

INCIDENT INFORMATION: Please complete and send to info@ewpa.com.au

The following information is requested to assist industry to gather data on or of incidents that affect or may have affected health and safety during the operation of Mobile Elevating Work Platforms (MEWPs).

- Please provide facts relating to what happened and how.
- Please do not provide information that attempts to attribute fault or why the incident occurred.
- Please do not assume or speculate and avoid opinions.

Date:

A. Type of work activity/environment (Please tick all that apply)

1. Construction

Erection/Rigging	
Welding	
Blasting/shotcreting	
Painting/fitting out/finishing	
Plumbing	
Other (Please specify):	

2. Electrical

Erection/Rigging	
Maintenance/Inspection	
Other (Please specify):	

3. Surveying/Inspection

4. Other (Please specify):	
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Environment

Indoor	Outdoor
e.g. Congested/Cluttered	e.g. Weather Conditions:
Man-Holes	Rain
Other (please specify):	Wind
	Fog
	Other (please specify):

B. Person(s) involved (Please tick all that apply)

Persons

Operator	
Other Occupant(s)	
Ground Personnel(s)	
3rd Party	
None	

Severity

Near Miss	
Minor (e.g. cut, laceration, light bruising)	
Significant (e.g. fractures)	
Fatality (i.e. Death)	
Environmental Incident	

C. MEWP

Type		Make:		
Scissor Lift		Model No.:		
Boom Lift		Date of Manufacture:		
Vertical Mast			Y	N
Truck Mount – Uninsulated		Secondary Guarding Fitted?		
Truck Mount – Insulated		Mechanical Structure?		
Other (Please specify):		Sensing System?		

D. MEWP Configuration (please tick)

Type	Platform
On Wheels	Platform Raised
On Outriggers	Platform Lowered
	Platform Rotated

E. Operation (please tick)

Operation from Platform controls	
Operation from Lower controls	
Maintenance on MEWP	
Sliding/rolling away	
Loading/unloading	
Lifting (by crane or forklift)	

Other (Please describe):

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F. MEWP Movements (please tick)

Stationary	
Travelling lowered (fully stowed position)	
Travelling raised	
Raising/lowering	
Slewing	
Extending	

Estimated load in Platform (kg):

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G. Please provide a brief description of the incident/accident scene and other known facts.

Please do not provide any names of individuals

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H. Possible contributing factors (if known)	
<i>Please only provide established facts</i>	
Control failure	<input type="checkbox"/>
Mechanical failure	<input type="checkbox"/>
Hydraulic Failure	<input type="checkbox"/>
Soft Ground	<input type="checkbox"/>
Lack of/ obscured visibility	<input type="checkbox"/>

Y	N
Was a completed JSA or SWMS in place?	<input type="checkbox"/>

J. Type of Incident (please tick)	
Fall from work platform	<input type="checkbox"/>
Electrical	<input type="checkbox"/>
Crushing/trapping	<input type="checkbox"/>
Overturning	<input type="checkbox"/>
Falling object	<input type="checkbox"/>
Collapse	<input type="checkbox"/>
Collision with other vehicle	<input type="checkbox"/>
Collision with other structure	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>

→ Go to
→ Go to
→ Go to

F. Training/Qualifications (please tick)	
<i>Please list training competencies</i>	
HRWL	<input type="checkbox"/>
Yellow Card	<input type="checkbox"/>
Other:	<input type="checkbox"/>

K. Fall from Work Platform (please tick)	
Exiting/entering platform when lowered	<input type="checkbox"/>
Exiting/entering platform while elevated	<input type="checkbox"/>
Catapult/ejection	<input type="checkbox"/>
Other (Please describe)	<input type="checkbox"/>

L. Electrical/Electrocution (please tick)	
Contact with overhead power lines	<input type="checkbox"/>
Contact with on board power supply	<input type="checkbox"/>
Other (Please describe)	<input type="checkbox"/>

M. Crushing/Trapping (please tick)	
Against controls	<input type="checkbox"/>
Against guardrails	<input type="checkbox"/>
Between MEWP parts (Please describe)	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>

Please mark location of crushing (if known) and the location of the controls and gate/point of access.

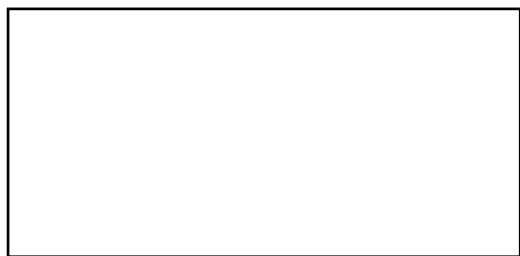


Fig. 1 Scissor lift/Vertical Mast

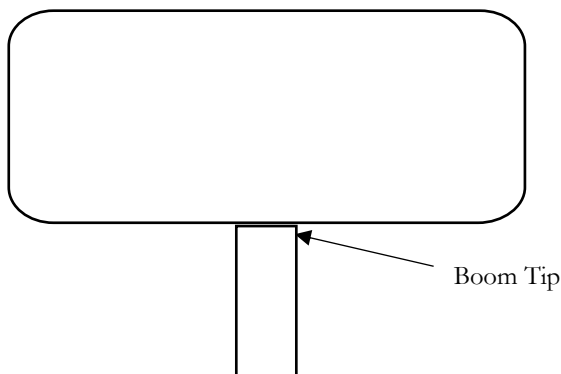


Fig. 2 Boom Lift