

INCIDENT NOTIFICATION BY TELEPHONE
For Brisbane South and Gold Coast Region

GC10/290.....

Event No: 163490. Inv. No:

Receiving Officer: AAA (AK) Date: 18/4/12 Time: 2:30pm

Notifying Person: QAS

Position:

Phone No:

QAS/Police Job Number: Ref No. 3389844

On Site Contact Person:

Phone No: 55561678 (FIRST AID ROOM)

Workplace Name: WET 'N' WILD.

Name of Person Involved: (injured person)

Incident location: PACIFIC HIGHWAY, OXFORD.

Description of Incident: 40 YR OLD FEMALE PATRON HAS HIT HEAD ON RIDE, SEVERE HEADACHE & TINGLING DOWN ARMS. EXTENT OF INJURIES UNKNOWN. AMBULANCE ON-ROUTE.

Is scene secured? Yes No

Date & Time of Incident: 18/4/12 AM PM

Fatal/Non Fatal: Fatal Non Fatal

Admitted to Hospital (which)? Yes No To:

Status: Worker Member of Public Child

Emergency Services at scene: Police Fire Ambulance Other

Media at scene: Yes No TV Paper Radio



Queensland Government

Workplace Health & Safety Queensland

WHSQ District:

*GOLD COAST

Event no:

205202.

GC14/852

Response assessment no:

—

Assessment no:

341354

Investigation no:

—

Allocated to:

FAN BAKER.

Injured person/complainant:

Entity legal name:

Seaworld Theme Park

Trading name:

Event/complaint address:

Seaworld Drive, Main Beach 4217

Date of Event:

12/11/14

Notification date:

12/11/14

Formal notification date:

12/11/14

Summary of Event: OAS. Refer attached

Notifier: via AAA.

Regional review

(if the answer is unknown then proceed as if yes)

Yes go to

No go to

		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.

Initial Action Summary	<input type="checkbox"/> Forward to RIM <input type="checkbox"/> Response Assessment (B) <input checked="" type="checkbox"/> Assessment (C) <input type="checkbox"/> NFA		
Regional Management:			
Name:	TORSWAN		
Signature:	[Signature]		Date: 12/11/14

FILE SUMMARY	<input checked="" type="checkbox"/> RIM Referral (Referral for investigation form to be completed) <input type="checkbox"/> NFA		
Regional Management:			
Name:			
Signature:			Date:



Running Sheet

Date	Particulars
12/11/14	1 BACA CONTACTED VRTIP WITH MOE J DUNAWAY & REQUESTED COPY of WORKBOOK AND REPORT (ATTACHED)
8/12/14	TRE WORKBOOK SCANNED

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 Assessment Review

Document	Yes	No	Inspector name/provider name
Workplace inspection report (if applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Notices issued	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Notepad notes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Expert report	<input type="checkbox"/>	<input type="checkbox"/>	
Documents gathered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J Dunaway VRTIP
CDR copies completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 BACA
Has the compliance officer required feedback be provided?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes to the question above, has feedback been provided?	<input type="checkbox"/>	<input type="checkbox"/>	

Assessment of Duty Holder Compliance

1. Did the event develop into a critical event involving a fatality or injury?	A	3
2. Is the duty holder/subject of enquiry the only potential source of the risk?	3	C
3. Was it reasonably practicable for the duty holder/s to have screened the risk? Le: 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? Le: 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		

Final Conclusions

Conclusions:	<input type="checkbox"/> RIM referral (Referral for investigation form to be completed) <input type="checkbox"/> Return to inspector - further action required <input type="checkbox"/> Closeout (Closeout conclusions to be included below)
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Closeout conclusions (if applicable): Insert closeout conclusions

Regional delegate	Date	Signature
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REPORT: **CIRR00470** **Event Details**



PARAMETERS: Event Id: 205202

USERNAME: REPORT_USER@DBAP10

DATE CREATED: 12-NOV-2014 11:00 AM

Events

Id: 205202 **Priority Level:** 2 **Event Date:** 12-NOV-2014 **Notification Date:** 12-NOV-2014

Type: WHS **Dangerous Event Type:** N/A
Notifier: **Telephone:**

Description:
28y.o. male bitten by seal. Serious laceration to right forearm, heavy bleeding.

Employer Locations

Employer	Location	Role	SI Flag
WARNER WORLD AUSTRALIA PTY LTD & VILLAGE THEME PARK MANAGEMENT PTY LTD	SEAWORLD THEME PARK, SEAWORLD DR, MAIN BEACH 4217 QLD	EMP	



Queensland Government

**Workplace Health & Safety
Queensland**

WHSQ District:

GOLD COAST

Event no:

193001

GC14/09

Response assessment no:

Assessment no:

Investigation no:

Has Confidentiality been asked? Yes No

Allocated to:

Injured person/complainant:

Entity legal name:

Trading name:

SEAWORLD

Event/complaint address:

SEAWORLD DRIVE, MAW BAY

Date of Event:

7/1/14

Notification date:

7/1/14

Formal notification date:

Summary of Event:

ATTRACTION

Notifier:

Regional review

(if the answer is unknown then proceed as if yes)

Yes
go to

No
go to

	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.

Initial Action Summary

Forward to RIM Response Assessment (B) Assessment (C) NFA

Regional Management:
Name:

Signature:

Date:

FILE SUMMARY

RIM Referral (refer to the RIM manual for details)

Regional Management:
Name:

Signature:

Date: 8.1.2014

INCIDENT NOTIFICATION BY TELEPHONE
For Brisbane South and Gold Coast Region

4 09
 GCIB /

Event No:	Inv. No:
Receiving Officer: S. LEWIS ESC. 9867.	Date: 7/1/14 Time: 5:20pm.
Notifying Person:	
Position:	
Phone No:	
QAS/Police Job Number:	QAS 05070473.
On Site Contact Person:	
Phone No:	5588 2200.
Workplace Name:	SEAWORLD.
Name of Person Involved: (injured person)	
Incident location:	SEAWORLD DRIVE MAN BEACH.
Description of Incident:	16 YO STAFF MEMBER HAS HAD STICK PUNCTURE FOOT. NO OTHER DETAIL KNOWN.
Is scene secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date & Time of Incident:	7/1/14 AM / <u>PM</u>
Fatal/Non Fatal:	Fatal <input type="checkbox"/> Non Fatal <input checked="" type="checkbox"/>
Admitted to Hospital (which)?	Yes <input type="checkbox"/> No <input type="checkbox"/> To:
Status:	Worker <input checked="" type="checkbox"/> Member of Public <input type="checkbox"/> Child <input type="checkbox"/>
Emergency Services at scene:	Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Media at scene:	Yes <input type="checkbox"/> No <input type="checkbox"/> TV <input type="checkbox"/> Paper <input type="checkbox"/> Radio <input type="checkbox"/>

REPORT: **CIRR00470** **Event Details**

PARAMETERS: Event Id: 193001

USERNAME: REPORT_USER@DBAP10

DATE CREATED: 08-JAN-2014 11:25 AM

Events

Id: 193001 **Priority Level:** 4 **Event Date:** 07-JAN-2014 **Notification Date:** 07-JAN-2014

Type: WHS **Dangerous Event Type:** N/A
Notifier:

Telephone:

Description: 16YO FEMALE WORKER HAD FOOT PUNCTURED BY MULCH

Employer Locations

Employer	Location	Role	SI Flag
WARNER WORLD AUSTRALIA PTY LTD & VILLAGE THEME PARK MANAGEMENT PTY LTD	SEAWORLD THEME PARK, SEAWORLD DR, MAIN BEACH 4217 QLD	EMP	

Incidents

Type: Non serious bodily injury
Name: , **Date of Birth:**
Address: THE SPIT, SEAWORD DR, MAIN BEACH 4217 QLD

Empl Basis: **Occupation:**
Empl Type:
Nature: **Location:**
Treatment: **Hospital:**
Method:
Agency:



Queensland Government

**Workplace Health & Safety
Queensland**

WHSQ District:

GOLD COAST

Event no:

198606 GC14/438

Response assessment no:

Assessment no:

331922

Investigation no:

Has Confidentiality been asked? Yes No

Allocated to:

HARVARD

Injured person/complainant:

Entity legal name:

WARNER WORLD AUSTRALIA VILLAGE THEME
PARK MANAGEMENT PLL

Trading name:

SEA WORLD NARA RESORT

Event/complaint address:

SEAWORLD ONE, MAIN BEACH

Date of Event:

10/5/14

Notification date:

10/5/14

Formal notification date:

Summary of Event:

ATTACHED

Notifier:

Regional review

(if the answer is unknown then proceed as if yes)

**Yes
go to**

**No
go to**

		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

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- 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.

Initial Action Summary	<input type="checkbox"/> Forward to RIM <input type="checkbox"/> Response Assessment (B) <input type="checkbox"/> Assessment (C) <input type="checkbox"/> NFA
Regional Management:	
Name:	
Signature:	Date:

INITIAL SUMMARY	<input type="checkbox"/> RIM Referral (e.g. for assessment of response)
Regional Management:	
Name:	
Signature:	Date:

Running Sheet

Date	Particulars
10/5/14	oncall visit, incident details and photos obtained.
12/5/14	Checked injured worker. Not admitted to hospital
29/5/14	Issued Improvement Notice.
02/6/14	Documentation for PCB. Notice release.

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"/>	
News item	<input type="checkbox"/>	<input type="checkbox"/>	
Newspaper item	<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"/>	
CSE entries complete	<input type="checkbox"/>	<input type="checkbox"/>	
Has the complainant/worker 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 (rate 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 cause of the risk?	3	C
3. Was it reasonably practicable for the duty holder 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 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		

Triage Conclusion

Conclusions:	<input type="checkbox"/> RIM referral (Referral for investigation form to be completed) <input type="checkbox"/> Return to Inspector - further action required <input type="checkbox"/> Closeout (Closeout conclusions to be included below)
Closeout conclusions (if applicable): Insert closeout conclusions	

Regional delegate		Date	/ /	Signature
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Tracy Meyers

From: Peter Westcott
Sent: Monday, 12 May 2014 5:16 PM
To: Tracy Meyers; Marion Moore
Cc: Paul Hastings
Subject: On Call Briefing Sheet- Injury to worker (Manual Handling)- Main Beach

◆ **Notification type:** **Incident**

Escalation Number: 10227 QAS # 05409375

Incident Date & Time: 10 / 05 /2014 1000hrs (approx)

Incident Location: Seaworld Nara Resort

Name of PCBU: Seaworld Nara Resort

ABN: Address/Phone Number PCBU: - Seaworld Drive, Main Beach Qld

Incident Description: Staff member sustained pain to back whilst in process of putting items in a rack from a Bain Maree. Ambulance called to site.

Injured Person's Name:

Notifier's Name: QAS

Despatched Inspector Jonathon HARVARD to scene.

◆ **Notification type:** **Complaint Request for inspector**

Escalation Number:

Complaint Date & Time:

Complaint Location:

Name of PCBU:

Phone Number PCBU:

Complaint /Request Details

Confidentiality Requested:

Complainant's Name:

Duty Inspector dispatched:

1. Duty Manager to Do:

- 1.1 Obtain minimum details – contact attending inspector for updated information if required
- 1.2 Alert relevant PIO as necessary – or CSO if PIO not contactable or unavailable
- 1.3 Send details to Angela Marsden

2. CSO to Do:

- 2.1 Complete online notification
- 2.2 Forward online notification to AAA with request for event to be created asap
- 2.3 Forward online notification to relevant PIO and CSO for follow up action.

**WORKPLACE HEALTH AND SAFETY QUEENSLAND
NO FURTHER ACTION RECOMMENDATION**

MEMORANDUM

TO: Kevin ARCHER
Regional Investigations Manager
Workplace Health and Safety Qld
Brisbane South and Gold Coast Region

FROM: Allan Patrick GOODWIN
Principal Inspector – Investigations
Workplace Health and Safety Qld
Brisbane South and Gold Coast Region

DATE: 8 July 2013

RE: Incident involving [redacted] sch.4/3/3 name on 10/11/2012.
Event - 173932
Entity – Village Roadshow Theme Parks T/A Village Roadshow Theme Parks

On 10 November 2012 [redacted] was injured when a motor cycle stuntman's neck brace that he was carrying on a quad bike he was riding, got entangled in the quad bike accelerator lever. [redacted] consequently lost control of the Quad Bike and crashed into a fence. The incident occurred on-site at the Australian Outback Spectacular at Entertainment Drive Oxenford.

[redacted] was employed in a full time position Village Roadshow Theme Parks T/A Village Roadshow Theme Parks as a Show Control Technician. He performs tasks for his employer including preparing sets, props and equipment for the performances at the Outback Spectacular as part of the Back Stage Crew. He was performing these tasks for his employer at the time of the incident.

On the day of the incident, [redacted] was driving a Quad Bike from a storage area and pre-setting the vehicle side stage of the arena. The Quad Bike is used during the show by one of the performers. The performers are required to wear a neck brace while performing the routines as well as a motor cycle helmet. The neck brace and helmet are pre-set side stage with the quad bike by the stage hands.

The usual practice of transporting the neck brace with the quad bike is by draping the neck brace in its open position over the right hand side handle bar of the bike, and the helmet is worn by the stage hand during transportation. The finger throttle of the quad bike is also on the right hand side of the handle bars, the hand clutch is on the left and the hand brake is also on the right.

sch.4/3/3 name had completed this task in this way numerous times as part of his daily duties.
[REDACTED] was not shown any other way to transport the neck brace with the bike.

On this occasion, the neck brace somehow became lodged around the throttle and caused the throttle to be 'locked on'.

[REDACTED] was unable to slow the quad bike or effectively control the bike with the brake, clutch or steering and crashed into a gate at the opening of the storage area.

[REDACTED] was later able to free the neck brace from the throttle and continue with his tasks.

[REDACTED] attended the first aid room of his employer and later transported to the Pindara Hospital for treatment to fractures to both wrists.

There was an initial attendance on site by WHSQ inspector on 15 November 2012. There were photographs taken of the incident scene and of a quad bike similar to the quad bike used during the incident. The particular bike used by [REDACTED] was not present during the Inspectors visit. The Inspector was advised that the damage caused to the quad bike was being repaired. There was a statement taken from the injured worker however there were no witnesses to the incident.

Findings:

- [REDACTED] was under instruction from Village Roadshow Theme Parks T/A Village Roadshow Theme Parks.
- Village Roadshow Theme Parks T/A Village Roadshow Theme Parks had implemented adequate controls to minimise the risk of injury to workers working in the Back Stage Crew area including information, procedures, policy, training and instruction.
- Village Roadshow Theme Parks T/A Village Roadshow Theme Parks conducted regular training with workers, along with documented risk assessments and had policies and procedures in place in relation to working back stage and operating plant.
- Village Roadshow Theme Parks T/A Village Roadshow Theme Parks had a specific policy implemented at the workplace in relation operating the Quad Bikes, however did not have a specific policy with respect to transporting the neck brace to the side stage area.
- [REDACTED] has performed this task on numerous occasions.

Recommendations:

Based on the information and evidence gathered throughout this investigation including documents provided by Village Roadshow Theme Parks T/A Village Roadshow Theme Parks, observations at the scene of the incident, and admissions made by [REDACTED] in his statement, it appears that the employer had implemented a safe system of work to minimise the risk of injury to workers undertaking duties of Back Stage Crew and operating plant on worksites. However NO specific policies on how to transport the neck brace to the side stage area.

Further admissions by [sch.4/3/3 name] revealed that he believed that Management may not have been aware of how the neck brace was being transported to the side stage area. [redacted] stated that he developed his own method of transporting the neck brace to side stage by draping the neck brace over the right hand handle bar.

Village Roadshow Theme Parks T/A Village Roadshow Theme Parks have reviewed and revised their Operational Procedures with respect to carrying the neck brace on the quad bike and immediately implemented a new policy.

The employer was co-operative with the investigating inspector and has since complied with all requests for information.

Further conversations with [redacted] revealed that he has been trained in the new procedures of Not carrying anything on the handle bars of the Quad bikes during transportation. He further stated that he has returned to work at Village Roadshow Theme Parks T/A Village Roadshow Theme Parks and has resumed his usual duties.

With all these factors in mind, the prospect of conviction is unlikely, given that the evidence may not support a prima facie case against the employer and in light of a possible defence that the Employer did all that was reasonably practicable to ensure the safety of workers; it would not be in the public interest to pursue any further action against the employer.

Due to the nature of the incident and the corrective measures implemented, including training of workers, regular tool box talks, and task specific policies, the risk of a similar incident recurring in this workplace is diminished.

Given that any further information is unlikely to reveal a breach of the legislation, it is recommended that no further action be undertaken.

I enclose the following materials:

1. Statement of [redacted] dated 16/11/2012,
2. Statement of Inspector BAKER,
3. Photographs of the Incident location,
4. Copies of the New policies implemented as a result of this incident, and,
2. Bundle of correspondence prepared during investigation.

Forwarded for your information and consideration.

Date 8 July 2013

A P Goodwin
Principal Inspector – Investigations
Workplace Health and Safety Qld
Brisbane South and Gold Coast Region



**Workplace Health and Safety
Queensland**

District Number:	GC12/ 837
Event Number:	173 932
Investigation Number:	58176
Allocated to:	Ian Baker

Injured Person:	[Redacted] sch.4/3/3 name
Employer Legal name:	Village Roadshow Theme Parks
Employer Trading name:	Village Roadshow theme parks
Notification Date:	12/11/12

INITIAL ACTION TAKEN	Yes	No	Completed By
Determined to be Type 2 event	✓		
Investigation to be created	✓		
No further action		✓	
Letter sent to workplace		✓	
Assessment to be created		✓	
CIS Completed			
Principal Inspector Operations:			J Simpson
Date:			12/11/12

INVESTIGATION	Yes	No
1 Incident Report – Form 3	✓	
2 Investigation Report	✓	
3 Notices Issued		✓
4 Notebook Notes		
5 Photographs	✓	
6 Inspector Statement	✓	
7 Injured Person Statement	✓	
8 Other		

COMPLETION	<input type="checkbox"/> NFA	<input type="checkbox"/> Forward to RIM
Principal Inspector Operations:		
Date:		

REPORT: **CIRR00470** **Event Details**

PARAMETERS: Event Id: 173932

USERNAME: REPORT_USER@DBAP10

DATE CREATED: 12-NOV-2012 09:25 AM

Events

Id: 173932 Priority Level: 2 Event Date: 10-NOV-2012 Notification Date: 12-NOV-2012

Type: [REDACTED] Dangerous Event Type: N/A
Notifier: sch.4/3/3 name, mobile Telephone: [REDACTED]

Description: Received Page from QAS that a worker has sustained a injury to his wrist after the quad bike his was riding struck a wall and QAS called as a Precaution. Rec call several hours later that the injured worker has fractured both wrists. Safety Manager John Donaldson has been in contact with Insp Ian Baker will liase with workplace. Notifier is notifying on behalf of : Not Stated - Workplace Controller : Not Stated

Employer Locations

Employer	Location	Role	SI Flag
UNKNOWN	ENTERTAINMENT DR, OXFENFORD 4210 QLD	EMP	

Incidents

Type: [REDACTED]
Name: [REDACTED] Date of Birth: [REDACTED]
Address: ENTERTAINMENT DR, OXFENFORD 4210 QLD

Empl Basis: [REDACTED] Occupation: [REDACTED]
Empl Type: [REDACTED]
Nature: OTHER FRACTURES, NOT ELSEWHERE Location: WRIST
Treatment: CLASSIFIED Hospital: [REDACTED]
Method: UNKNOWN
Agency: VEHICLE ACCIDENT
MOTORCYCLES AND SIDECARS, SCOOTERS, TRAIL BIKES



Injured person: James Oliver TACEY

Event Number: 173932

Workplace Health and Safety Queensland INVESTIGATION REPORT

Reference

Region:	BSGC	Event No:	173932
Receiving officer:	I Baker		

Reporting Information (work injury, serious bodily injury, work caused illness, dangerous event)

Notification to Workplace Health and Safety	<input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No Date 10/11/12 Time 1700		
Fatal/Non Fatal?	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> X Non Fatal Nature of Injury: Bilateral wrist fractures.		
Notifying Person::	sch.4/3/3 name,mobile, d.o.b.		
Relationship to w/place (employee, neighbour, union, etc)	Employee	Phone No	[Redacted]
Media Response	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No - <input type="checkbox"/> TV <input type="checkbox"/> Paper <input type="checkbox"/> Radio <input type="checkbox"/> CH2 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Courier <input type="checkbox"/> Other.....		
Emergency Services	<input type="checkbox"/> Police <input type="checkbox"/> Fire <input checked="" type="checkbox"/> X Ambulance <input type="checkbox"/> Other.....		

Time of Incident

Day: Saturday	Date: 10/11/12	Time: 1600
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Injured Person

Name:	[Redacted]		
Address:	[Redacted]		
Sex	<input type="checkbox"/> X Male <input type="checkbox"/> Female		
Status	<input checked="" type="checkbox"/> X Worker <input type="checkbox"/> Employer <input type="checkbox"/> <input type="checkbox"/> Self/Employed <input type="checkbox"/> Public <input type="checkbox"/> Child <input type="checkbox"/> Other	Type of employment	Show Control Technician

Relevant Person

Legal Name:	Village Roadshow Theme Parks
Address:	Pacific Motorway Oxenford 4210
Trading Name:	Australian Outback Spectacular
ACN:	0 109 196 23
Industry Sector:	

Workplace where incident occurred

Name:	Australian Outback Spectacular
Address:	Pacific Motorway Oxenford 4210
Incident location:	Backstage southwest entry/exit double doorway

Principal Contractor (if relevant)

Name:	
Address:	
ACN::	

**Hospital Details**

<i>Hospital Admitted:</i>	Pindara		
<i>Date Admitted:</i>	10/11/12	<i>Date Discharged:</i>	13/11/12

Preliminary Information/Findings

[Briefly describe the circumstances relating to the circumstances of the event]

At approximately 1600 on Saturday 10 November 2012 worker [sch.4/3/3 name] sustained injury to both wrists when he crashed a quad bike into a door when exiting the backstage area of Australian Outback Spectacular (AOS) Pacific Motorway Oxenford 4210

[redacted] is employed at AOS by Village Roadshow Theme Parks as a Show Control Technician and was moving the quad bike to the show arena when setting up for the show.

As [redacted] put the bike into a right-hand turn, a neck brace being carried on the right-hand handlebar wedged between the throttle control lever and the body of the bike.

The bike increased in speed and hit the open door.

[redacted] efforts to apply the brakes and disengage the clutch were ineffective.

[Detail possible obligation holders]

Village Roadshow Theme Parks, Board of Directors of same, Executive Officers of same, Officers of same and Workers at same.

Designers of plant, Manufacturers of plant, Importers of plant and Suppliers of plant.

[Detail known facts]

The workplace address is Pacific Motorway Oxenford 4210.

A worker was injured at work at approximately 1600 on Saturday 10 November at AOS.

The worker's name is [redacted]

[redacted] sustained injury to both wrists when riding a quad bike.

The bike was in a well-maintained condition.

The backstage area had a flat surface of packed earth.

[redacted] lost control of the bike and it hit an open steel-framed timber door.

[redacted] is an experienced quad bike rider.

There were no witnesses.

[redacted] was given immediate first aid and then transported to Pindara Private Hospital by Ambulance (QAS).

An instruction for the carriage of neck braces is now addressed in updated quad bike handling procedures.



Injured person: James Oliver TACEY

Event Number: 173932

[Empty box for notes]

Traffic Control

Were traffic control activities associated with the incident? Yes XNo

If yes, provide details of the assessment of fatigue (including access to rest breaks) as a contributor to the cause (refer to enforcement note 49).

Status of Investigation -

Preliminary investigation completed.

Witnesses (list all witnesses identified)

Names	Connection to Incident/Event	Statement Provided
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Notices issued in relation to Incident

Type:		Type:		Type:	
No:		No:		No:	
Date:		Date:		Date:	

Notices issued in relation to other Hazards

Type:		Type:		Type:	
No:		No:		No:	
Date:		Date:		Date:	

Inspector's Name	I Baker	Inspector Number	116
Signature		Date	19/11/12

Conclusion (Section to be completed by RIM/ROM)

Type 1 Incident - Yes No

Further investigation Investigation complete (If incident is type 2,3, or 4 and 'Further investigation' is nominated RD endorsement is required)

Statement of Reasons: [Outline reasons why this incident should/should not be further investigated]



Conclusion should include details of:

- primary and secondary causes of incident (not only cause of death)
- seriousness of breaches by the related obligation holders (actual and attempts to manage the risk)
- prevalence of the risk factors associated with the incident (across industry) and known general management across industry

<i>Regional Investigations Manager</i>		<i>Inspector Number</i>	
<i>Signature</i>		<i>Date</i>	
<i>Regional Operations Manager</i>			
<i>Signature</i>		<i>Date</i>	

Regional Director's endorsement *(only necessary for type 2, 3 and 4 incidents)*

<i>Regional Director</i>	
<i>Endorsed</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Signature</i>	
<i>Comments:</i>	



UPDATE TO INVESTIGATION REPORT
(Delete section if Summary of Facts required – refer to RIM/ROM)

Investigation Update

<i>Inspector's Name</i>		<i>Inspector Number</i>	
<i>Signature</i>		<i>Date</i>	

Conclusion *(Section to be completed by RIM/ROM)*

Further investigation Investigation complete

Statement of Reasons: [Outline reasons why this incident should/should not be further investigated]

Statement to address the following points:

- primary and secondary causes of incident (not only cause of death)
- injury outcome or potential outcome if related to complaint or dangerous event
- obligation holder/s related to cause of incident (primary and secondary)
- seriousness of breaches by the related obligation holders (actual and attempts to manage the risk)
- compliance history of the obligation holders – particularly relating to the circumstances of this incident, and
- prevalence of the risk factors associated with the incident (across industry) and known general management across industry

Note: Statement not to include any recommendation about the initiation of a prosecution, i.e. it is to be limited to the above points.

<i>Regional Investigations Manager</i>		<i>Inspector Number</i>	
<i>Signature</i>		<i>Date</i>	



Injured person: James Oliver TACEY

Event Number: 173932

<i>Regional Operations Manager</i>			
<i>Signature</i>		<i>Date</i>	

Regional Director's endorsement

<i>Regional Director</i>			
<i>Signature</i>		<i>Date</i>	<i>Endorsed</i> <input type="checkbox"/> <i>Not endorsed</i> <input type="checkbox"/>

Comments:



Queensland Government

Workplace Health & Safety Queensland

WHSQ District:

GOLD COAST

Event no:

201999 GC14/660

Response assessment no:

Assessment no:

337308

Investigation no:

Has Confidentiality been asked? Yes No

Allocated to:

M. SALAGE

Injured person/complainant:

sch.4/3/3 name

Entity legal name:

ARJENT LEISURE LIMITED

Trading name:

Event/complaint address:

OCEAN WORLD PLAYA, COOMERA

Date of Event:

20/8/14

Notification date:

21/8/14

Formal notification date:

Summary of Event:

ATTACHED

Notifier:

Regional review

(if the answer is unknown then proceed as if yes)

Yes go to

No go to

		2	D nil letter
1	Does the OFSWQ hold jurisdiction over the event?		
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.

CISR
KXCA

Initial Action Summary	<input type="checkbox"/> Forward to RIM <input type="checkbox"/> Response Assessment (B) <input checked="" type="checkbox"/> Assessment (C) <input type="checkbox"/> NFA
Regional Management:	
Name:	M. Salage
Signature:	<i>[Signature]</i>
Date:	27-8-14

FILE SUMMARY	<input type="checkbox"/> RIM Referral (Referral for investigation form to be completed) <input checked="" type="checkbox"/> NFA
Regional Management:	
Name:	
Signature:	
Date:	

WORK ALLOCATION AND RECORD FORM

Allocated to:

M Savage

Date:

27-8-19

Allocated by: Paul Hastings / Malcolm Savage
(please circle)

Other.....

Workplace Assessment Outcome

PCBU:	<input type="checkbox"/> as stated on cover sheet
Site Address:	<input type="checkbox"/> as stated on cover sheet
Trading Name:	<input type="checkbox"/> as stated on cover sheet
Project Name:	Sub Contractor:
Contact Person:	Contact number:
ABN:	Descriptor:

Inspector to complete the following

(attach all supporting information: eg. notices, notebook notes)

- ❖ Event Actioned by way of assessment no: 337308 (when created by inspector)
- ❖ Phone contact and / or Site Visit (strike out) undertaken on the 26 / 8 / 2019
- ❖ Discussion had with: PC* Employer* Self-employed Worker Other
- ❖ Contact made with Safety Representative: YES NO Request made: YES NO
- ❖ Any S457 (skilled labour) visa workers: YES NO Audit done: YES NO
- ❖ Issue(s) of complaint: Confirmed Not Confirmed Some Confirmed
- ❖ Notice(s) issued to control risk(s): YES NO Remedial action in 15 min: YES NO
- ❖ Other action taken to remedy situation: YES NO CISr completed: YES

Comment:

.....

.....

*including representative of Principal Contractor, employer ; example- foreman, supervisor, manager

Feedback Was it requested: Yes No If Yes, has it been provided: Yes No

Completed By

Noted By

Inspector *[Signature]* Inspector Number 119

Principal Inspector Operations: (please circle)
Paul Hastings / Malcolm Savage

Notebook notes photograph notice copy 'G' drive

Other.....

Signature: *[Signature]* Date: 27 / 8 / 2019

Signature: *[Signature]* Date: 27 / 8 / 2019

REPORT: **CIRR00470 Event Details**

PARAMETERS: Event Id: 201999

USERNAME: REPORT_USER@DBAP10

DATE CREATED: 21-AUG-2014 11:21 AM

Events

Id: 201999 **Priority Level:** 4 **Event Date:** 20-AUG-2014 **Notification Date:** 21-AUG-2014

Type: WHS Dangerous Event **Dangerous Event Type:** N/A
Notifier:

Telephone:

Description: I have been made aware of serious safety issues at Dreamworld relating to the construction of a water slide. sch 4/36 name, ID, mobile, personal opinion

[Redacted]

Dreamworld currently have engaged some contract workers to put a very large water slide together.

I am concerned about someone being hurt or worse killed. The safety issues I am aware of are.

- ¿ trestles made from pine held together with wood screws.
- ¿ people working under a supported load hanging off a forklift.
- ¿ forklift operator reportedly hasn't got the appropriate licence.
- ¿ low tensile, stainless bolts being used for lifting large, heavy items.
- ¿ high rise work, removing large sections of staircase railing. Inadequate Temporary sections installed. No helmets or safety barriers.
- ¿ large forklift being used as a crane lifting from tines.
- ¿ unsafe chain dogging practices.

[Redacted]

I believe an Inspector should visit this site to see what is going on.

Employer Locations

Employer	Location	Role	SI Flag
ARDENT LEISURE LIMITED	DREAMWORLD PWY, COOMERA 4209 QLD	EMP	

Complaints

Name: [Redacted]
Address: [Redacted]
Phone: [Redacted]
Description: [Redacted]