



## ATTACHMENT 1 – INCIDENT REPORT

**INCIDENT NUMBER:**

(INC-2212)

**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:	06/03/2025	Time of Incident:	10:55am
Person Making Report	Joshua Gosling	Contact No.	0481 975 705
Location of Incident:	North formwork catchdeck (level 2)		
Incident Type:	(See back page)		
Brief Description of The Incident	<p>On Thursday the 6th of March 2025, at 10:55am, Isileli Teisi (Dogman) was landing a load of 3.6m bearers on to the formwork catch deck for Zahra Form. Isi landed and unhooked the load, supervised the chains leaving below the deck safely until they were clear and began walking to the scaffold. Whilst walking to the scaffold, Isi stepped on a loose formwork catch deck plank which gave way, resulting in Isi falling from the catch deck to the dirt below. Isi landed on his lower back first and the tried to break his fall with is arms. The fall was approximately 2.3m. Isi was sent to receive medical attention at 1:40pm. Isileli Teisi reported to the site office to report the incident himself at 11:00am. Isi reported the issue to Jonathan Aston (Foreman) who was about to undertake a Safety Walk with Brad Blanshard (Senior PM). Isi showed Brad and Jonathan the incident site and a discussion began with Isi, Brad, Jonathan and Obada Twaish (ZahraForm).</p>		
Initial Actions Taken regarding the Incident:	<p>Witness statements were taken, and a Toolbox Talk was conducted with all members on site to address the incident and to clarify responsibility of landing formwork equipment from the crane, with dogmen to remain on the ground, or on a signed off formwork deck.</p>		

## Nature of the Incident

Safety	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Environmental	<input type="checkbox"/>
Near Miss	<input checked="" 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"/>				

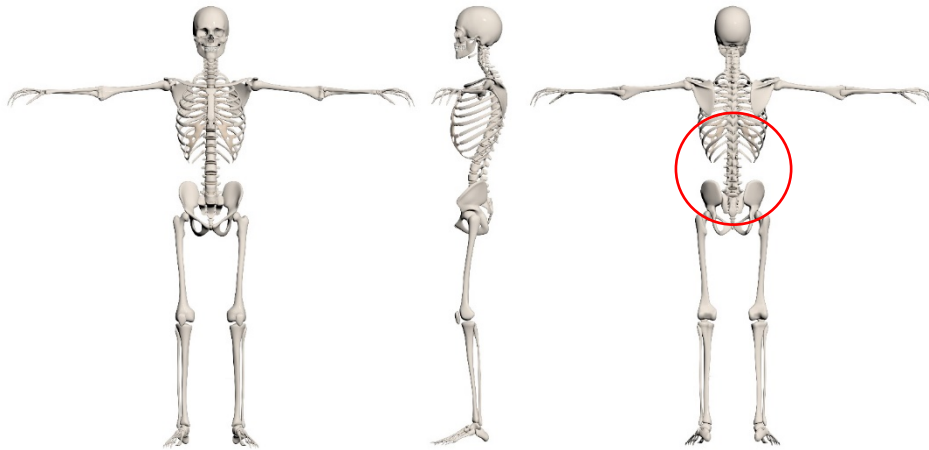
**Part 2 - to be compiled by a manager / supervisor.** Add additional sheets in circumstances where more than one person is injured or becomes ill. State *Not Applicable (NA)* if the particular question is not applicable to the incident being reported.

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:	Isileli Teisi	Employer:	Advance Crane	
Contact No.	02 9825 9997	Employer notified?	Yes	
Medical Attention Provided:	Isi was sent to receive medical attention at 1:40pm 06/03/2025, and was cleared to return to his normal work duties.			
List of Witnesses	Evans Onah (Zahra Form), Evans informed Isi to not take the route on the catchdeck, Isi walked this way and fell through.			

## 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 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 checked="" type="checkbox"/>	General soreness			

## 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 Dean from Safework NSW at 4:30pm on 6/3. Site was released back to Rohrig and works can continue. Safework Reference number - 2/238504	

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

Isi did not work on 07/03/2025 due to previously approved annual leave from his employer. All relevant documentation attached.

### Person Completing This Report

Print Name:	Joshua Gosling	Signature:		Date:	10/03/2025
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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:	<p>Moving forward, the following processes need to be implemented:</p> <ol style="list-style-type: none"> <li>1. Formworker to sign off catch deck stating that it is safe for use before any other trade can make use of the working platform.</li> <li>2. Working platform to be fully boarded.</li> <li>3. No dragging of material by the dogman as this could lead to dislodgement of temporary formwork. Loads need to be dropped straight down and lifted straight up.</li> <li>4. Toolbox talk was completed addressing the above.</li> </ol>
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### Person Completing Part 5 & 6

Print Name:	Brad Blanshard	Signature:		Date:	10/03/2025
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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.





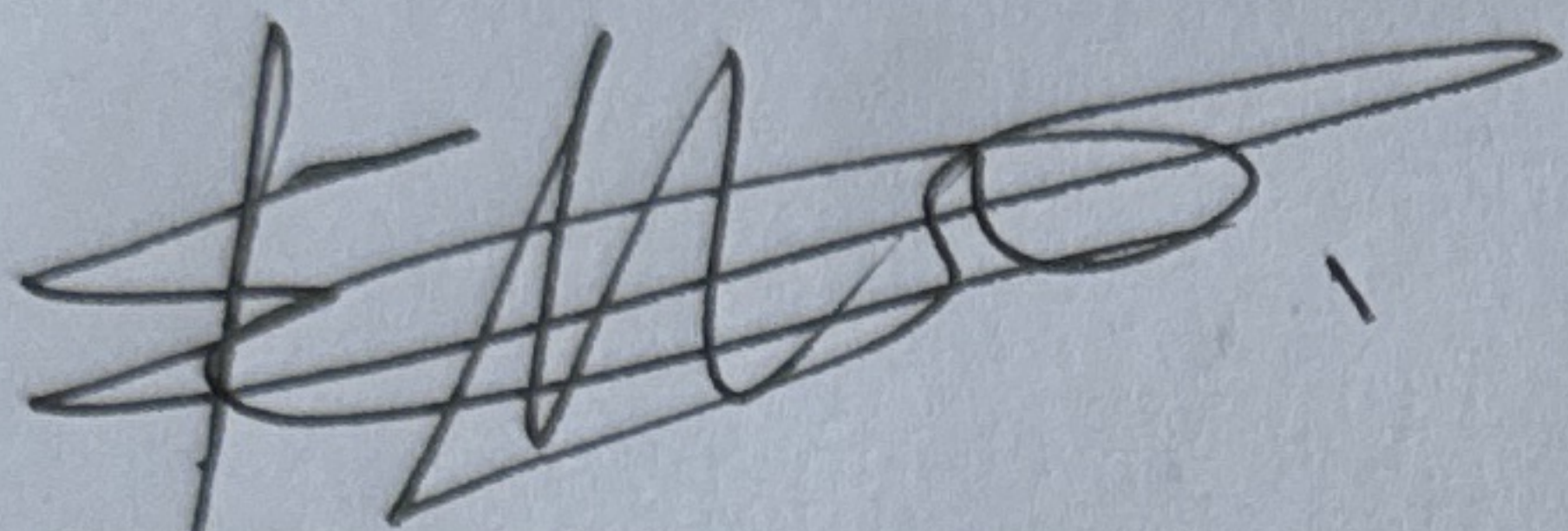
ATTACHMENT 2 – WITNESS STATEMENT



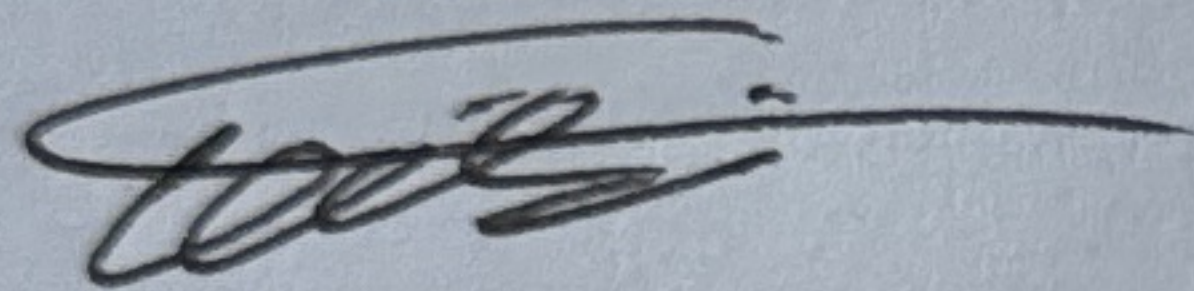
**Rohrig Constructions – William Clarke College**

**Witness Statement**

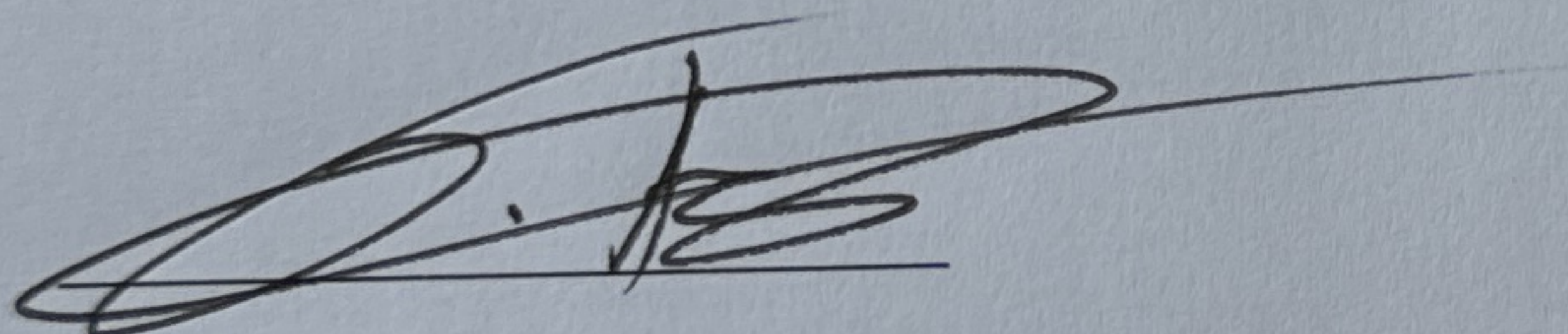
Evans Ona (Zahra Form) was working on the catch deck at the time of the incident. When Isi entered the catch deck, Evans recognised the route Isi took was unsafe and told Isi not to go back that way. When leaving the catch deck, Isi went back the same way and fell through the formwork catch deck. Evans heard the planks fall and rushed to the area to help Isi who informed Evans he was ok.



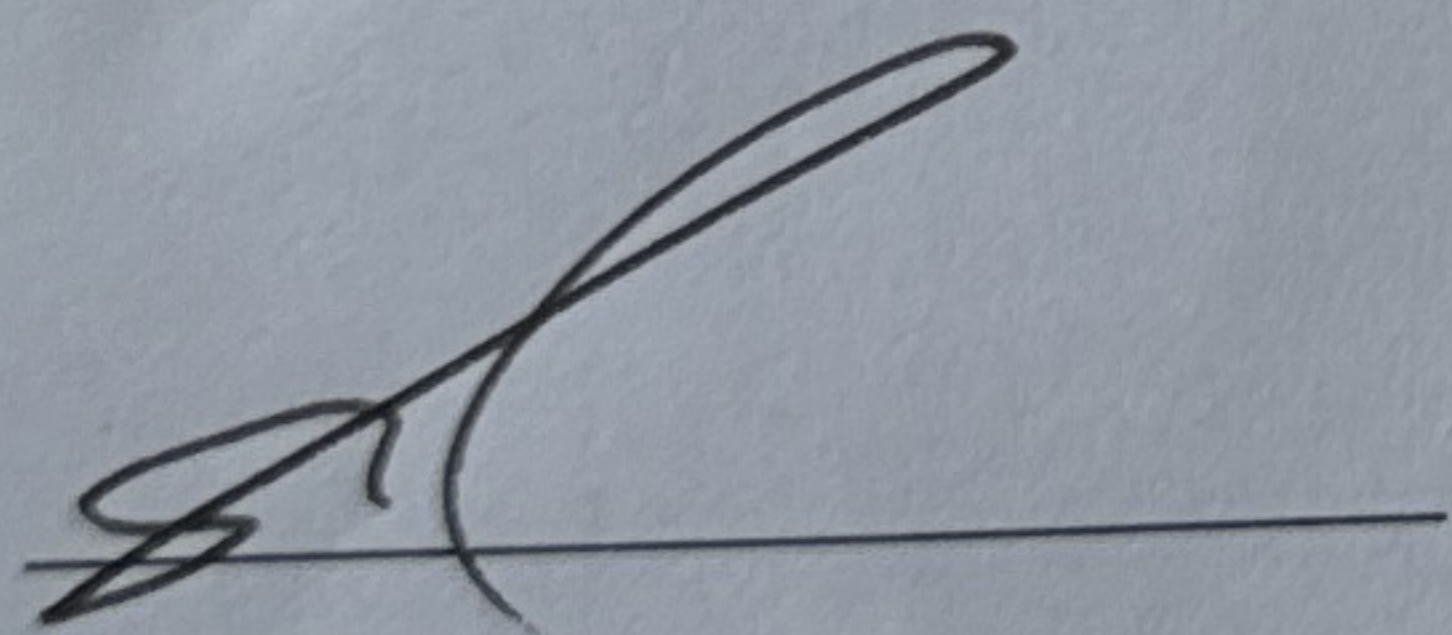
Evans Ona – Zahra Form (Incident Witness)



Isileli Teisi – Advanced Cranes (Subject of Incident)



Jonathan Aston – Rohrig Constructions (Witness Statement Receiver)



Ouday Al Twaish – Zahra Form (Owner)




**Rohrig Constructions – William Clarke College**

**Witness Statement – Isileli Tiseli**

At the time of the incident I was working with Tim Robins (Advanced Cranes Dogman) and Obada Al Twaish from Zahra Form shifting loads of safety planks from the delivery area to the catch deck where Zahra Form were building the level 2 pour 3 deck. Zahra Form were directing me where to land the loads and at the time asked me to land the load on the catch deck. I entered the catch deck from the scaffolding and walked toward the area where the load was to be landed. As the load moved towards where it needed to go I directed it down and landed it without bumping any of the surrounding frames. I unchained the load and sent the chains up and walked back the way I came to exit the scaffold. As I walked back I stepped on to a bay of catch deck boards not realising they were not engaged properly. I stepped on to the 3<sup>rd</sup> board of the catch deck frame and as my weight came down the board slid away from me and at this point was no longer supported on both ends of the frame and the board fell. At this time all my weight was on the board and with no way to catch myself I fell through the frame and landed on my right side tailbone/buttock. On the way down nothing fell from above and hit me. I was able to regather myself, stand up and made my way to the site office where I informed Jonathan Aston (Rohrig Constructions Foreman). At this time Jonathan and Brad Blanshard (Rohrig Constructions Senior Project Manager) made their way to the work area and I explained to them what happened. After the incident I was sent to the medical centre where I received a clearance to return to work. I did not attend work on Friday 7<sup>th</sup> March due to a pre-planned annual leave day. On Monday 10<sup>th</sup> I returned to work in my regular duties as a Dogman.



Isileli Teisi – Advanced Cranes (Subject of Incident)



Jonathan Aston – Rohrig Constructions (Witness Statement Receiver)



## ATTACHMENT 3 – MEDICAL CLEARANCE



QualityCare  
Family Doctors

Suite C1b, Ground Floor, 1-17 Elsie St, Burwood NSW 2134  
Tel: (02) 8741 0888 Fax: (02) 8741 0800  
ABN: 12 112 925 596

**Dr Maxwell Tse**  
MBBS, MRCGP (UK)

## ***Medical Certificate***

06 March 2025

### **TO WHOM IT MAY CONCERN**

I Certify that I have seen

**Sosaia Teisi**

on Thursday 06/03/2025. I have examined Sosaia's injury and I am satisfied that he is fit to return to his normal duties as a Dogman.

*mt*

**Dr Maxwell Tse**  
MBBS, MRCGP (UK)  
Provider No. 0815627T



## ATTACHMENT 4 – ANNUAL LEAVE APPROVAL



① 02 9926 9997  
② www.advancedcranes.com.au  
③ info@advancedcranes.com.au  
ABN. 33 159 073 837

**LEAVE REQUEST FORM**  
Advanced Cranes Pty Ltd

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**Employee Details**

- Full Name: Sosia Teisi
- Position/Trade: dogman
- Contact Number: 0402 803 206
- Email Address: —

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**Leave Request Details**

- Start Date: 07 / 03 / 25
- End Date: 08 / 03 / 25
- Total Leave Days: 2
- Reason for Leave:
  - personal leave - family commitments

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**Job/Project Details During Leave Period**

- Current Project/Client Name: Rohrig - Kellyville
- Project Location: Kellyville
- Supervisor/Manager Contact: Mark

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**Subcontractor Declaration**

I hereby confirm that the information provided is accurate and request approval for the above leave period. I understand that my leave request is subject to approval based on business requirements.

Signature: [Signature]

Date: 27 / 02 / 25

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☎ 02 9825 9997  
🌐 [www.advancecranes.com.au](http://www.advancecranes.com.au)  
✉ [info@advancecranes.com.au](mailto:info@advancecranes.com.au)  
ABN: 33 159 073 837

**Office Use Only**

- Received By: Mahe Chakak
- Approval Status: ☒ Approved ☐ Denied
- Manager/Supervisor Name: Mahe Chakak
- Signature: [Signature]
- Date: 28/2/2025

**Notes:**

- Leave requests must be submitted at least [5] days in advance.
- Sick leave requests may require a medical certificate.

**For any inquiries, please contact HR at 0499 666 333.**