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Australian Standard®
Worksafe Australia National Standard

**Workplace injury and disease
recording standard**



WORKSAFE AUSTRALIA
NATIONAL OCCUPATIONAL HEALTH & SAFETY COMMISSION

STANDARDS AUSTRALIA
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This Australian Standard was prepared by a working party of the National Occupational Health and Safety Commission (Worksafe Australia) and endorsed by the National Commission on 16 May 1989. The standard was subsequently endorsed by Standards Australia Committee SF/2, Industrial Accident Records. It was approved on behalf of the Council of Standards Australia on 20 March 1990 and published on 11 June 1990.

The following interests are represented on Committee SF/2:

Association of Employers of Waterside Labour
Australian Bureau of Statistics
Australian Gas Association
Australia Post
Confederation of Australian Industry
Department of Administrative Services-Australian Construction Services
Department of Industrial Affairs, Qld
Department of Labour and Industry, Tasmania
Department of Labour, Vic.
Department of Occupational Health Safety and Welfare, W.A.
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Australian Standard®

**Measurement of occupational
health and safety performance**

**Part 1: Describing and reporting
occupational injuries and disease**

**known as
the Workplace injury and disease
recording standard**

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PREFACE

This Standard was prepared by Worksafe Australia, and published by Standards Australia under the terms of the Memorandum of Understanding between the two organizations using the accredited organization's method. It supersedes AS 1885-1976, *Recording and measuring work injury experience*. and HB 16, *Describing and reporting occupational injuries and disease*.

The National Occupational Health and Safety Commission is a tripartite body established by the Commonwealth Government to develop, facilitate and implement a national occupational health and safety strategy.

This includes Standards development, the development of hazard-specific preventive strategies, research, training, information collection and dissemination and the development of common approaches to occupational health and safety legislation.

In September 1988, the draft Workplace Injuries and Disease Recording Standard was released for public comment in accordance with s.38(4) of the National Occupational Health and Safety Commission Act 1985 (Commonwealth).

The National Commission, having considered public comment on the draft document, now declares a final Workplace Injury and Disease Recording Standard pursuant to s.38(1) of the National Occupational Health and Safety Commission Act.

The Standard has been approved by the Standards Australia Committee on Industrial Accident Records as Part 1 of a multi-part Standard dealing with the measurement of occupational health and safety performance. The remaining parts of the Standard are yet to be prepared.

It should be noted that national Standards declared by the National Commission are instruments of an advisory character, except where a law, other than the National Occupational Health and Safety Commission Act, or an instrument made under such a law, makes them mandatory.

Major areas where this Standard differs from AS 1885-1976 include -

- (a) splitting the recording form into sections dealing with data to be recorded for all injury and disease occurrences, and data which need be recorded only for lost time injury and disease occurrences;
- (b) details of the employer are no longer recorded on each form, and are recorded once for each recording period and unit; and
- (c) the details of injury or disease are recorded in a more precise manner, and the facility for encoding certain data has been provided.

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The National Occupational Health and Safety Commission (Worksafe Australia) has commissioned Standards Australia to act as its agent in publishing this Standard. This edition typeset and published by Standards Australia.

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1. INTRODUCTION

1.1 *The Workplace Injury and Disease Recording Standard* was developed to provide individual workplaces with a guide on how to establish an inexpensive and easy to use method of recording information on work injury and disease. The availability of usable and reliable occupational health and safety data is seen as essential by employers, trade unions and industry associations for the development, monitoring and evaluation of appropriate preventive strategies designed to improve the health and safety of the working population.

1.2 The Standard recommends the minimum information that should be recorded by employers on work injury and disease occurrences. The Standard can easily be expanded into a more comprehensive set of data by including additional items of information and more detailed classifications depending on the requirements of the individual employer. The Standard has been designed for the use of both small and large employers with a view to minimizing complexity while still retaining those elements considered essential for monitoring and analyzing workplace injury and disease experience.

1.3 The Standard has not attempted to cover workers' compensation reporting requirements due mainly to the differing requirements that apply in each State and Territory. In addition; some of the data that is required for compensation purposes is not directly relevant to the identification and monitoring of appropriate preventive activity at the workplace.

1.4 In developing the Standard, the Working Party considered the *National Data Set for Compensation-based Statistics* (NDS). The NDS is a set of standard concepts, definitions and collection methods that was approved by the National Commission for incorporation into Commonwealth, State and Territory workers' compensation systems. It was designed for the production of comparable aggregate State/Territory and national statistics. There are obvious areas of overlap between the NDS and the Standard, specifically in those areas which are relevant to both workplace recording as well as for inclusion in State/Territory and national statistics. Where overlap has occurred, consistency between the Standard and the NDS has been maintained. This was done to enable employers to make comparisons between their data and State/Territory and national totals and to preserve commonality between an employer's recording practices and workers' compensation reporting requirements.

1.5 A further advantage of maintaining consistency with the NDS is to provide a source of more detailed standard classifications for some of the items in the Standard. The broad classifications that have been included in the Standard for coding 'Nature of Injury/Disease', 'Bodily Location of Injury/Disease', 'Mechanism of Injury/Disease' and 'Agency' are based on the more comprehensive classifications developed for use in the NDS coding system. For those organisations wishing to classify information at a more detailed level, the complete NDS classification system incorporating these four items, and conversion lists to relate them to the classifications included in this Standard, are available from the Information Section of Worksafe Australia.

1.6 Guidance on how to interpret and analyse the information obtained from recording the recommended data items is included in the Standard. The value of the data recorded can be enhanced by using appropriate analysis and interpretation techniques. Care must be taken, however, when analyzing certain data items in isolation as incorrect conclusions, possibly of a discriminatory nature, may be drawn. Users of this Standard are therefore urged to consult Chapter 6 before attempting to interpret the recorded data.

2. PURPOSE AND USE OF THE WORKPLACE RECORDING STANDARD

2.1 The main purpose of this Standard is to provide employers with a guide on how to establish a relatively inexpensive and easy to use method of recording information on injury and disease experience at the workplace.

2.2 The Standard has been developed to satisfy the following objectives:

- (a) To provide information on the nature and extent of occupational injury and disease at the workplace.
- (b) To provide a comprehensive set of data for the management of occupational health and safety at the workplace and enterprise level.
- (c) To assist in the efficient allocation of resources.
- (d) To identify appropriate preventive strategies.
- (e) To provide data to monitor the effectiveness of preventive strategies.

2.3 Use of the Standard will assist in the production of consistent and comparable information on work injury and disease experience at the workplace and throughout an enterprise. In some instances individual employers may find it useful to compare their injury and disease experience against that of their particular industry as a whole.

2.4 For those workplaces where more detailed information is required, the Standard provides a core data set which could be expanded by adding additional data items and/or expanding the level of detail of a particular data item.

2.5 Users of the Standard may find it helpful to refer to the resource kit that supports the Standard. The kit provides advice on -

- (a) establishing a workplace injury and disease recording system;
- (b) applying the Standard in the workplace;
- (c) coding the recommended data items; and
- (d) the most appropriate ways of interpreting and analyzing the data recorded.

The kit also includes conversion lists for linking the 'Occurrence Details' classifications included in the Standard to those used in the NDS; alphabetic indexes for assisting in the coding of 'Nature of Injury/Disease', 'Bodily Location of Injury/Disease' and 'Agency'; and a supply of workplace injury and disease recording forms which can be used if desired. A sample copy of the recording form is shown in Appendix A. *The kit will be available shortly after the release of the Standard from Standards Australia or Worksafe Australia.*

2.6 Current approaches to occupational health and safety recognise that all parties in the workplace have a role in achieving and maintaining a safe and healthy work environment. Recording information on workplace occurrences of injury and disease is an important component in the development of preventive strategies. A continuing commitment by, and interaction between, employers, employees and their representatives is required to ensure the promotion of occupational health and safety issues in the workplace.

2.7 The question of who has access to raw data needs to be considered within individual workplaces. In general, employers, including management representatives and occupational health and safety representatives and/or committees, would have access to raw data. However, where medical confidentiality could be breached, access to this data should only take place with the express consent of the individual.

3. CONCEPTS, SCOPE AND DEFINITION OF TERMS

3.1 The recording of standard data at the workplace depends on the use of standard definitions, concepts and bases of recording. This chapter recommends a standard system for recording data which includes scope, definitions, treatment of special cases and the updating and retention of records.

Scope

3.2 All occurrences that are reported and result in a 'lost-time' or 'no lost-time' workplace injury or disease (as defined below) should be recorded.

Incidents Outside the Scope of the Standard

3.3 Incidents that resulted in 'near misses' are not included within the scope of the Standard. However, some employers may find it useful to record key information relating to near misses that have been reported, in particular, significant incidents that had the potential to result in serious injury at the workplace. As a guide to employers, the summary of data items in Section 4 indicates those items most appropriate for the recording of near misses.

3.4 Commuting injuries are also not included within the scope of the Standard. However, most workers' compensation legislation includes provision for the compensation of commuting injuries. Employers will still be required, therefore, to report compensable commuting injuries to a compensation agency and may wish to make use of that information in developing their preventive strategies.

Definitions

3.5 *Lost-time injuries/diseases* - those occurrences that resulted in a fatality, permanent disability or time lost from work of one day/shift or more.

3.6 *No lost-time injuries/diseases* - those occurrences which were not lost-time injuries and for which first aid and/or medical treatment was administered.

3.7 *Near misses* - any unplanned incidents that occurred at the workplace which, although not resulting in any injury or disease, had the potential to do so.

3.8 *Commuting injuries* - all injuries that occurred during travel while not on duty or during a recess period. This would normally include travel between place of abode and workplace, travel to technical school for training associated with employment and travel to receive medical treatment for an injury sustained at work.

Treatment of Special Cases

3.9 Those occurrences of injury or disease which meet the above definitions, but for which there was a workers' compensation claim that was rejected, should also be recorded. They should not, however, be used in the calculation of measurement rates or other indicators of performance.

3.10 Cases of recurring injury or disease should be recorded and cross-referenced to the original record but not counted as a separate occurrence unless there was a separate identifiable incident associated with the recurrence.

3.11 In the case of part-time workers, if a person is away from work due to a lost-time injury/disease for one whole day or shift, irrespective of how many hours constitute that shift, they are considered to have satisfied the threshold of the one day/shift time lost.

Updating of Records

3.12 All records should be updated, where necessary, for a period of at least five years after the year to which they relate.

Retention of Records

3.13 Individual records should be retained at the workplace for the period specified by relevant legislation in each State/Territory.

4. SUMMARY OF DATA ITEMS

4.1 The data items to be recorded are separated into the following three parts:

PART I The data items included in Part I describe some basic features of the employer and should be recorded for **each** unit of the employer responsible for the recording of injury and disease occurrences.

PART II The data items included in Part II are fundamental to the development of preventive strategies and should be recorded for **all** injury and disease occurrences. Data items marked with an asterisk (*) are considered most relevant for the recording of information relating to near misses, if desired.

PART III The additional data items included in Part III need only be recorded for occurrences of lost-time injury/disease. The recording of these data items for occurrences of no lost-time injury/disease is either irrelevant to, or not required by, the Standard.

LIST OF DATA ITEMS

PART I - DATA ITEMS TO BE RECORDED ABOUT THE EMPLOYER AND THE RECORDING UNIT RESPONSIBLE FOR THE RECORDING OF INJURY AND DISEASE OCCURRENCES

- | | |
|-----------------------------|---|
| A. Employer name | E. Occupational health and safety committee |
| B. Industry of the employer | F. Number of employees |
| C. Employer location | G. Number of hours worked |
| D. Recording unit | |

PART II - DATA ITEMS TO BE RECORDED FOR ALL INJURY AND DISEASE OCCURRENCES

Personal characteristics

1. Name of injured worker
2. Sex
3. Date of Birth

Basis of employment

4. Shift arrangements

Job characteristics

5. Occupation

Occurrence details

- *6. Date of injury occurrence or report of disease
- *7. Time of occurrence
8. Training provided
- *9. Description of occurrence
10. Nature of injury or disease
11. Bodily location of injury or disease

Outcome of injury or disease

- *12. Preventive action proposed and taken
13. Rehabilitation status

PART III - ADDITIONAL DATA ITEMS TO BE RECORDED FOR LOST-TIME INJURY AND DISEASE OCCURRENCES

Personal characteristics

14. Preferred language

Basis of employment

15. Full-time/part-time and permanency of employment
16. Employment arrangements

Job characteristics

17. Experience in task
18. Proportion of shift worked

Outcome of injury or disease

19. Fatality indicator
20. Resumption of work
21. Time lost from work

* Signifies to be recorded for near miss occurrences.

5. DATA ITEMS

PART I - DATA ITEMS TO BE RECORDED ABOUT THE EMPLOYER AND THE RECORDING UNIT RESPONSIBLE FOR THE RECORDING OF INJURY AND DISEASE OCCURRENCES

5.1 It is envisaged that medium and large employers may wish to establish separate areas within the workplace for the recording of information on injury or disease occurrences within those areas. These areas, or 'recording units', may well match the existing management or operational structure of the organisation, for example, the department, branch or section level.

5.2 The data items included in Part I are general descriptive data items relating to the employer and the recording unit. Normally these items would only need to be recorded once for each recording period. However, employers should ensure that the records of individual occurrences can be effectively linked to these data items so that, for example, the number of injuries occurring in each recording unit can be counted.

A Employer name

Definition. The name of the employer responsible for the health and safety of the injured workers.

Purpose. Identification of the employer.

B Industry of the employer

Definition. The main activity of the employer at the establishment at which the recording unit is based.

Purpose. To enable comparison of the employer's experience with aggregate data for the industry either through the employer's industry association or with State/Territory and national workers' compensation-based statistics.

Classification. To be recorded in narrative form. The activity of the establishment should generally be determined as the main income earning activity of the establishment. Where an establishment does not earn any income, such as a storage location, the activity should be determined by the main purpose of the establishment.

Comment. Although coding of this information can be performed, it should only be necessary where the employer is using the data for comparative purposes. For those employers who choose to code, a guide on the nature and structure of the Australian Standard Industrial Classification (ASIC), which was developed by the Australian Bureau of Statistics (ABS), is given in Appendix 2.

Employers should note that the level of detail shown in Appendix 2 is insufficient to enable adequate coding of industry and therefore should not be used for coding purposes.

If employers wish to code this item, they should obtain a copy of the full version of the ASIC which can be purchased from the ABS.

C Employer location

Definition. The physical address of the establishment at which the recording unit is located.

Purpose. To enable identification of the geographic location of injury/disease occurrences.

D Recording unit

Definition. Name or unique identification of the recording unit established to record injury/disease occurrences for a specified group of workers.

Purpose. To provide a more precise identification of the geographic location of injury/disease occurrences and enable the separate monitoring of the injury/disease experience of groups of workers within an enterprise.

Comment. Not necessary to record where the employer has a single recording unit for the entire enterprise.

E Occupational health and safety committee

Definition. The occupational health and safety committee responsible for the employees covered by the recording unit.

Purpose. To enable the occupational health and safety committee(s) to assess the injury and disease experience in their areas of responsibility.

Comment. Not applicable where an employer does not have occupational health and safety committees or similar groups. Not necessary to record where the employer has one committee for the entire enterprise.

F Number of employees

Definition. The average number of workers who worked in the recording unit during the recording period.

Purpose. To enable the calculation of incidence rates for the recording unit and the enterprise as a whole, for identifying high risk groups and for monitoring the success of preventive strategies over time.

Comment. Persons who are absent from work on paid or unpaid leave for the entire period should not be counted.

Employers with stable employment levels could record the number of employees at the start or end of the period rather than calculating an average.

The 'recording period' refers to the minimum period of time used as the basis for measuring aspects of the occupational health and safety experience of the employer. This period would normally be either monthly, quarterly, six-monthly or annually depending on the size of the enterprise.

G Number of hours worked

Definition. The total number of hours worked by employees in the recording unit during the recording period.

Purpose. To enable the calculation of frequency rates for the recording unit and the enterprise as a whole, for identifying high risk groups and for monitoring the success of preventive strategies over time.

Comment. In calculating the total number of hours worked, any extra hours worked, such as additional shifts and overtime, should be included.

PART II - DATA ITEMS TO BE RECORDED FOR ALL INJURY AND DISEASE OCCURRENCES

Personal characteristics

1. Name of injured worker

Comment. The question of who has access to this data item needs to be considered within individual workplaces. In general, employers, including management representatives and occupational health and safety representatives and/or committees, would have access to this information. However, where medical confidentiality could be breached, access to this data item should only take place with the express consent of the individual.

2. Sex

Definition. The sex of the worker.

Purpose. To facilitate analysis of injury and disease experience by sex of the worker.

Classification/coding. To be recorded as male or female.

3. Date of birth

Definition. The date of birth of the worker.

Purpose. To enable analysis of occurrences by age to determine any links between types of occurrences and specific age groups. To assist in the unique identification of workers.

Classification/coding. To be recorded in day, month, year format.

Comment. Analysis of this data item should not be undertaken in isolation of other data items as there is a risk that incorrect conclusions, possibly of a discriminatory nature, may be drawn.

Basis of employment

4. Shift arrangements

Definition. The shift arrangements being worked at the time of the injury or reporting of the disease.

Purpose. To identify any possible links between specific types of shift arrangements and injury/disease experience so that preventive action can be targeted more effectively.

Classification/coding. There are three levels of coding for this item.

The first level identifies the time of starting the shift on which the injury occurred or disease was reported. These groupings approximate day, afternoon and evening shifts.

The second level identifies whether the shift was a component of rotating shift arrangements.

The third level identifies whether the shift to have been worked on that day was of up to and including eight hours, or greater than eight hours.

- | | |
|-----|---|
| 1 | Worker started on or after 0600 hours and before 1200 hours |
| 11 | Fixed, standard or flexible hours |
| 111 | Shift duration of up to and including 8 hours |
| 112 | Shift duration of more than 8 hours (excluding overtime) |
| 12 | Component of rotating shift work arrangements |
| 121 | Shift duration of up to and including 8 hours |
| 122 | Shift duration of more than 8 hours (excluding overtime) |
| 2 | Worker started on or after 1200 hours and before 1600 hours |
| 21 | Fixed, standard or flexible hours |
| 211 | Shift duration of up to and including 8 hours |
| 212 | Shift duration of more than 8 hours (excluding overtime) |
| 22 | Component of rotating shift work arrangements |
| 221 | Shift duration of up to and including 8 hours |
| 222 | Shift duration of more than 8 hours (excluding overtime) |

- 3 Worker started on or after 1600 hours and before 0600 hours
 - 31 Fixed, standard or flexible hours
 - 311 Shift duration of up to and including 8 hours
 - 312 Shift duration of more than 8 hours (excluding overtime)
 - 32 Component of rotating shift arrangements
 - 321 Shift duration of up to and including 8 hours
 - 322 Shift duration of more than 8 hours (excluding overtime)

Comment. This data item is considered relevant for routine collection by all employers irrespective of size or normal working arrangements.

Job characteristics

5. Occupation

Definition. The worker's occupation at the time of the injury or reporting of the disease.

Purpose. To identify the occupation of injured workers, allowing analysis of occupationally related injury/disease experience. To assist in targeting high-risk occupation groups for priority prevention activity and to enable the comparison of employers' experiences with aggregate statistics.

Classification. To be recorded in narrative form by a description of the worker's title and main tasks performed.

Comment. Although coding of information relating to occupation can be performed, it is recommended that employers usually recording a small number of injury or disease occurrences per year should not code this item as the coded information may be misleading. A threshold of approximately twenty occurrences per enterprise, per year can be taken as a guide.

For those employers who choose to code, a guide on the nature and structure of the Australian Standard Classification of Occupations (ASCO), which was developed by the ABS, is given in Appendix C. Employers should note that the level of detail shown in Appendix C is insufficient to enable adequate coding of occupation and therefore should not be used for coding purposes.

If employers wish to code this item, they should obtain a copy of the ASCO Expert Coding System which can be leased from the ABS.

Employers should note that comparisons of their workplace injury/disease experience with aggregate statistics are only valid if occupation has been coded to the appropriate level of detail and that the relevant measurement rates are calculated in the same way.

Occurrence details

***6. Date of injury occurrence or report of disease**

Definition. The date of the injury occurrence or the date the disease was first reported.

Purpose. To enable comparison of data over time, to monitor performance and to indicate seasonal trends.

Classification/coding. To be recorded in day, month, year format.

***7. Time of occurrence**

Definition. The time of the injury occurrence. Not relevant for disease occurrences.

Purpose. To enable analysis of occurrence by time of day.

Classification/coding. To be recorded in 24-hour clock format.

8. Training provided

Definition. The type of training that had been provided to the injured worker prior to the injury occurrence or reporting of the disease.

Purpose. To enable analysis of the effectiveness of the training provided and identify areas where additional training may be required.

Classification/coding.

- 1 Induction training
- 2 Task-specific training
- 3 Both of the above
- 4 Neither of the above

* Signifies to be recorded for near miss occurrences

***9. Description of occurrence**

Definition. Description of the processes and circumstances leading to the injury/disease occurrence.

Purpose. Fundamental to identifying the nature of the occurrence.

Classification/coding. Information should be recorded in the form of a structured narrative with details provided under the following headings:

- (a) Where did the injury occurrence or disease exposure occur (for example, machine shop, freezer room, No.2 mine)?
- (b) What was the worker(s) doing at the time of the disease exposure or just before the injury occurrence (for example, driving a fork lift truck, lifting bags of cement, typing)?
- (c) What happened unexpectedly, including the name of any particular chemical, product, process, or equipment involved (for example, brakes failed on fork lift truck, slipped on wet floor, scaffolding collapsed, arm started hurting while typing on word processor)?
- (d) How exactly was the injury or disease sustained and what particular chemical, product, process or equipment was involved (for example, hit head on cabin of fork lift truck, lacerated knee when landing on ground, arm hurt after long period of typing)?

Codes can be allocated to assist in the interpretation of this information. It is recommended that employers usually recording a small number of injury/disease occurrences per year should not code this item as the coded information may be misleading. A threshold of approximately twenty occurrences per enterprise, per year can be taken as a guide.

Where coding is performed, four principle items of information lend themselves most favourably to coding: the breakdown event, the breakdown agency, the mechanism of injury/disease and the agency of injury/disease.

The *breakdown event* is the first event in the chain which eventually led to the most serious injury or disease, that is, the point at which things started to go wrong (see (c) above).

The *breakdown agency* refers to the object, substance or circumstance that was principally involved in, or most closely associated with, the breakdown event (see (c) above).

The *mechanism of injury/disease* is the action, exposure or event which is the direct cause of the most serious injury or disease (see (d) above).

The *agency of injury/disease* refers to the object, substance or circumstance directly involved in inflicting the injury or disease (see (d) above).

There is no classification presently available for the breakdown event. The 'Mechanism of Injury/Disease' classification can be used to code this item but employers should use care as the classification is not tailored towards the breakdown event and may not adequately describe the circumstances.

Codes should be allocated for mechanism of injury/disease as follows:

- | | |
|----|---|
| 01 | Falls from a height |
| 02 | Falls on the same level (including trips and slips) |
| 03 | Hitting objects with a part of the body |
| 04 | Exposure to mechanical vibration |
| 05 | Being hit by moving objects |
| 06 | Exposure to sharp sudden sound |
| 07 | Long term exposure to sounds |
| 08 | Exposure to variations in pressure (other than sound) |
| 09 | Repetitive movement with low muscle loading |
| 10 | Other muscular stress |
| 11 | Contact with electricity |
| 12 | Contact or exposure to heat and cold |
| 13 | Exposure to radiation |
| 14 | Single contact with chemical or substance (excludes insect and spider bites and stings) |
| 15 | Long term contact with chemical or substance |
| 16 | Other contact with chemical or substance (includes insect and spider bites and stings) |
| 17 | Contact with, or exposure to, biological factors |
| 18 | Exposure to mental stress factors |
| 19 | Slide or cave-in |
| 20 | Vehicle accident |
| 98 | Other and multiple mechanisms of injury |
| 99 | Unspecified mechanisms of injury |

* Signifies to be recorded for near miss occurrences.

Codes should be allocated for breakdown agency and the agency of injury/disease as follows:

01	Machinery and fixed plant
02	Mobile plant
03	Road transport
04	Other transport
05	Powered equipment, tools and appliances
06	Non-powered hand tools
07	Non-powered equipment
08	Chemicals
09	Non-metallic substances
10	Other materials, substances or objects
11	Outdoor environment
12	Indoor environment
13	Underground environment
14	Live animals
15	Non-living animals
16	Human agencies
17	Biological agencies
18	Non-physical agencies
98	Other agencies
99	Unspecified agencies

Comment. Employers using the above classifications should not rely exclusively on analysis of the coded data to provide indications of where prevention priorities exist. The more complete information included in the narrative should be used to provide more detail on the recorded injury and disease occurrences. Employers with a large database may find utilization of key word searches of great assistance in focusing on individual hazards in the workplace.

It is expected that many employers will wish to code to a higher level of detail than that provided above. These employers should avail themselves of the NDS coding system which provides a more detailed and structured coding system and enables a direct comparison of the employer's experience with State/Territory and national workers' compensation data. The above classifications are based on the NDS system although the code numbers used are different. Conversion lists which relate the NDS system to the classifications included in this Standard, together with alphabetic listings for 'Nature of Injury/Disease', 'Bodily Location of Injury/Disease' and 'Agency', have been included in the resource kit which supports this Standard. The kit can be purchased from Standards Australia or Worksafe Australia.

10. Nature of injury or disease

Definition. The most serious injury or disease sustained or suffered by the worker.

Purpose. To provide additional information essential to the assessment of each injury or disease occurrence for use in determining corrective action and rehabilitation requirements and in monitoring the employer's injury and disease experience.

Classification/coding. Codes can be allocated to assist in the interpretation of this information. It is recommended that employers usually recording a small number of injury/disease occurrences per year should not code this item as the coded information may be misleading. A threshold of approximately twenty occurrences per enterprise, per year can be taken as a guide.

Codes should be allocated for injury and poisoning as follows:

01	Fractures (excluding of vertebral column)
02	Fracture of vertebral column with or without mention of spinal cord lesion
03	Dislocations
04	Sprains and strains of joints and adjacent muscles (include acute trauma sprains and strains only)
05	Intracranial injury, including concussion
06	Internal injury of chest abdomen and pelvis
07	Traumatic amputation, including enucleation of eye (loss of eyeball)
08	Open wound not involving traumatic amputation
09	Superficial injury
10	Contusion with intact skin surface and crushing injury, excluding those with fracture
11	Foreign body on external eye, in ear or nose or in respiratory, digestive or reproductive systems (include choking)
12	Burns
13	Injuries to nerves and spinal cord without evidence of spinal bone injury
14	Poisoning and toxic effects of substances
15	Effects of weather, exposure, air pressure and other external causes not elsewhere classified (includes bends, drowning, electrocution)
16	Multiple injuries (only to be used where no principal injury can be identified)
17	Damage to artificial aids
19	Other and unspecified injuries

Codes should be allocated for diseases as follows:

21	Deafness
22	Eye disorders (non-traumatic)
28	Other diseases of the nervous system and sense organs
31	Disorders of muscle, tendons and other soft tissues (includes synovitis, tenosynovitis, bursitis)
38	Other diseases of the musculoskeletal system and connective tissue
41	Dermatitis and other eczema
48	Other diseases of skin and subcutaneous tissue
51	Hernia
58	Other diseases of the digestive system
61	Infectious and parasitic diseases
71	Diseases of the respiratory system (include asthma, legionnaires disease, asbestosis, pneumoconiosis)
81	Diseases of the circulatory system (include heart disease, hypertension, hypotension, varicose veins)
91	Cancers and other neoplasms
95	Mental disorders
98	Other diseases

Comment Pending medical confirmation, the injury should be recorded as reported by the worker.

It is expected that many employers will wish to code to a higher level of detail than above. These employers should avail themselves of the NDS coding system which provides a structured coding system and enables later comparison of the employer's experience with State/Territory and national workers' compensation data. The above classifications are based on the NDS system although the code numbers used are different.

Conversion lists which relate the NDS system to the classifications included in this Standard, together with alphabetic listings for 'Nature of Injury/Disease', 'Bodily Location of Injury/Disease' and 'Agency', have been included in the resource kit which supports this Standard. The kit can be purchased from Standards Australia or Worksafe Australia.

11. Bodily location of injury or disease

Definition. The bodily location of the most serious original injury or part of the body affected by disease.

Purpose. To enable analysis of injuries or diseases affecting specific bodily locations to assist in the development of programs to counteract such injuries, for example, eye injuries via an eye protection program. To enable a more detailed analysis of the nature of the work injury/disease.

Classification/coding. Codes can be allocated to assist in the interpretation of this information. It is recommended that employers usually recording a small number of injury/disease occurrences per year should not code this item as the coded information may be misleading. A threshold of approximately twenty occurrences per enterprise, per year can be taken as a guide.

Where coding is performed, bodily location codes should be allocated as follows:

01	Eye
02	Ear
03	Face
04	Head (other than eye, ear and face)
05	Neck
06	Back
07	Trunk (other than back and excluding internal organs)
08	Shoulders and arms
09	Hands and fingers
10	Hips and legs
11	Feet and toes
12	Internal organs (located in the trunk)
98	Multiple locations (more than one of the above)
99	General and unspecified locations

Comment. It is expected that many employers will find the need to code to a higher level of detail than above. These employers should avail themselves of the NDS coding system which provides a structured coding system and enables later comparison of the employer's experience with State/Territory and national workers' compensation data. The above classifications are based on the NDS system although the code numbers used are different.

Conversion lists which relate the NDS system to the classifications included in this Standard, together with alphabetic listings for 'Nature of Injury/Disease', 'Bodily Location of Injury/Disease' and 'Agency', have been included in the resource kit which supports this Standard. The kit can be purchased from Standards Australia or Worksafe Australia.

Outcome of injury or disease***12. Preventive action proposed and taken**

Definition. Description of corrective action proposed and taken as a result of the injury/disease occurrence.

Purpose. To assist in evaluating the success of preventive strategies.

Classification/coding. Narrative to include information on action, such as changes to work processes, practices or procedures, equipment change and design modification, that is proposed. Information then to be classified according to the following categories.

Where the preventive action fits into more than one of the categories below, codes should be allocated for each action.

- 10 Change to induction training
 - 11 Proposed
 - 12 Taken
- 20 Change to ongoing training
 - 21 Proposed
 - 22 Taken
- 30 Equipment/machinery modifications
 - 31 Proposed
 - 32 Taken
- 40 Change to work procedures
 - 41 Proposed
 - 42 Taken
- 50 Change to work environment
 - 51 Proposed
 - 52 Taken
- 60 Equipment/machinery maintenance
 - 61 Proposed
 - 62 Taken
- 70 Other job redesign
 - 71 Proposed
 - 72 Taken
- 80 Other preventive action
 - 81 Proposed
 - 82 Taken

13. Rehabilitation status.

Definition. Whether the worker was assessed as requiring rehabilitation. Only relevant where a rehabilitation assessment has been made.

Purpose. To enable analysis of the effectiveness of rehabilitation programs at the workplace.

Classification/coding.

- (a) Assessed as requiring rehabilitation (include date of commencement of rehabilitation program)
- (b) Assessed as not requiring rehabilitation.

Comment. Normally this item can be classified very soon after the occurrence or reporting of the disease. However, there may be situations where a worker is later assessed as requiring rehabilitation. In these cases, this item should be updated to indicate the most up to date rehabilitation status. The recording of this item should help employers monitor delays in the implementation of rehabilitation programs.

PART III ADDITIONAL DATA ITEMS TO BE RECORDED FOR LOST-TIME INJURY AND DISEASE OCCURRENCES

Personal characteristics

14. Preferred language

Definition. The language the worker prefers for speaking and reading.

Purpose. To provide an indication of the barriers to fully utilizing the oral, visual and written material available in the workplace to promote occupational health and safety.

Classification/coding. Language preferred by the worker for speaking and reading.

Comment. Occupational health and safety information in the workplace can take many forms including oral, visual and written material. Often information involves the use of more than one form of communication at a time. To use this information as effectively as possible, it is essential that workers fully comprehend the information and the context in which it is given.

This data item is designed to assist in the analysis of the range of preventive measures in the workplace. Analysis of this item should not be undertaken in isolation of other data items as there is a risk that incorrect conclusions, possibly of a discriminatory nature, may be drawn.

Basis of employment

15. Full-time/part-time and permanency of employment

Definition. Full-time workers are those who usually work the award or agreed hours for their occupation or profession. If no award or agreement exists, then full-time workers are those who usually work thirty five hours or more each week. A permanent worker is one who has regular hours specified and whose employment is for an indefinite period.

Purpose. To identify any difference between the injury and disease experience of full-time and part-time workers and permanent and casual workers so that preventive action, in particular the development of training programs, can be targeted more effectively.

Classification/coding. To be specified as either 'full-time permanent' or 'part-time permanent' or 'full-time casual' or 'part-time casual' and determined according to the definition above.

Comment. This data item will be of most use in industries and organisations where large numbers of part-time and/or casual workers are employed. Obviously recording of this data item is unnecessary in organisations where there are no part-time or casual workers.

16. Employment arrangements

Definition. The employment arrangements of the worker at the time of the injury occurrence or reporting of the disease.

Purpose. To identify any possible links between employment arrangements and injury and disease experience so that preventive action, in particular the development of training programs, can be targeted more effectively.

Classification/coding.

- 1 Wage or salary earner
 - 11 Trainee other than apprentice (including paid work experience)
 - 12 Apprentice
 - 13 Outworker
 - 14 Piece worker (other than Outworkers)
 - 14 Other (note: most employees will fall into this category)
- 2 Self-employed (including contractors and sub-contractors)
- 3 Unpaid workers
 - 31 Work experience
 - 32 Other

Comment. For organisations with employment that fits entirely into one of the above categories, normally category 15, the routine collection of this data will not be necessary.

Job characteristics

17. Experience in task

Definition. The amount of experience a worker has had in performing the task engaged in at the time of the injury/disease occurrence.

Purpose. To enable an analysis of the difference between the injury/disease experience of workers with varying levels of experience. The data would assist in assessing the adequacy of training programs, in particular, induction procedures.

Classification/coding. Number of months and years of experience in the task being undertaken at the time of the injury occurrence or associated with the onset of the disease.

18. Proportion of shift worked

Definition. The proportion of the shift that had been completed before the injury occurrence. Not relevant for disease occurrences.

Purpose. To enable analysis of the possible effect of time on shift, for example, fatigue, on injury experience.

Classification/coding.

- 1 Up to and including 25 percent of the scheduled shift.
- 2 More than 25 percent and up to and including 50 percent of the scheduled shift.
- 3 More than 50 percent and up to and including 75 percent of the scheduled shift.
- 4 More than 75 percent and up to and including the whole of the scheduled shift.
- 5 On overtime (including overtime worked as part of a double shift).

Outcome of the injury or disease

19. Fatality indicator

Definition. Identification of fatalities that occur as a result of an injury or disease occurrence.

Purpose. To separately identify work-related fatalities.

Classification/coding. Fatal or non-fatal.

Comment. It is important to update this item for the specified period (five years) to ensure that, where known, all cases of work injury and disease that result in a fatality are recorded.

20. Resumption of work

Definition. The date(s) normal or alternative duties were resumed.

Purpose. To monitor the effectiveness of rehabilitation services.

Classification / coding.

- 1 Short-term alternative duties
- 2 Permanent alternative duties
- 3 Normal duties

Dates to be recorded for the commencement of each of the above resumptions.

Comment. It should be noted that, in many cases, more than one of the above will be applicable throughout the life of an injury/disease case. To enable the accommodation of these cases, systems should provide for a date to be recorded for each of the above categories.

21. Time lost from work

Definition. The total number of complete working days or shifts lost from work as a result of the injury/disease.

Purpose. To provide an indication of the severity of lost-time injuries and diseases in terms of lost working time and to enable the calculation of average time lost rates for monitoring the occupational health and safety performance of the employer over time.

Classification/coding. To be recorded as complete working days or shifts lost. Working days lost as a result of the injury/disease that occurred subsequent to the initial return to work should also be counted.

Comment. Time lost for part-time workers is calculated as for full-time workers irrespective of the number of hours usually worked each day or shift. For example, if a worker usually works two hours a day and is off work for five days the time lost is five days.

6. INTERPRETING AND ANALYZING THE RECORDED INFORMATION

6.1 The usefulness of the information recorded depends to a large extent on the methods used to interpret the data. It is the intention of this chapter to provide assistance to users of the Standard by recommending some appropriate ways of interpreting and analyzing the recorded information. Further information and assistance to users is available in the resource kit that supports the Standard. The kit can be purchased from Standards Australia or Worksafe Australia.

6.2 The data items recommended in the Standard are either descriptive of the occurrence (such as 'Description of Occurrence' and 'Nature of Injury or Disease') or inferential (such as 'Sex' and 'Working Arrangements'). The descriptive data items provide the basic information on the occurrence and enable the identification of hazards at the workplace. Inferential data items provide additional information which may be useful for examining contributory causal factors and in identifying those groups of workers at highest risk thereby assisting in the development of specific prevention programs.

Frequency Counts

6.3 A basic count of the number of occurrences of workplace injury/disease, which can be divided into lost-time' or no lost-time' cases, is an essential starting point in the derivation of appropriate indicators for assessing occupational health and safety performance. However, reliance on simple counts of occurrences, on their own, is of limited value and can, in fact, be misleading.

Cross-tabulations

6.4 A series of simple cross-tabulations which relate two or more data items in a tabular form is the most effective way of arranging the data to enable the identification of major hazards. The following basic cross-tabulations are suggested as the most useful combinations of data items for this purpose:

- (a) Mechanism of Injury/Disease by Agency of Injury/Disease (or Breakdown Agency).
- (b) Mechanism of Injury/Disease by Nature of Injury/Disease.
- (c) Mechanism of Injury/Disease by Occupation.
- (d) Mechanism of Injury/Disease by Shift Arrangements.
- (e) Agency of Injury/Disease (or Breakdown Agency) by Nature of Injury/Disease.
- (f) Agency of Injury/Disease (or Breakdown Agency) by Occupation.
- (g) Agency of Injury/Disease (or Breakdown Agency) by Shift Arrangements.
- (h) Nature of Injury/Disease by Occupation.
- (i) Nature of Injury/Disease by Bodily Location of Injury/Disease.

6.5 The compilation of such tables will assist in the identification of the major hazards in the workplace, the types of injuries or diseases caused by the hazards and the working arrangements most commonly associated with them. Other cross-tabulations can be derived using other supportive data items in the Standard to provide additional information on contributory factors. In view of the limitations inherent to the broad 'Occurrence Details' classifications included in the Standard, the results of any analysis of these tables must be considered broad indicators only. Reference to individual records or recording forms is required to extract the detailed information needed to more precisely identify the nature and extent of workplace health and safety problems.

Measurement Rates

6.6 The production of rates is necessary to identify the groups at highest risk and to monitor safety performance at the workplace over time. These rates can be calculated at intervals which best meet the individual organization's needs. Medium to large size employers (that is, those who have 200 or more employees) may benefit from calculating rates on both a monthly and cumulatively monthly basis. Individual monthly totals and rates can be derived from counting those occurrences that occurred in a particular month and the corresponding time lost in respect of those cases in that month. Cumulative monthly data can be derived by aggregating the total number of occurrences for a specific period, such as twelve months, and the total time lost that corresponds to those cases for that period. Smaller employers need only calculate totals or rates on a six-monthly or annual basis as rates calculated more frequently are likely to be meaningless due to the influence of random factors.

6.7 Measurement rates are of limited value when used in isolation. Analyzing the rates in conjunction with each other provides workplaces with more complete information to assist in evaluating their occupational health and safety performance. This is particularly so for frequency and average time lost rates which, when examined together, give a more accurate measure of the number of occurrences and time lost as they relate to the level of exposure to risk.

6.8 Calculation of the following rates is recommended.

Incidence Rate

6.9 The incidence rate is the number of occurrences of injury/disease for each one hundred workers employed.

6.10 The following formula should be applied:

$$\frac{\text{number of occurrences in the period}}{\text{number of workers}} \times 100$$

The 'number of occurrences in the period' refers to all cases of lost-time injury/disease which were recorded in the specified period.

6.11 The 'number of workers' is defined as the average number of workers who worked in the recording period. Persons who were absent from work on paid or unpaid leave for the entire period should be excluded from this calculation (see data Item F in Part I).

Frequency Rate

6.12 The frequency rate is the number of occurrences of injury or disease for each one million hours worked.

6.13 The following formula should be applied:

$$\frac{\text{number of occurrences in the period}}{\text{number of hours worked in the period}} \times 1,000,000$$

The 'number of occurrences in the period' is defined in the same way as for the incidence rate.

6.14 The 'number of hours worked in the period' refers to the total number of hours worked by all workers in the recording unit including, for example, overtime and extra shifts (see data Item G in Part I).

Average Time Lost Rate

6.15 The average time lost rate is the average time lost per occurrence of injury/disease. For the purposes of this calculation, an upper limit of 12 months off work should be assigned. This rate provides a measure of the severity of the occurrences being experienced by workplaces over time.

6.16 The following formula should be applied:

$$\frac{\text{number of working days lost}}{\text{number of occurrences in the period}}$$

The 'number of occurrences in the period' is defined in the same way as for the incidence rate.

6.17 The 'number of working days lost' refers to the total number of working days, irrespective of the number of hours that would normally have been worked each day, that were lost as a result of the injury/disease up to a maximum of 12 months for any individual occurrence. For the purposes of calculating the average time lost rate, occurrences that result in a fatality should be assigned a time lost of 12 months (220 standard working days).

Time Series Analysis

6.18 In order to use the above rates effectively, it is essential that data be retained for a number of years to enable the comparison of rates over time. A series of data constructed over time enables more effective monitoring of performance and the identification of seasonal trends. Regular reference to, and analysis of, time series data will also assist in evaluating the success of prevention programs.

6.19 For small businesses, which will generally experience few occurrences of injury / disease, time series analysis would be virtually meaningless due to the random nature of events.

Small Area Data

6.20 The data recorded can be aggregated to cover all the operations of a firm or broken down to enable a detailed examination of the occupational health and safety performance of individual units thereby assisting in the effective local targeting of preventive strategies.

APPENDIX A

SAMPLE WORKPLACE INJURY AND DISEASE RECORDING FORM



Workplace Injury and Disease Recording Form

This form is a copy of Appendix A to the *Workplace Injury and Disease Recording Standard* which was approved by the National Occupational Health and Safety Commission in 1989.

The form has been developed as an option for employers to use if desired. However, it is not necessary to use the form in order to implement the Standard in the workplace.

If employers choose to use the form, they should refer to the recommendations contained in the Standard and the supplementary documentation outlined in the resource kit which supports the Standard.

WORKPLACE INJURY AND DISEASE RECORDING FORM

Reference number

Personal details of the injured worker

1. Surname
 Given names

2. Sex (M or F)

3. Date of birth Day Month Year
 / /

Basis of employment

4. Starting time: 1 0600-1159 hours
 2 1200-1559 hours
 3 1600-0559 hours

5. Shift arrangement: 1 Fixed, standard or flexible hours
 2 Rotating shift

6. Number of hours: 1 8 hours or less
 2 more than 8 hours (excluding overtime)

Job details

7. Description of occupation or job title

8. Main tasks performed

9. Training provided: 1 Induction training
 2 Task specific training
 3 Both of the above
 4 Neither of the above

Details of the injury or disease

10. Date injury occurred or disease reported Day Month Year
 / /

11. Time injury occurred , (24 hour clock format)

12. Nature of injury or disease

 Code

13. Bodily location of injury or disease

 Code

14. Description of occurrence of injury or disease:

- In which part of the workplace did the injury or disease exposure occur?
(e.g. machine shop, freezer room, No. 2 mine)
- What was the worker doing at the time?
(e.g. driving a fork lift truck, lifting bags of cement, typing)
- What happened unexpectedly?
Include the name of any particular chemical, product, process or equipment involved.
(e.g. brakes failed on fork lift truck, slipped on wet floor, scaffolding collapsed, arm started hurting while typing on a word processor)
- How exactly was the injury or disease sustained?
Include the name of any chemical, product, process or equipment involved.
(e.g. hit head on cabin of fork lift truck, lacerated knee when landing on ground, arm hurt after long period of typing)

(See pages 25-28 of the Standard)

{	Mechanism of injury	Code
	Breakdown agency	
	Agency of injury	

Form continued on the back of this page

Lost-time injury/disease

Additional questions to be answered for cases which result in a fatality or permanent disability, or where there was time lost from work of one or more days/shifts. These questions should be completed as soon as possible after the injury or disease is reported.

15. Employee's preferred language:
16. Type of employment:
- 1 Full-time permanent
 - 2 Full-time casual
 - 3 Part-time permanent
 - 4 Part-time casual
17. Type of employee:
- Wage/salary earner:
- 11 Trainee
 - 12 Outworker
 - 13 Apprentice
 - 14 Pieceworker (other than Outworkers)
 - 15 Other
- (Note: most employees will fall into this category?)
- Self-employed: 20 (including contractors and sub-contractors)
- Unpaid worker:
- 31 Work experience
 - 32 Other
18. Worker's experience in task being carried out when injury or disease occurred
- | | | |
|--|----------------------|----------------------|
| | Years | Months |
| | <input type="text"/> | <input type="text"/> |
19. Proportion of shift worked:
- 1 25% or less
 - 2 26% - 50%
 - 3 51% - 75%
 - 4 76% - 100%
 - 5 Overtime

Details of person completing this form	
Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Outcome of injury/disease

Questions 20–24 are about information that is not available at the time of the report of injury or disease. These questions should be answered as soon as the information becomes available. For some occurrences, such as where there was no time lost, some of these questions will not be relevant.

20. Rehabilitation:
- 1 Required
 Date of commencement of rehabilitation program
 Day Month Year
 / /
 - 2 Not required
21. Was the injury or disease:
- 1 Fatal
 - 2 Non-fatal
22. Preventive action proposed or taken:
- | |
|--|
| |
| |
| |
| |
| |

(Tick one or more boxes as appropriate)

	Proposed	Taken
Change to induction training	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Change to ongoing training	21 <input type="checkbox"/>	22 <input type="checkbox"/>
Equipment/machinery modifications	31 <input type="checkbox"/>	32 <input type="checkbox"/>
Change to work procedures	41 <input type="checkbox"/>	42 <input type="checkbox"/>
Change to work environment	51 <input type="checkbox"/>	52 <input type="checkbox"/>
Equipment/machinery maintenance	61 <input type="checkbox"/>	62 <input type="checkbox"/>
Other job redesign	71 <input type="checkbox"/>	72 <input type="checkbox"/>
Other preventive action	81 <input type="checkbox"/>	82 <input type="checkbox"/>

23. Date of resumption of work on:
- | | |
|-------------------------------|--|
| Short-term alternative duties | Day Month Year
<input type="text"/> / <input type="text"/> / <input type="text"/> |
| Permanent alternative duties | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Normal duties | <input type="text"/> / <input type="text"/> / <input type="text"/> |

(Enter each date when applicable)

24. Total number of working days lost (Should be completed only when the worker has resumed permanent duties)
- | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|

Codes for Questions 12, 13 and 14

It is recommended that employers usually recording a small number of injury or disease occurrences per year should not code these items as the coded information may be misleading. A threshold of approximately 20 occurrences per enterprise, per year can be taken as a guide.

Question 12

NATURE OF INJURY

- 01 Fractures (excluding of vertebral column)
- 02 Fracture of vertebral column with or without mention of spinal cord lesion
- 03 Dislocations
- 04 Sprains and strains of joints and adjacent muscles (including acute trauma sprains and strains only)
- 05 Intracranial injury, including concussion
- 06 Internal injury of chest, abdomen and pelvis
- 07 Traumatic amputation, including enucleation of eye (loss of eyeball)
- 08 Open wound not involving traumatic amputation
- 09 Superficial injury
- 10 Contusion with intact skin surface and crushing injury, excluding those with fracture
- 11 Foreign body on external eye, in ear or nose or in respiratory, digestive or reproductive systems (including choking)
- 12 Burns
- 13 Injuries to nerves and spinal cord without evidence of spinal bone injury
- 14 Poisoning and toxic effects of substances
- 15 Effects of weather, exposure, air pressure and other external causes (including bends, drowning, electrocution)
- 16 Multiple injuries (only to be used where no principal injury can be identified)
- 17 Damage to artificial aids
- 19 Other and unspecified injuries

NATURE OF DISEASE

- 21 Deafness
- 22 Eye disorders (non-traumatic)
- 28 Other diseases of the nervous system and sense organs
- 31 Disorders of muscle, tendons and other soft tissues (includes synovitis, tenosynovitis, bursitis)
- 38 Other diseases of the musculoskeletal system and connective tissue
- 41 Dermatitis and other eczema
- 48 Other diseases of the digestive system
- 51 Hernia
- 58 Other diseases of the digestive system
- 61 Infectious and parasitic diseases
- 71 Diseases of the respiratory system (including asthma, legionnaires disease, asbestosis, pneumoconiosis)
- 81 Disease of the circulatory system (including heart disease, hypertension, hypotension, varicose veins)
- 91 Cancers and other neoplasms
- 95 Mental disorders
- 98 Other diseases

Question 13

BODILY LOCATION OF INJURY/DISEASE

- 01 Eye
- 02 Ear
- 03 Face
- 04 Head (other than eye, ear and face)
- 05 Neck
- 06 Back
- 07 Trunk (other than back and excluding internal organs)
- 08 Shoulders and arms
- 09 Hands and fingers
- 10 Hips and legs
- 11 Feet and toes
- 12 Internal organs (located in the trunk)
- 98 Multiple locations (more than one of the above)
- 99 General and unspecified locations

Question 14

MECHANISM OF INJURY/DISEASE

- 01 Falls from a height
- 02 Falls on the same level (including trips and slips)
- 03 Hitting objects with a part of the body
- 04 Exposure to mechanical vibration
- 05 Being hit by moving objects
- 06 Exposure to sharp, sudden sound
- 07 Long term exposure to sounds
- 08 Exposure to variations in pressure (other than sound)
- 09 Repetitive movement with low muscle loading
- 10 Other muscular stress
- 11 Contact with electricity
- 12 Contact or exposure to heat and cold
- 13 Exposure to radiation
- 14 Single contact with chemical or substance (excludes insect and spider bites and stings)
- 15 Long term contact with chemical or substance
- 16 Other contact with chemical or substance (includes insect and spider bites and stings)
- 17 Contact with, or exposure to, biological factors
- 18 Exposure to mental stress factors
- 19 Slide or cave-in
- 20 Vehicle accident
- 98 Other and multiple mechanisms of injury
- 99 Unspecified mechanisms of injury

BREAKDOWN AGENCY/AND AGENCY OF INJURY/DISEASE

- 01 Machinery and fixed plant
- 02 Mobile plant
- 03 Road transport
- 04 Other transport
- 05 Powered equipment, tools and appliances
- 06 Non-powered hand tools
- 07 Non-powered equipment
- 08 Chemicals
- 09 Non-metallic substances
- 10 Other materials, substances or objects
- 11 Outdoor environment
- 12 Indoor environment
- 13 Underground environment
- 14 Live animals
- 15 Non-living animals
- 16 Human agencies
- 17 Biological agencies
- 18 Non-physical agencies
- 98 Other agencies
- 99 Unspecified agencies

APPENDIX B
AUSTRALIAN STANDARD INDUSTRIAL CLASSIFICATION DIVISIONS AND
SUBDIVISIONS

NOTE: ASIC codes cannot be accurately determined by using the following summary. It has been provided as a guide to the nature and structure of the classification only. Use of the full ASIC classification, which can be purchased from the Australian Bureau of Statistics, is necessary if accurate ASIC coding is to be achieved.

DIVISION	SUBDIVISION
A. AGRICULTURE, FORESTRY, FISHING AND HUNTING	01 Agriculture
	02 Services to Agriculture
	03 Forestry and Logging
	04 Fishing and Hunting
B. MINING	11 Metallic Minerals
	12 Coal
	13 Oil and Gas
	14 Construction Materials
	15 Other Non-metallic Minerals
	16 Services to Mining (Not Elsewhere Classified)
C. MANUFACTURING	21 Food, Beverages and Tobacco
	23 Textiles
	24 Clothing and Footwear
	25 Wood, Wood Products and Furniture
	26 Paper, Paper Products, Printing and Publishing
	27 Chemical, Petroleum and Coal Products
	28 Non-metallic Mineral Products
	29 Basic Metal Products
	31 Fabricated Metal Products
	32 Transport Equipment
	33 Other Machinery and Equipment
	34 Miscellaneous Manufacturing
	D. ELECTRICITY, GAS AND WATER
37 Water, Sewerage and Drainage	
E. CONSTRUCTION	41 General Construction
	42 Special Trade Construction
F. WHOLESALE AND RETAIL TRADE	47 Wholesale Trade
	48 Retail Trade
G. TRANSPORT AND STORAGE	51 Road Transport
	52 Rail Transport
	53 Water Transport
	54 Air Transport
	55 Other Transport
	57 Services to Transport
	58 Storage
	H. COMMUNICATION
I. FINANCE, PROPERTY AND BUSINESS SERVICES	61 Finance and Investment
	62 Insurance and Services to Insurance
	63 Property and Business Service
J. PUBLIC ADMINISTRATION AND DEFENCE	71 Public Administration
	72 Defence
K. COMMUNITY SERVICES	81 Health
	82 Education, Museum and Library Services
	83 Welfare and Religious Institution
	84 Other Community Services

DIVISION		SUBDIVISION	
L.	RECREATION, PERSONAL AND OTHER SERVICES	91	Entertainment and Recreation Services
		92	Restaurants, Hotels and Clubs
		93	Personal Services
		94	Private Households Employing Staff
M.	NON-CLASSIFIABLE ECONOMIC UNITS	99	Non-classifiable Economic Units

APPENDIX C
AUSTRALIAN STANDARD CLASSIFICATION OF OCCUPATIONS,
MAJOR AND MINOR GROUP STRUCTURE

MAJOR GROUP	MINOR GROUP
1. MANAGERS AND ADMINISTRATORS	11 Legislators and Government appointed Officials
	12 General Managers
	13 Specialist Managers
	14 Farmers and Farm Managers
	15 Managing Supervisor (Sales and Services)
	16 Managing Supervisors (Other Business)
2. PROFESSIONALS	21 Natural Scientists
	22 Building Professionals and Engineers
	23 Health Diagnosis and Treatment Practitioners
	24 School Teachers
	25 Other Teachers and Instructors
	26 Social Professionals
	27 Business Professionals
	28 Artists and Related Professionals
	29 Miscellaneous Professionals
3. PARA-PROFESSIONALS	31 Medical and Science Technical Officers and Technicians
	32 Engineering and Building Associates and Technicians
	33 Air and Sea Transport Technical Workers
	34 Registered Nurses
	35 Police
	39 Miscellaneous Para-professionals
4. TRADESPERSONS	41 Metal Fitting and Machining Tradespersons
	42 Other Metal Tradespersons
	43 Electrical and Electronics Tradespersons
	44 Building Tradespersons
	45 Printing Tradespersons
	46 Vehicle Tradespersons
	47 Food Tradespersons
	48 Amenity Horticultural Tradespersons
	49 Miscellaneous Tradespersons
	5. CLERKS
52 Data Processing and Business Machine Operators	
53 Numerical Clerks	
54 Filing, Sorting and Copying Clerks	
55 Material Recording and Despatching Clerks	
56 Receptionists, Telephonists and Messengers	
59 Miscellaneous Clerks	

MAJOR GROUP		MINOR GROUP	
6.	SALESPERSONS AND PERSONAL SERVICE WORKERS	61	Investment, Insurance and Real Estate Salespersons
		62	Sales Representatives
		63	Sales Assistants
		64	Tellers, Cashiers and Ticket Salespersons
		65	Miscellaneous Salespersons
		66	Personal Service Workers
7.	PLANT AND MACHINE OPERATORS, AND DRIVERS	71	Road and Rail Transport Drivers
		72	Mobile Plant Operators (Except Transport)
		73	Stationary Plant Operators
		74	Machine Operators
8.	LABOURERS AND RELATED WORKERS	81	Trades Assistants and Factory Hands
		82	Agricultural Labourers and Related Workers
		83	Cleaners
		84	Construction and Mining Labourers
		89	Miscellaneous Labourers and Related Workers

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Standards Australia is an independent not-for-profit organization, established in 1922. It operates formally under a Royal Charter as the Standards Association of Australia and has recognition as the peak Standards body in Australia through a Memorandum of Understanding with the Commonwealth Government. The essence of its operation is to bring together individuals and organizations committed to a common objective - to establish Australian Standards as national benchmarks for products and services so as to enhance quality of life and industry efficiency.

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Australian Standards are prepared by committees made up of experts from industry, governments, user groups and other sectors. The requirements or recommendations contained in published Standards are a consensus of the views of representative interests and also take account of comments received from other sources. They reflect latest scientific and industry experience. Australian Standards are kept under continuous review after publication and are updated regularly to take account of changing technology.

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