

RMG Accident Reporting Issue Escalation Process Form For CWU Area Safety Representatives

ASR submitting (Name & Date and postcode area)	
Name of employee attempting to report an accident	
Work location of employee	
Date of accident & date first reported	
Injured Parties Pay No.	
Nature of injury sustained	
Work activity being undertaken at the time & brief description of how the injury was sustained	
Initially reported to (e.g. -Unit Mgr or line manager)	
Reasons given at Unit level for not recording in ERICA as an accident	
ASR - Initial challenge submitted to eg – Name of (Unit Mgr, Plant Mgr, MCM, DSM, Shift Mgr or AM) and copied to local safety advisor	
Following challenge reasons given for not recording in ERICA as an accident	
Escalated to Regional Safety Director (or equivalent in Business Unit) (name & date)	
Reasons given by Regional Safety Director or equivalent in Business Unit) for not recording in ERICA as an accident	
Any other comments (also attach any useful documents)	
Date sent to respective National HQ's for review	