

Apprentice / Young Worker

Initial Questionnaire

Disclaimer: this questionnaire is intended to obtain basic information only in cases involving young workers (e.g. apprentices). It is not comprehensive, customised to an individual case or representative of expert opinion or advice. This list is generic so only some questions will be relevant. There may be some overlap in questions

ABOUT YOU

Name:		Which is your preferred hand?	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
Contact number:		How would you rate your visual health?	<input type="checkbox"/> Perfect <input type="checkbox"/> Medium <input type="checkbox"/> Impaired
Date of birth:		Do you wear prescription glasses?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Sometimes <input type="checkbox"/> Only for reading <input type="checkbox"/> No
Height:		If yes to the above, when did you start wearing glasses?	
Weight: <i>(at time of incident)</i>		Were you wearing any prescription glasses at the time of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't need them

PERSON COMPLETING CHECKLIST *(if different to above, e.g. solicitor, partner)*

Name:	
Date:	

(A) HISTORY

1. How would you describe your fitness before you commenced working with your employer and in particular, the condition of that part of your body which you later injured?

(B) EDUCATION

2. What is your highest completed level of school?
3. What higher education had you completed at the time of the incident?
4. What course(s) were you undertaking at the time of the incident?
5. Who was the course provider?
6. What were the contact hours?

(C) EMPLOYER DETAILS

7. What is/was the full name of your employer?
8. What is the address where you usually worked?
9. What is the address of where you were working on the date of your incident?
10. When did you commence employment with your employer?
11. What type of work does/did your employer do?

(D) JOB DESCRIPTION

12. What was your job title at the time of the incident? _____
13. Please explain what your job involved, overall: _____

14. Were there people at your work that could help you with your job? Were your tasks done in a team? _____
15. What other roles (if any) did you have with this employer prior to this role? _____
16. How long had you been performing this most recent role for prior to the incident? _____
17. How many shifts did you work each week? _____
18. How many hours would you typically work each shift, and how much did this vary? _____
19. What days were the shifts you typically worked? _____
20. What time would you normally start and end a shift? _____
21. How much overtime did you work? Was this included in the hours mentioned, or were these additional to the hours previously mentioned? _____
22. What breaks did you usually take and how long were these for? _____
23. Did you have flexibility with when you could take breaks (even if the breaks were short – say 5 minutes or so)? _____
24. How would you describe your workload or the work day around the time of the incident? _____
25. Were there tools, machinery and equipment available to help you do your job, and if so, what were these? _____

(D) INJURY OCCURRED AS RESULT OF SINGLE /MULTIPLE INCIDENT(S)

Note: If your injury was a result of **multiple incidents**, please answer the questions below for **EACH** incident using additional paper and attaching it to this questionnaire. I have attached additional incidents to this questionnaire.

26. Date and time of incident: _____
27. Location (indoors, outdoors, height above ground) _____

28. Weather at time of incident (if outdoors) _____
29. What task were you undertaking at the time of the incident (please describe in as much detail as possible)?

30. Was this a task you had done before? _____
31. Was this a task that you normally did? _____
32. What clothing and PPE were you wearing? What condition were they in? _____
33. Who provided the clothing and PPE? _____
34. If you had done this task before, had you previously complained to your supervisor about any difficulties with this task? Had this type of incident happened before? _____
35. If yes to the above, what was the result of your complaint? _____
36. What would you say was the most difficult thing about this task? (e.g. size, shape and weight of objects being handled, postures adopted, movements undertaken, support or lack of support received, equipment used, effort exerted, time pressures etc.) _____
37. Was there anything particularly different to usual or noteworthy at the time or day of the incident? (i.e. equipment used, people present, environmental conditions, etc.) _____
38. What pain or discomfort (if any) was felt at the time of or after the incident? And if it felt a while after the incident, how long after the incident? _____
39. Describe the tool(s) you were using at the time of the incident. Did you read instruction manual? _____
40. Nailgun: describe make and model, nails, materials being joined, who provided it, how you were shown / supervised / buddy

41. Power tool: describe make and model, voltage, guarding, blade condition, who provided it, how you were shown / supervised / buddy

42. Working at heights (WAH): describe access (ladder, scaffold, EWP)

43. Tool / WAH: describe specific training provided, who provided it and when.

44. Tool / ladder: describe what was in each hand and in pouches/belt/backpack

(E) ADDITIONAL INFORMATION

45. Did anyone ever show you or teach you how to do your job or tasks safely? If yes, who, when, how?

46. Are there procedures for how to perform your work?

47. If you were not shown how to do your job safely, do you think injury could have been avoided if you were shown how to do it safely?

48. Do you think your injury could have been avoided by doing the task another way? If so, how?

49. Who did you tell about your pain or discomfort? When? How?

50. What did they do about it?

51. Do you think additional help and support from people and/or equipment could have assisted you to do your job more safely?

(F) ADDITIONAL INFORMATION ABOUT THE INCIDENT (location, equipment, etc)

52. Is there any CCTV footage showing the incident?

53. Did a government agency investigate (Police, WorkCover, etc)? Did they take photos and measurements?

54. Did an internal investigation occur, and did anyone take high quality photographs? Eg HR team? Insurance investigator?

55. Did anyone else take good quality photographs or videos?

56. Describe the tools and equipment being used (eg specific details of the nailgun, saw, machine)

57. Are unique details of the equipment known, such as brand, model and / or serial numbers?

58. Did the plant or equipment have an E-Stop? Did you use it? Why / Why not?

59. What were the safety rules / procedures relating to the plant or equipment (eg pedestrian safety, forklift safety, lock-out tag-out, high risk licences).

60. Describe any relevant guarding, barriers, line markings or signs warning of danger.

61. Describe any equipment faults that you were aware of prior to the incident. Did you report them to anyone? What was done about it?

62. Are there any installation manuals, operating instructions and training records for the plant or equipment?

63. Are the maintenance records available for the plant?

(G) OTHER COMMENTS OR SKETCHES

Please provide any other comments or sketches you wish to make:

[Empty rectangular box]

Thank you for your assistance with this questionnaire. Please return it as soon as you can.