INCIDENT NOTIFICATION BY TELEPHONE								
For Brisba	ane South and Gold Coast Region GC192							
Event No: 163490.	Inv. No:							
Receiving Officer:	Date: 18/4/12 Time: 2:30pm							
Notifying Person:	ans							
Position:								
Phone No:								
QAS/Police Job Number:	Ref No. 3389844							
On Site Contact Person:								
Phone No:	55561678 (FIRST MD ROOM							
Workplace Name:	WET'N' WILD.							
Name of Person Involved: (injured person)								
Incident location:	PACIFIC HIGHWAY,							
	OXENFORD-							
Description of Incident:	40 YR OUD REMALE							
•	PATRON HAS INT HEAD							
	ON RIPE, SEVERE HEMOREHE							
	& TINGLING DOWN ARMS.							
	CATENT OF INTURIES &							
	MIRNOUN.							
	AMBULANCE ON-ROUTE.							
·								
Is scene secured?	Yes \(\square\) No \(\square\)							
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 □							

RTI 151251: File 3: Page no 79

WHSQ District: SOLD COAST								
Response assessment no: 34 35 4 Investigation no: Assessment no: 34 35 4 Investigation no: Allocated to: TAN GALER.	· Pisa		1.	WHSQ Di	strict:		*GOLD C	OAST
Response assessment no: Assessment no: Assessment no: 341354 Injured person/complainant: Injured person/complainant: Secural Theme fack Trading name: Secural Theme fack Date of Event: 12/11/14 Notification date: 12/11/14 Formal notification date: 12/11/14 Summary of Event: OAS				Eve	nt no:	2050	202.	GC14/852
Investigation no: Allocated to: TAN BALER.		afety	Res	oonse assessme	nt no:		_	
Allocated to: TAN BAKER. Injured person/complainant: Entity legal name: Seeworld There Park Trading name: Event/complaint address: Seaworld Drive, Mam Deach 42/7 Date of Event: 12/11/14 Pormal notification date: 12/11/14 Formal notification date: 12/11/14	Queensland			Assessme	nt no:	3413	54	
Injured person/complainant: Entity legal name: Secural Theme Park Trading name: Event/complaint address: Date of Event: 12/11 14 Notification date: 12/11 14 Formal notification date: 12/11 14 Summary of Event: OAS Refer attacked Notifier: Via AAA Regional review (if the answer be unknown then proceed as if yes)				Investigation	on no:			: 1
Entity legal name: Trading name: Seeworld There Park				Allocat	ed to:	TH	J BAK	ER.
Trading name: Event/complaint address: Seaworld Drive, Man Beach 4217 Date of Event: 12/11/164 Notification date: 12/11/164 Formal notification date: 12/11/164 Summary of Event: QAS. Refer attlached Notifier: Nia AAA. Regional review Yes go to go to	Injured person/complainant:							
Trading name: Event/complaint address: Seaworld Drive, Man Beach 4217 Date of Event: 12/11/164 Notification date: 12/11/164 Formal notification date: 12/11/164 Summary of Event: QAS. Refer atlacked Notifier: Nia AAA. Regional review Yes go to	Entity legal name:	Seems	nld	Theme	Par	k		
Date of Event:	Trading name:	0,2000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , ,			
Date of Event:	Event/complaint address:	Seamon	ld	Drive,	N	Tam	Dear	1 4217
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Note: Cover sheet for 85GC administrative use only - Ver 5 - July 3683

Compliance Investigation System

REPORT: **CIRR00470 Event Details**

PARAMETERS:

Event Id: 205202

USERNAME:

REPORT_USER@DBAP10

Workplace Health and Safety



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

Events

ld:

Priority Level:

Event Date:

12-NOV-2014

Notification Date:

12-NOV-2014

Type: Notifier:

WHS

Dangerous Event Type:

N/A

Telephone:

Description:

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

Employer Locations

Employer.

Location

Role

WARNER WORLD AUSTRALIA PTY LTD & SEAWORLD THEME PARK, SEAWORLD DR, MAIN BEACH VILLAGE THEME PARK MANAGEMENT PTY 4217 QLD LTD

EMP

Revision: \$revision 1.7\$

Page 1 of 1

WHSQ District: GOLD COAST Event no: Event no: GOLD COAST Response assessment no: Assessment no: Investigation no: Inve	. 1									
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Warner I	Region									

RTI 151251: 4 we re Page no 83 8

Date: 8 · 1 · 2014

For Brisbane South and Gold Coast Region Inv. No: **Event No:** Receiving Officer: 5 LEWIS Date: 7 (1/14 Time: 5:20pm BC. 9867. **Notifying Person:** Position: Phone No: QAS 05070473. **QAS/Police Job Number:** On Site Contact Person: Phone No: 5388 22-00. Workplace Name: SCAWORLD. Name of Person Involved: (injured person) SERWORLD BRIVE Incident location: man Beach. 16 40 STAPF MEMBER WAS **Description of Incident:** HAP STICK PUNCTURE FOOT NO OTHER DETAIL KNOWN. Is scene secured? \Box Yes No AM / PM) 7/1/14 Date & Time of Incident: Fatal/Non Fatal: Fatal Non Fatal Admitted to Hospital (which)? Yes \square No 🗆 To: Status: Child Worker Member of Public **Emergency Services at scene:** Police Fire Ambulance Other Media at scene: Yes 🗆 No 🗆 TV 🗆 Paper Radio

INCIDENT NOTIFICATION BY TELEPHONE

RTI 151251: File 3: Page no 84

Compliance Investigation System

Workplace Health and Safety

REPORT:

CIRR00470 Event Details

PARAMETERS:

Event Id: 193001

USERNAME:

REPORT_USER@DBAP10

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

Events

ld:

193001

Priority Level:

Event Date:

07-JAN-2014

Notification Date:

07-JAN-2014

Type: Notifier:

WHS

Dangerous Event Type:

N/A

Telephone:

Description:

16YO FEMALE WORKER HAD FOOT PUNCTURED BY MULCH

Employer Locations

Employer :

EMP

WARNER WORLD AUSTRALIA PTY LTD & SEAWORLD THEME PARK, SEAWORLD DR, MAIN BEACH VILLAGE THEME PARK MANAGEMENT PTY 4217 QLD

Incidents

Type:

Non serious bodily injury

Name:

Date of Birth:

Address:

THE SPIT, SEAWORD DR, MAIN BEACH 4217 QLD

Empl Basis:

Empl Type: Nature:

Treatment:

Method: Agency: Occupation:

Location: Hospital:

Revision: \$revision: 71.7151251: File 3: Page no 85

Response assessment no:	GC14/438
Response assessment no:) Tremé
Response assessment no:) THEME
Investigation no: Has Confidentiality been asked?) THEME
Has Confidentiality been asked?	THEME
Injured person/complainant: Entity legal name: DARK WANGOMENT PLL Trading name: Event/complaint address: Date of Event: Lol Lol	THEME
Entity legal name: Description Description Description	
Event/complaint address: Date of Event: Colsing Colsing Colsing	
Event/complaint address: Seaward Nara Nesart	
Date of Event: Lols (C Notification date: 10/5/14 Formal notification date: Summary of Event: Regional review (if the answer is unknown then proceed as if yes) 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). 3 Is event: a. a request or referral to the regulator under the Act; b. an enforcement priority;	W
Summary of Event: Regional review (if the answer is unknown then proceed as if yes) Does the OFSWQ hold jurisdiction over the event? 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). Is event: a. a request or referral to the regulator under the Act; b. an enforcement priority;	
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Is event: a. a request or referral to the regulator under the Act; b. an enforcement priority;	3
b. an enforcement priority;	
d. an injury or illness requiring a person to have immediate treatment as an in-patient in a hospital excluding those items highlighted (A through to	4
K) refer to definition on following page.	
4 Is event: (not categorised under 2 or 3 as above)	- 1
a. a serious injury or illness; b. a potential significant event;	
b. a potential significant event; c. a critical event other than a fatality;	D
d. a complaint of non-compliance;	
e. a serious contravention of the WHS Act; or	
f. a dangerous electrical event? 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). RMT agreement required to close out and administrative response from the region.	
Initial Action Summary	ent (C) NI
Regional Management:	
Name:	
Signature: Date:	
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Regional Management:	
Name:	

RTI 151251 Signature Page no 86

Date:

Date	Particulars		Ru	nning St	heet		OF THE	SE COM		
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12/5/m	Threat ignied worker that advisted to hospital									
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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

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
- 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.

13/PST20151251: File 3: Page no 88

This document was created for the purpose of consideration by the Workplace Health and Safety Queensland Legal Unit and is subject to legal professional privilege

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 sch.4/3/3 name on 10/11/2012. Event - 173932 Entity – Village Roadshow Theme Parks T/A Village Roadshow Theme Parks
brace that accelerator	incident occurred on-site at the Australian Outback Spectacular at Entertainment
Roadshow including p Spectacula	ras employed in a full time position Village Roadshow Theme Parks T/A Village Theme Parks as a Show Control Technician. He performs tasks for his employer preparing sets, props and equipment for the performances at the Outback ar as part of the Back Stage Crew. He was performing these tasks for his employer of the incident.
setting the the performance as	was driving a Quad Bike from a storage area and prevehicle side stage of the arena. The Quad Bike is used during the show by one of mers. The performers are required to wear a neck brace while performing the swell as a motor cycle helmet. The neck brace and helmet are pre-set side stage and bike by the stage hands.
	practice of transporting the neck brace with the quad bike is by draping the neck sopen position over the right hand side handle bar of the bike, and the helmet is

Page 1 of 3 pages

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

RTI 151251: File 3: Page no 89

on the right.

h.4/3/3 nametad completed this task in this way numerous times as part of his daily duties. 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'. 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. was later able to free the neck brace from the throttle and continue with his tasks. 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 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: 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

has performed this task on numerous occasions.

Recommendations:

stage area.

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 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.

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

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. 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 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 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

Page 3 of 3 pages



Workplace Health and Safety Queensland

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

	Injured Person:	sch.4/3/3 n	ame							
I	Employer Legal name:	illage	Road	lshon	Theme Parks					
Em	ployer Trading name:	Village	Ros	rolsho	w theme Paus					
		2/11/12								
INI	TIAL ACTION TAKEN		Yes	No	·Completed By					
Dete	rmined to be Type 2 event									
Inve	stigation to be created									
No f	urther action				,					
Lette	er sent to workplace									
Asse	essment to be created									
CIS	Completed									
		Principal Insp	pector Ope	erations:	1 Imaleu					
				Date:	12/11/12.					
					/ /					
INV	ESTIGATION			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									
_	MPLETION	□ NFA			☐ Forward to RIM					
Prin	cipal Inspector Operations:									
	Date:									

Compliance Investigation System

Workplace Health and Safety

REPORT:

CIRR00470 Event Details

PARAMETERS:

Event Id: 173932

USERNAME:

REPORT_USER@DBAP10

DATE CREATED:

12-NOV-2012 09:25 AM

Events

ld: 173932 **Priority Level:**

Event Date:

10-NOV-2012

Notification Date:

12-NOV-2012

Type: Notifier:

/3/3 name, mob

Dangerous Event Type:

N/A

Telephone:

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, OXENFORD 4210 QLD

EMP

Incidents

Type:

Name:

Address:

Date of Birth:

ENTERTAINMENT DR, OXENFORD 4210 QLD

Empl Basis:

Empl Type: Nature:

OTHER FRACTURES, NOT ELSEWHERE

Occupation: Location:

Hospital:

WRIST

Treatment: Method: Agency: CLASSIFIED

UNKNOWN

VEHICLE ACCIDENT

MOTORCYCLES AND SIDECARS, SCOOTERS, TRAIL BIKES

Revision: \$revision 1.7\$

RTI 151251: File 3: Page no 93



Injured person: James Oliver TACEY

Event Number: 173932

Workplace Health and Safety Queensland INVESTIGATION REPORT

ar',	INVESTIGATION REPORT
Reference	
Region: BSGC	Event No: 173932
Receiving officer:	I Baker
Reporting Information	n (work injury, serious bodily injury, work caused illness, dangerous event)
Notification to Workpla	ce X Yes No Date 10/11/12 Time 1700
Health and Safety	
	Fatal X Non Fatal
Fatal/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, o	Employee Phone No
Media Response	Yes XNo - TV Paper Radio CH2 7 9 10 Courier Other
Emergency Services	Police Fire XAmbulance
1.	Other
Time of Incident	
Day: Saturday	Date: 10/11/12 Time: 1600
	·
Injured Person	
Name:	
Address:	
Sex XMale Fema	ale
Status XWorker	Employer Type of Show Control
Self/Employe	
	Child Other
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 incid	dent occurred
Name:	Australian Outback Spectacular
Address:	Pacific Motorway Oxenford 4210
Incident location:	Backstage southwest entry/exit double doorway
Principal Contractor (if relevant)
Name:	
Address:	
ACM.	7



Injured person: James Oliver TACEY

Event Number: 173932

Hospital Details

Hospital Admitted:	Pindara		
Date Admitted:	10/11/12	Date Discharged:	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

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 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.

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

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.

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

is an experienced quad bike rider.

There were no witnesses.

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.



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Traffic Control									
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If yes, provide detail contributor to the car					cess to	rest breaks	s) as	а	
contributor to the car	use (refer to e	morcemen	t note 49).					
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Preliminary investiga	ation complete	ed.							
							_		
Witnesses (list all with	nesses identified)							
Names		tion to Inc	ident/Eve	ent			St	tatemer	nt
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		200.00					1	Yes	No
							1	Yes	No
							- -	Yes	No
								Yes	No
Notices issued in re	lation to Inci	dent							
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No:	No	:		N	o:				
Date:	Da	ite:		D	ate:				
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Notices issued in re			<u> </u>	T	ima.				_
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Date:		ite:	No: Date:						17/4/10/07
Inspector's Name	I Baker		Inspec	ctor Number	r	116			
Signature	1	$\overline{}$	Date			19/11/12			
Complement									
Conclusion (Section to	be completed by RIM	M/ROM)							
Type 1 Incident - Ye	s No No								
Further investigation	Investiga	ation comp	lete 🗌	(If incident is typ	pe 2 ,3, o	r 4 and 'Further	rinves	stigation' i	is
nominated RD endorsement is						- III III	and the second		***************************************
Statement of Reason	e: [Outline re	acone why	this inci	ident chaule	d/chou	ıld not be f	urth	or.	
investigated]	is. [Outilifie re	asons wily	uns me	ident snould	u/SHOU	nd not be n	ai tilt		

Event Number: 173932

WHSQ Investigation Report

Injured person: James Oliver TACEY

Page 3 of 14

Last updated: 03 March 2010



Injured person: James Oliver TACEY

Event Number: 173932

 seriousness of to manage the prevalence of 	econdary causes of incide breaches by the related risk)	dent (not only cause of death) obligation holders (actual and attempts ed with the incident (across industry) ss industry
Regional Investigations Manager	Inspector Number	
Signature	Date	
Regional Operations Manager		
Signature	Date	
Regional Director's endorsement Regional Director Endorsed	t (only necessary for type 2, 3 and	4 incidents)
Signature		
Comments:		

RTI 151251: File 3: Page no 97

Injured person: James Oliver TACEY

Event Number: 173932



(Delete section	if Summary of Facts	required – refer to	o RIM/ROM)
Investigation I	Indata		

investigation opulate		
Inspector's Name	Inspector Nu	mber
Signature	Date	
	restigation complete	nould/should not be further
o injury or event o obligatio o seriousn to mana o complia circums o prevaler	and secondary causes of incider utcome or potential outcome if it on holder/s related to cause of in less of breaches by the related of ge the risk) nce history of the obligation hol- tances of this incident, and	related to complaint or dangerous neident (primary and secondary) bligation holders (actual and attempts lders – particularly relating to the with the incident (across industry)
Note: Statement not to include to be limited to the above po	ATT.	ne initiation of a prosecution, i.e. it is
Regional Investigations	Inspector Number	
Manager Signature	Date	
WHSO Investigation Report	Page 5 of 14	Last updated: 03 March 2010



Injured	person:	James	Oliver	TACEY
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Event Number: 173932

Regional Operations Manager		
Signature	Date	
Regional Director's endorser	ment	
Regional Director		
Signature	Date	Endorsed Not endorsed
Comments:		

Queensland Government			WHSQ District:		GOLD COAST		AST	
		Event no: QC		2019	900	GC14/660.		
Workplace	Health & S	afety	Response	assessmer	nt no:			
Queenslar	ıd			Assessmer	nt no:	33	7308	3
			I	nvestigatio	n no:			
Has Confider	tiality been ask	ed? □ Yes	□ No	Allocate	ed to:	M	SA	ACK
Injured persor	/complainant:		sch.4/3/3	name			-	
Entity legal na	me:	ARC	ent	LETS	- W	2E L	imiT	50
Trading name	:							
Event/compla						slwa>	1. Ce	arsmo
Date of Event	: 20/8/14	Notification da	ate: 21 (8/14	Form	al notificati	on date:	
Summary of I	Event:	TACLE)		Notif	fier:		
	/:C.1	Regional re					Yes	No
1 D	oes the OFSWQ he	swer is unknown th					go to	go to D nil letter
	id the event result				,			
	a. fatality; or							
		illness requiring	a person to h	ave immedi	ate trea	tment as an	A	3
		r items highlighte	ed (A through	to K).				
3 Is	event:	referral to the re	milator under	the Act				
	•	nent priority;	guiator under	me Act,				
		ectrical incident;	or				В	4
		illness requiring						
.		n a hospital <u>exclu</u> definition on follo		ems highligh	ited (A	through to		
4 Is	event: (not catego							
	a. a serious in	jury or illness;				·		
		significant event;					_	
		ent other than a f t of non-complian					C	D
	e. a serious co	ontravention of th	e WHS Act;	or				
Ļ		s electrical event						
 A - Forward to RIM for assessment of response. B - Mandatory allocation of a response assessment and allocate to inspector. 								
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 – RM	agreement requi	red to close out a	nd administra	uve respons	с пош	me region.		
Initial Action Summary								
Regional Management:								
Name:								
Signature: Date: 27-8-14								
FILES	UMMARY	RIN	I Referra	(Referral	or inve	stigation form	to be compl	eted) LINEA
	nal Manageme							
	_	me:						
						_		

Date:

WORK ALLOCATION AND RECORD FORM

Allocated	d to:	<	Date:		Allocated by:Paul	Hastings /Malcolm	Savage	
N/3N/161 27-8-1					(please circle) Other	5		
	Workplace Assessment Outcome							
	PCBU:				as s	tated on cover sheet	t	
	Site Address: as stated on cover sheet							
Trading Name: as stated on cover sheet							t	
	Project Name:			Sub Contractor:				
	Contact Person:			Conta	ct number:			
	ABN:	1000		Descr	iptor:			
		Inspec	tor to comp	olete th	e following			
* Even	l supporting information: en	assessment no:	22					
	ne contact and / or Si							
	ussion had with: PO	-			elf-employed		Other [
	act made with Safety	-				t made: YES	NO 🗆	
❖ Any	S457 (skilled labour)) visa workers:	YES 🗌	NO [] Audit	done: YES	№ 🗆	
♦ Issue	e(s) of complaint:	Confirmed [Not Co	onfirmed [Some Confir	med 🗌	
* Notic	ce(s) issued to contro	ol risk(s): YES] NO [Remedial action in 1	15 min: YES	NO 🗌	
H	r action taken to rem	-		NO [npleted: YES 🗌		
Comment:								
*includi	ing representative of P	rincipal Contracto	r, employer ,	; examp	le- foreman, supervi	sor, manager		
Feed	lback Was it re	quested: Yes 🛭] No □		If Yes, has it beer	provided: Yes C] No□	
	Comple	eted By			N	oted By		
	Inspector	Inspector N		Principal Inspector Operations: (please circle) Paul Hastings / Malcolm Savage				
□ Notel	book notes photograp			ł	Hastings / Maicou	n_savage		
Signature:				Signal	ure: Labor	Date:	£/2018	

RTI 151251: File 3: Page no 101 --- -

Compliance Investigation System

Workplace Health and Safety

REPORT:

CIRR00470

Event Details

PARAMETERS:

Event Id: 201999

USERNAME:

REPORT_USER@DBAP10

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

Events

ld:

201999

Priority Level:

Event Date:

20-AUG-2014

Notification Date:

21-AUG-2014

Type: Notifier:

WHS Dangerous Event

Dangerous Event Type:

N/A

Telephone:

Description:

I have been made aware of serious safety issues at Dreamworld relating to the construction era whater sneet personal opinion

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.

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

Employer Locations

Employer

Role

SI Flag

ARDENT LEISURE LIMITED

DREAMWORLD PWY, COOMERA 4209 QLD

EMP

Complaints

Name: Address:

Phone: Description

Revision: \$revision 1.7\$ 151251: File 3: Page no 102