

INCIDENT NUMBER:
(INC-13135)

Part 1 - to be compiled by the person reporting the incident or a person on their behalf. State *Not Applicable (NA)* if the particular question is not applicable to the incident being reported.

Incident Details

Project:	William Clarke College Bryson Building	Job No:	NC2404 SSD-35715221
Date of Incident:	16/12/2025	Time of Incident:	10:20am
Person Making Report	Joshua Gosling	Contact No.	0481 975 705
Location of Incident:	Level 1 South East		
Incident Type:	<i>(See back page)</i>		
Brief Description of The Incident	John Brooks (Labourer) was trying to cut a cable tie with his own Swiss army knife whilst holding the knife in his right hand. When cutting the cable tie, he cut the back of his left hand. John Brooks was wearing cut proof gloves but had taken them off on this instance.		
Initial Actions Taken regarding the Incident:	Michael Maguire (Rohrig Foreman) was working in the same area as John. John called out to Michael to say he cut his hand. Michael advised John to wrap his hand tightly on his shirt with pressure, and walked John to the site first aid office. Michael sat John in the first aid office and commenced first aid on the wound. Michael called Michael (other Rohrig Foreman) and James (Rohrig Foreman) to assist. James notified Josh (Rohrig CA) to call 000. 000 was called at 10:22am and ambulance arrived on site shortly after. Safework was also notified. John was taken to Blacktown Hospital for further assessment. Following this, a toolbox talk was held on site at 2:00pm to further emphasise the importance of safety and care on site, and ensuring workers are not using open blades.		

Nature of the Incident

Safety	<input checked="" type="checkbox"/>	Quality	<input type="checkbox"/>	Environmental	<input type="checkbox"/>
Near Miss	<input type="checkbox"/>	Loss / Theft / Damage	<input type="checkbox"/>	Spill / Leak	<input type="checkbox"/>
Serious Electrical Incident*	<input type="checkbox"/>	Client Complaint	<input type="checkbox"/>	Dangerous Incident	<input type="checkbox"/>
Other (List):	<input type="checkbox"/>				

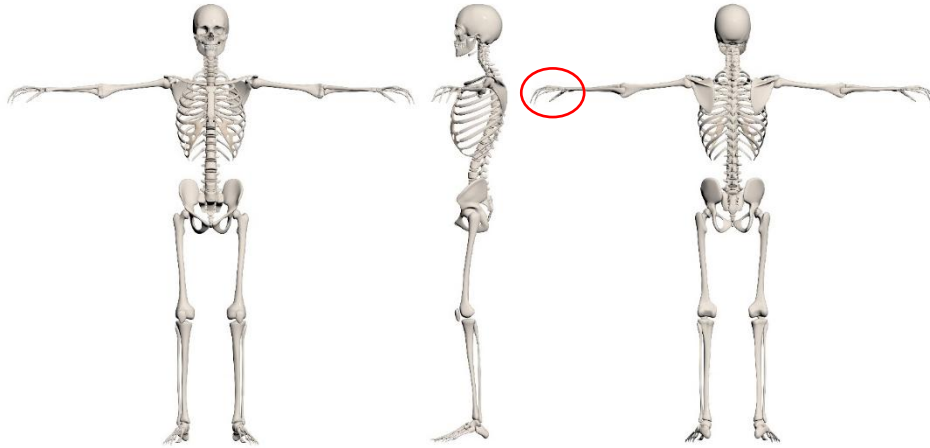
Part 2 - to be compiled by a manager / supervisor. Add additional sheets in circumstances where more than one person is injured or becomes ill. State *Not Applicable (NA)* if the particular question is not applicable to the incident being reported.

Was a worker injured or ill?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(if no, continue to Part 3)</i>	
Name of Injured / Ill Person:	John Brooks	Employer:	ETM Group	
Contact No.	02 9145 5177	Employer notified?	Yes	
Medical Attention Provided:	John Brooks was taken away in an ambulance to Blacktown Hospital.			
List of Witnesses	Michael Maguire (Rohrig Foreman) was working in the same area as John Brooks and commenced the first aid procedure.			

Nature of the Injury

Fracture	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Sprain / Strain	<input type="checkbox"/>	Poisoning	<input type="checkbox"/>	Asphyxia	<input type="checkbox"/>
Laceration or Open Wound	<input checked="" type="checkbox"/>	Crushing (No Fracture)	<input type="checkbox"/>	Electrocution	<input type="checkbox"/>
Amputation	<input type="checkbox"/>	Bruise	<input type="checkbox"/>	Superficial	<input type="checkbox"/>
Burn	<input type="checkbox"/>	Foreign Body	<input type="checkbox"/>	Psychological or Illness	<input type="checkbox"/>
Other (List):	<input type="checkbox"/>				

Location of Injury on Body:



Part 3 - to be compiled by the person reporting a notifiable incident is to the Regulator (if applicable).

Is the Incident Notifiable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Provide Details of The Notification to The Regulator	Reported to Safework NSW at 10:40am on 16/12/2025. Site was released back to Rohrig and works can continue. Safework Reference number – 2/248044	

Part 4 - Additional Information – if there is any further information that was not outlined in the form please make notes below.

John Brooks was taken to Blacktown Hospital by Paramedics. After being seen at Blacktown Hospital, he was advised to visit a hand specialist at Westmead Hospital. The doctor at Westmead Hospital inspected the wound and advised there is no long term injury or damage.

Person Completing This Report

Print Name:	Joshua Gosling	Signature:		Date:	18/12/2025
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Once the above sections have been completed forward this report along with any additional information and documentation onto WHS Advisor.

Part 5 – to be compiled by the person making decisions about the incident analysis


Investigation Required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Part 6 – to be compiled by the person making decisions about corrective actions arising from this incident.

Notes about any incident analysis including statements and or interviews taken are to be attached to this Form.

Corrective Actions to be Implemented:	<ol style="list-style-type: none"> 1. Toolbox talk was held to remind all workers to remain composed and safe at site 2. Further emphasis on no open blades on site – signage to be installed
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Person Completing Part 5 & 6

Print Name:	Andries Van Der Walt	Signature:		Date:	18/12/2025
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The following incident types are reportable to the organisation:

1. A serious injury or illness to a person meaning an injury or illness requiring the person to have immediate treatment as an in-patient in a hospital or immediate treatment for:
 - a) An amputation of any part of his or her body
 - b) A serious head injury; or a serious eye injury; or a serious burn
 - c) The separation of his or her skin from an underlying tissue (such as degloving or scalping)

- d) A spinal injury; or the loss of a bodily function
- e) A serious laceration
- 2. Medical treatment within 48 hours of exposure to a substance
- 3. An injury requiring first aid treatment
- 4. A dangerous incident meaning an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's safety emanating from an immediate or imminent exposure to:
 - a) An uncontrolled escape, spillage or leakage of a substance; or
 - b) An uncontrolled implosion, explosion or fire; or
 - c) An uncontrolled escape of gas or steam; or
 - d) An uncontrolled escape of a pressurised substance; or
 - e) An electric shock; or
 - f) The fall or release from a height of any plant, substance or thing; or
 - g) The collision, collapse, overturning, failure or malfunction of, or damage to, designated plant including a vessel and navigational aids; or
 - h) The collapse or partial collapse of a structure including a mooring; or
 - i) The collapse or failure of an excavation or of any shoring supporting an excavation; or
 - j) The inrush of water, mud or gas in workings, in an underground excavation or tunnel; or
 - k) The interruption of the main system of ventilation in an underground excavation or tunnel; or
- 5. Any other event occurring at work or in the workplace that manifests into injury or illness, unacceptable environmental degradation, product and or service non-conformance
- 6. Any other event despite not manifesting into injury or illness, unacceptable environmental degradation, product and or service non-conformance had the potential to do so to any degree
- 7. Any other circumstance despite not manifesting into injury or illness, unacceptable environmental degradation, product and or service non-conformance had the potential to be part of the causation of an event of the type detailed above; this may include error traps and organisational factors that promote rule breaking.



ATTACHMENT 1 – HAMMERTECH INCIDENT REPORT



NC2404 - William Clarke College Bryson Building

Incident Details

WPHS Inspector Notice

INC-13135

Pages: 4

Generated: 16/12/2025 1:33:24 PM

Incident Summary

Reference	INC-13135
Date Added	16/12/2025 12:48:42 PM

Details of Person Submitting Report

Person's Name	James Watson
Position / Title	Foreman
Phone	0499212209

Incident Details

Status	Is Draft
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Incident Details

Date & Time of Event	16/12/2025 10:20 AM
State	NSW
Location where event occurred	LEVEL 1 SOUTH EAST
Incident Type	WPHS Inspector Notice
Description of Event	john brooks, was trying to cut a cable tie with Swiss army knife whilst holding the knife in his right hand. Then cutting the cable tie he cut the back of his left hand.
Initial Actions Taken	Mikey foreman on site took him to first aid room. Me and mick Wilson help banded his hand and stop the bleeding. I asked josh the 000 for a ambulance and con first aid. I call nsw work safe 13 10 50 to keep them updated
Was a worker injured or ill?	<div><div><div></div>Yes</div><div><div></div>No</div></div>
Employer notified?	<div><div><div></div>Yes</div><div><div></div>No</div></div>
Was there equipment damaged?	<div><div><div></div>Yes</div><div><div></div>No</div></div>

Injuries (1)

Reference	Injured Person Type	Person Injured	Date Added	Injury Date	LTI	Nature	Reported By	Description
INJ-4027	Inducted Personnel	John Brooks	16/12/2025 1:06:52 PM	16/12/2025 10:20:00 AM	TBC	Open wound not involving traumatic amputation	James Watson	

Witnesses

Witness Name	Contact No.	Company	Witness Statement

Notifiable Event

Needs to be reported to relevant authority	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date Reported	16/12/2025
Reference Num.	2-248044
Provide details of the notification to the Regulator	NSW works safe-advied of action taken and site will do toolbox talk

Incident Investigation

Completed by Project Manager	
Incident investigation required?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Photos

Photo	Description / Comments

Documents / Attachments

Document / Attachment	Description / Comments

Recommendations

The following recommendations address the identified Root Cause(s) and Contributing Factors.

Project Manager Sign Off

Review Comments	
Project Manager	
Date	



ATTACHMENT 2 – MEDICAL CLEARANCE

Certificate of capacity/ certificate of fitness



State Insurance
Regulatory Authority

For use with workers compensation and Compulsory Third Party (CTP) motor
accident injury claims.

☐ CTP ☒ Workers compensation
This CTP claim certificate is to be completed at the time of the accident. This certificate should be completed whether the person
was employed at the time of the accident or not.

☐ Tick if this is the initial certificate for this claim.

Section 1: To be completed by the injured person or treating medical practitioner

First name <u>John</u>		Last name <u>Brooks</u>	
Date of birth <u>16/12/1975</u>		Residential address <u>22a Langworth Crescent</u>	
Address (should be residential address - not PO Box) <u>Castle Hill</u>		Suburb <u>Castle Hill</u>	
State <u>N/SW</u>		Postcode <u>2128</u>	
Occupation/job title <u>Construction laborer</u>		Employer's name and contact details (if applicable) <u>CTM Group</u>	

Injured person's consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other
medical practitioners or health related practitioners (whether consulting, treating or examining), workplace
rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and
workers compensation/motor accident injury claim.

I understand this information will be used by SIRA and insurers to fulfil their functions under the motor
accident insurance and workers compensation legislation.

Signature

Date (dd/mm/yyyy)

[Signature]

16.12.25

Section 2: To be completed by treating medical practitioner

Medical certification

Diagnosis of work related injury/disease or motor accident related injury(ies)

Penetrating wound to left hand

Person's stated date of injury/accident (dd/mm/yyyy)

16/12/25

Shaded areas to be completed for initial certificate only

Person was first seen at this practice/hospital
for this injury on (dd/mm/yyyy)

16/12/25

Injury is consistent with person's description
of cause

☒ Yes ☐ No ☐ Uncertain

How is the injury related to work or the motor vehicle accident?

Injury caused by work tool during work duties

Detail any pre-existing factors which may be relevant to this condition or injury(ies)

N/A

Managers plan for this period

Management investigation type and duration

Wound washed & dressed
Plaster applied
No Antibiotics given

Referral to another health service or rehabilitation provider (include details of provider type and service requested, duration and frequency when relevant)

Referred to Hand/Plastic surgery for surgery on 18/12/25

Capacity for activities - If the person has capacity for pre-injury work this section does not need to be completed. For all others please consider activities of daily living currently being performed.

Lifting/carrying capacity

No lifting left arm until further review

Sitting tolerance

Standing tolerance

Pushing/pulling ability

Bending/twisting/squatting ability

Driving ability

Other (please specify) eg psychological considerations, keep wound clean and dry

Next review date (dd/mm/yyyy)

16/12/25

If greater than 28 days, please provide clinical reasoning

Comments

Referred to Hand plastic surgery for theatre exploration

Capacity for work (please consider the health benefits of good work when completing this section)

Where the word 'capacity' appears below it should be read as 'fitness for work' when the certificate is completed in a motor accident injury claim.

Do you require a copy of the position description/work duties? ☐ Yes ☐ No

☐ is fit for pre-injury work from

Date (dd/mm/yyyy)

☐ has capacity for some type of work from

to for hours/day days/week

☒ has no current capacity for any work from

16/12/25 to follows M.D. review

If no current capacity for work, estimated time to return to any type of employment

1.1 further review

Factors affecting recovery

Swearing medical practitioner details

I swear that I am the swearing medical practitioner and I have submitted this person. The information and medical services contained in this certificate are, to the best of my knowledge, true and correct.

Signature



Date

10/11/2011

First name

ANASTASIA KATIS

Second name

ANASTASIA KATIS

Third name

ANASTASIA

Fourth name

ANASTASIA

☐ I agree to be the designated swearing officer for the swearing of oaths of the person's court treatment and recovery pursuant to section 10(1) of the Mental Health Act 1983.

Section 2: Employment declaration (to be completed by the swearing medical practitioner)

This section is to be completed by the person prior to sending to the court for employment.

First name



Last name



☐ I have ☐ I have not ☐ I have not (this declaration is true)

employed in any form of paid employment, full employment or voluntary work for which I have received or am entitled to receive payment or income or otherwise since the last certificate was provided that I have not yet declared to the court.

If an offence please declare below:



I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Signature



Date

