 4553 QLD		
Date of Event	06-JAN-2015	Notifier:	TREVOR THOMPSON
Notification date:	07-JAN-2015	Formal notification date:	
Summary of event:			
As part of the technical team who went to free three boats that had become stuck, Andrew was standing in front of the second boat attempting to free it when the boat lurched forward and pinned his foot underneath the boat. Notifier is notifying on behalf of : Not Stated - Workplace Controller : Not Stated			



 Queensland Government  <b>Office of Fair and Safe Work Queensland</b>	OFSWQ District:	BNSC - Nambour
	Event no:	207836
	Response assessment no:	344293
	Investigation no:	

Entity legal name:		Thrill Hill Water Slide	
Trading name:			
Event/complaint address:		74 Schubert Rd Woonbye	
LOC ID:	ABN:	73 420 754 944	
Injured person/complainant:			
Date of Event	11/1/15	Notifier:	
Notification date:	12/1/15	Formal notification date:	
Summary of event:			
Allocated to:	Bm	By:	PY
		Date:	13/1/15

Regional review (if the answer is unknown then proceed as if yes)		Yes go to	No go to
1	Does the OFSWQ hold jurisdiction over the event?	2	D (nil letter)
2	Did the event result in a: a. fatality; or b. an injury or illness requiring a person to have immediate treatment as an inpatient for items highlighted (A through to K).	A	3
3	Is event: a. a request or referral to the regulator under the Act; b. an enforcement priority; c. a serious electrical incident; or d. an injury or illness requiring a person to have immediate treatment as an in-patient in a hospital <u>excluding</u> those items highlighted (A through to K) refer to definition on following page.	B	4
4	Is event: (not categorised under 2 or 3 as above) a. a serious injury or illness; b. a potential significant event; c. a critical event other than a fatality; d. a complaint of non-compliance; e. a serious contravention of the WHS Act; or f. a dangerous electrical event?	C	D

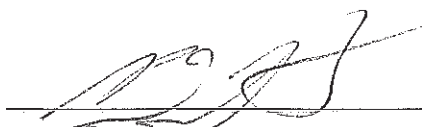
- A - Forward to RIM for assessment of response.
- B - **Mandatory** allocation of a response assessment and allocate to Inspector.
- C - Discretion of RMT delegate to assess event to determine required action (e.g. administrative response, response assessment, investigation).
- D - RMT agreement required to close out and administrative response from the region.

**FILE SIGN OFF**

RIM  ROM  PI (Ops)

(Signature)

(Print Name):


  
P. J. Yorick

Date:

22/1/15

<b>Response assessment activity</b>			
Inspector/s allocated:	Bill McDowall		
Allocated date:	20 Jan 15	Commencement date:	20 Jan 15
Response assessment number	344293		
<b>Incident/complaint detail</b>			
Address/location of incident site	74 Schubert Road, Woombye		
Name of incident site (workplace/project)	Thrill Hill Water Slide		
Person with management/control	Richard LAW		
<b>PCBU Detail</b>			
Legal name	Richard William Law trading as Thrill Hill Water slide		
Trading name	Thrill Hill Water Slide		
ACN/ABN	73 420 754 944		
<b>Summary of Assessment Findings</b>			
Briefly describe any observations/findings (who, what, when, where, how):			
<ul style="list-style-type: none"> <li>• Thrill Hill Water Slide at 74 Schubert Road, Woombye</li> <li>• POC: Richard LAW</li> <li>• Position: owner</li> <li>• Issue: complaint –1. two inch gash to head, 2. almost knocked unconscious hit head on bottom of pool</li> <li>• Injured worker:</li> <li>• Mechanism: water slide</li> <li>• At time of visit LAW was aware of the first incident where a visitor to the site had sustained a gash to her head, as it was noted in his diary. He was unaware of the second incident.</li> <li>• A risk assessment of the slide has been conducted and is reviewed annually</li> <li>• LAW advised that he is trained in first aid and CPR</li> <li>• A first aid kit is located in the main office</li> <li>• LAW advised that a worker is positioned to observe both pools located within the slide.</li> <li>• LAW stated that if there is any doubt of an injury sustained by a visitor the policy is to call QAS and have the Par medics conduct an assessment of the injury.</li> </ul>			
Details of contravention/s (the relevant sections as applicable):			
<ul style="list-style-type: none"> <li>•</li> </ul>			
Corrective actions implemented by the duty holder:			
<ul style="list-style-type: none"> <li>• Conduct review of water slide risk assessment</li> <li>• Conduct review of worker induction process</li> </ul>			



• Conduct refresher training in first aid and CPR				
Details of compliance action taken (by inspector):				
•				
<i>Allocated inspector</i>	Bill McDowall	<i>Date</i>	20/1/15	<i>Signature</i>
				

## Response Assessment Review

Officers present at review:	Insert name of officers present e.g. RMT name/s	Insert title	
Assessment completed:	Insert date	Review date:	Insert review date
Response Actions (assessed by reviewer)			
Document	Yes	No	Inspector name/provider name
Workplace inspection report (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Notices issued	<input type="checkbox"/>	<input type="checkbox"/>	
Notebook notes	<input type="checkbox"/>	<input type="checkbox"/>	
Photographs	<input type="checkbox"/>	<input type="checkbox"/>	
Expert report	<input type="checkbox"/>	<input type="checkbox"/>	
Documents gathered	<input type="checkbox"/>	<input type="checkbox"/>	
CISr entries complete	<input type="checkbox"/>	<input type="checkbox"/>	
Has the complainant/notifier requested feedback be provided?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes to the question above, has feedback been provided?	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Triage (case management)			YES Go to
			No Go to
1	Did the event develop into a critical event involving a fatality or injury?	A	2
2	Is the duty holder/subject of enquiry the only potential creator of the risk?	3	C
3	Was it reasonably practicable for the duty holder /s to have foreseen the risk? i.e: Is there a Regulation, COP, A/S or manufacturer's instruction available.	4	5
4	Was it reasonably practicable for the duty holder/s to have taken steps to control the risk? i.e: Is there a Regulation, COP, A/S or manufacturer's instruction available.	C	5
5	Has the action taken to date been sufficient to manage the risk into the future?	D	C
A	Forward to Regional Investigations Manager (RIM) for assessment of response		
B	Create new - or maintain response assessment and allocate to inspector		
C	RMT to determine appropriate action		
D	Regional Close Out		
Triaging Conclusions			
Conclusions:	<input type="checkbox"/> RIM referral (Referral for investigation form to be completed) <input type="checkbox"/> Return to inspector – further action required <input checked="" type="checkbox"/> Closeout (Closeout conclusions to be included below)		
Closeout conclusions (if applicable): IAW Workplace Health and Safety Enforcement Framework, incident actioned by the way of workplace assessment <b>344293</b>			
Regional delegate	P. Yates	Date	22/1/15 Signature

Details of person making complaint

Reporter:

sch.4/3/3 name, phone

Relationship to the workplace:

Postal address:

Questions answered before complaint submission

Question	Answer	Special Notes
Do you approve Workplace Health and Safety Queensland raising the issue with the relevant workplace parties?	Yes	
Do you approve Workplace Health and Safety Queensland making the parties aware that the issue has been raised by you?	Yes	

Details of business or undertaking directly associated with the Work Health and Safety issues

Legal name: ABN:  
Trading name: THRILL HILL WATERSLIDES ACN:  
Business Address: 74 SCHUBERT RD Telephone: 1800 287 333  
WOOMBYE 4559 QLD Mobile:  
Email:

Details of Work Health and Safety issues

Address where issue identified: 74 SCHUBERT RD Issue location description: Water Amusement Park  
Date aware of the issue: 11-Jan-2015 Date issue last apparent: 12-Jan-2015  
Description of issue: Jamie Wong -

Client called in wanting to make a complaint about an unsafe environment. She visited the water park on the 11th Jan 2015 and had concerns with safety issues as she witnessed a lady who hit her head and had a 2 inch gash on the back of her head and was only given an ice pack and some paper towels by a park attendant. When members of the public asked staff members if a first aid kit was available, they were told that they do not have 1, but can provide a band aid if required. Staff members did not assist the injured lady at all.

Client also hit her head when she went down a water slide and was almost knocked unconscious when she hit the bottom of the pool. There were no staff members around the area to assist and ensure patrons are safely exiting the water.

Issue raised with person conducting the business or undertaking directly: No


HSR details

Workplace has HSR: No

Other agency or person details

Other agencies involved in resolving the issue: No

Any other person conducting businesses or undertakings involved in resolving the issue: No

 Queensland Government  <b>Office of Fair and Safe Work Queensland</b>	OFSWQ District:	BNSC - Nambour
	Event no:	210594
	Response assessment no:	347391
	Investigation no:	

Entity legal name:			
Trading name:		SKI + Surf.	
Event/complaint address:		367 David How Way, Bl. Bl.	
LOC ID:		ABN:	
Injured person/complainant:			
Date of Event	1/2/15	Notifier:	
Notification date:	6/3/15	Formal notification date:	
Summary of event:			
Allocated to:	GK	By:	PY
		Date:	9/3/15

Regional review (If the answer is unknown then proceed as if yes)		Yes go to	No go to
1	Does the OFSWQ hold jurisdiction over the event?	2	D (nil letter)
2	Did the event result in a: a. fatality; or b. an injury or illness requiring a person to have Immediate treatment as an inpatient for items highlighted (A through to K).	A	3
3	Is event: a. a request or referral to the regulator under the Act; b. an enforcement priority; c. a serious electrical incident; or d. an injury or illness requiring a person to have immediate treatment as an in-patient in a hospital <u>excluding</u> those items highlighted (A through to K) refer to definition on following page.	B	4
4	Is event: (not categorised under 2 or 3 as above) a. a serious injury or illness; b. a potential significant event; c. a critical event other than a fatality; d. a complaint of non-compliance; e. a serious contravention of the WHS Act; or f. a dangerous electrical event?	C	D

- A - Forward to RIM for assessment of response.
- B - **Mandatory** allocation of a response assessment and allocate to inspector.
- C - Discretion of RMT delegate to assess event to determine required action (e.g. administrative response, response assessment, investigation).
- D - RMT agreement required to close out and administrative response from the region.

**FILE SIGN OFF**

RIM  ROM  PI (Ops)

(Signature) \_\_\_\_\_

(Print Name): \_\_\_\_\_

Date: \_\_\_\_\_

**Work Health and Safety Act 2011**

Incident Notification Report Summary

Date: 06-Mar-2015 17:05, Ref 35406



**Queensland  
Government**

**Person submitting the report**

Name: UNKNOWN UNKNOWN

Contact Phone Number: .

Email:

Position at Workplace: HEALTH AND SAFETY REPRESENTATIVE

**Incident Details**

Location: 367 DAVID LOW WAY  
BLI BLI 4560 QLD

Date and Time: 01-FEB-2015 16:55

Location Description:

Notified as a result of: An injury or illness requiring a person to have immediate treatment as an in-patient in a hospital  
Involving:

Workplace is a Major Hazard Facility?:

Incident resulted in injury to person(s): Yes

Incident Description: Child was sitting on a tree limb, branch broke and gave way

**Business or Undertaking Notifying of the Incident**

Legal Name: SKI & SURF  
Trading Name: SKI & SURF  
ABN: ACN:  
Phone: Mobile:  
Email:

Location: 367 DAVID LOW WAY  
BLI BLI 4560 QLD

Industry Sector:  
Main Business: UNKNOWN

Actions Taken to Prevent Reoccurrence:  
Long Term Action to Prevent Reoccurrence:

**Injured Person(s)**

Name	Address	Occupation	Injury	Treatment Details
1 ZARA I MORAN			unknown	unknown