

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:	(See back page)		
Brief Description of The Incident	<i>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.</i>		
Initial Actions Taken regarding the Incident:	<i>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.</i>		

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"/>				

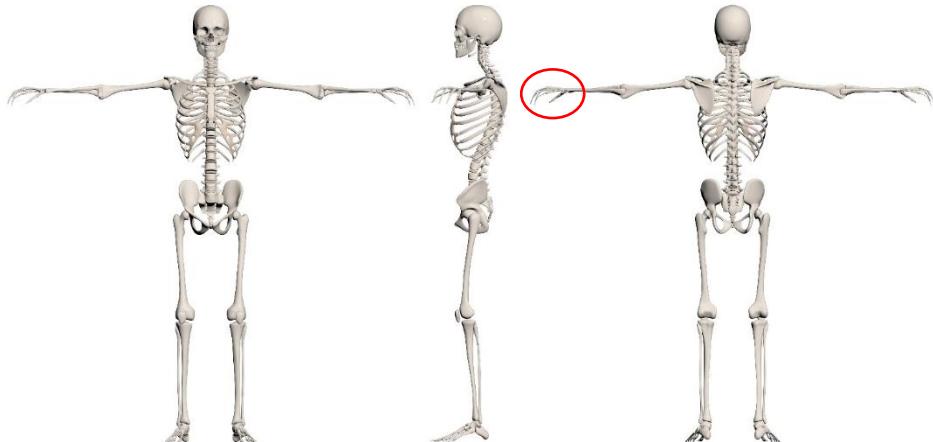
Part 2 - to be compiled by a manager / supervisor. Add additional sheets in circumstances where more than one person is injured or becomes ill. State *Not Applicable (NA)* if the particular question is not applicable to the incident being reported.

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

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"> Toolbox talk was held to remind all workers to remain composed and safe at site 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:

- 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:
 - An amputation of any part of his or her body
 - A serious head injury; or a serious eye injury; or a serious burn
 - 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Employer notified?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there equipment damaged?	<input type="radio"/> Yes <input checked="" type="radio"/> No

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-adived 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



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

CTP Workers' compensation

See CTP claims certificate or workers' compensation certificate of fitness for work. This certificate should be completed whether the person has employed or engaged or not employed or engaged in the conduct of the business.

Part of this is the initial certificate for this claim.

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

First name

Jessica

Last name

Pearce

Date of birth (DD/MM/YY)

10/11/1979

Telephone number

02 8555 6405

Suburb

Castle Hill

Address (must be residential address - not PO box)

201a/201b with Crescent

State

N.S.W

Postcode

2159

Claim number

Occupation/Job title

Construction Worker

Employer's name and contact details (if applicable)

ETM Group

Injured person's comment

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/YY)

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/YY)

16/12/25

Eligibility to be completed for initial certificate only

Person was first seen at this practice/hospital
for this injury on (DD/MM/YY)

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

Management plan for this period

Specified medication type and duration

Measured weight = 90kg

Plaster applied =

W Andhra 9kg 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's / Plastic surgery for surgery on 16/12/25

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

Not strong left arm until further review

Lifting tolerance

Standing tolerance

Pushing/pulling ability

Bending/Twisting/Reaching ability

Driving ability

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

Next review date (mm/yyyy)

16/12/25

12 weeks from 24 days

please provide medical reasoning

Comments

Referred to Hand's plastic surgery for theatre refurbish

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

Date (mm/yyyy)

is fit for pre-injury work from

has capacity for some type of work from

to

for hours/day days/week

has no current capacity for any work from

to

until

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

weeks

Factors affecting recovery

Showing mutual respect and I have addressed this person. This interaction was
done in the meeting room between me and my manager. True grit concept.

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7. **What is the primary effect of using chlorine on the quality of the water supply?**

Section 2. The government shall establish and maintain a committee to examine and report

For more information on the use of the *bioRxiv* preprint server, see the [bioRxiv](https://www.biorxiv.com) website.

2000-01-02

Approved by early 1997 all paper manufacturers, soft drink companies and grocery stores that sell non-carbonated, non-alkalized soft drinks developed a process to either remove or reduce the lead content. The new guidelines, which have been adopted by the U.S. Environmental Protection Agency, require that no more than 0.2 milligrams of lead be present in any soft drink.