

# Incident notification form

Incident details

Incident type

Please refer to the guide to work health and safety incident notification or electrical safety incident notification web page for assistance.

Provide an explanation of the type of incident.

Incident date, time and location

Date of incident:	Incident address:
Time of incident:	Postcode:

Describe the specific location of the incident (e.g. aisle 3, plant operation room, tower crane the Elizabeth Street entrance side of the site.)

Description of the incident

Please provide as much detail as possible, for instance: the events that led to the incident; the work being undertaken when the incident happened; the overall action, exposure or event that best describes the circumstances that resulted in the injury, illness, fatality or dangerous incident; the object, substance or circumstance which was directly involved in inflicting the injury, illness, death or dangerous incident; the name and type of any machinery, equipment or substance involved. Was anyone else involved? Was electricity or electrical equipment involved?

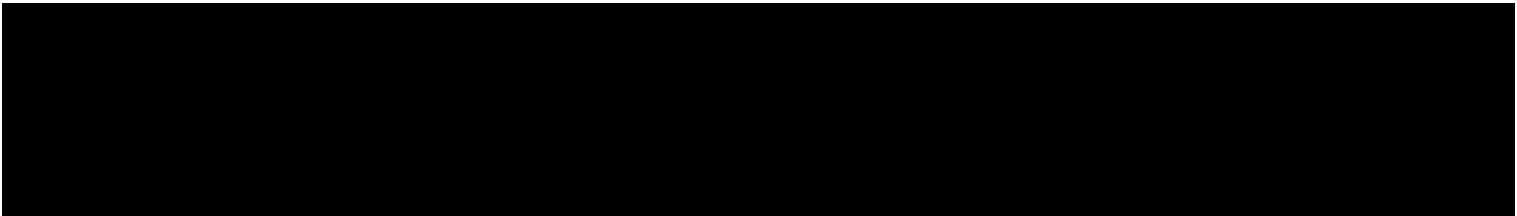
(Attach a separate piece of paper if necessary)

Did the incident involve licensed work (e.g. high risk work, electrical work?)

☐ No ☐ Yes

Please provide details of the type of licensed work:

Is the workplace a registered major hazard facility? ☐ No ☐ Yes      Unsure



**Person's injury/illness and treatment details** *(if required)*

Title:		First name:		Last Name:	
Date of birth:		Contact phone number:			
Residential address:	Unit/Building No.		Street No.	Street Name	
	Suburb/Town/Locality			State	Postcode
Occupation: <i>(main duties)</i>					
Relationship to the entity notifying <input type="checkbox"/> Worker <input type="checkbox"/> Self-employed <input type="checkbox"/> Member of the public <input type="checkbox"/> Labour hire worker <input type="checkbox"/> Contractor <input type="checkbox"/> Group training apprentice/trainee <input type="checkbox"/> Other <i>(please specify)</i> :					
Description of injury/illness:	<i>(e.g. fracture, laceration, amputation, strain, electrical shock, burn, Q fever)</i>				
Body location:	<i>(e.g. wrist, lower back, internal organs):</i>				
Did the person receive treatment following the injury/illness? <input type="checkbox"/> No <input type="checkbox"/> Yes   Please describe treatment received:					
Where was the injured person taken for treatment?	<i>(if applicable)</i>				

**Details of business or undertaking notifying of the incident** *(if business)*

Legal name:					
Trading name of business:					
ABN:			ACN:		
Business address:	Unit/Building No.		Street No.	Street Name	
	Suburb/Town/Locality			State	Postcode
Contact phone number:	Work:		Mobile:		
Business email address:					
Main business activity <i>(e.g. furniture manufacture, domestic construction, steel warehousing, electrical installation)</i>					
Main industry sector					
<input type="checkbox"/> Accommodation and food services <input type="checkbox"/> Agriculture, forestry and fishing <input type="checkbox"/> Construction <input type="checkbox"/> Electricity, gas, water and waste services <input type="checkbox"/> Health care and social assistance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional, scientific and technical		<input type="checkbox"/> Rental, hiring and real estate services <input type="checkbox"/> Transport, postal and warehousing <input type="checkbox"/> Administrative and support services <input type="checkbox"/> Arts and recreational services <input type="checkbox"/> Education and training <input type="checkbox"/> Financial and insurance services <input type="checkbox"/> Information media and telecommunication		<input type="checkbox"/> Mining <input type="checkbox"/> Public administration and safety <input type="checkbox"/> Retail trade <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Other services <i>(please specify)</i> .	

Describe any actions taken immediately following the incident to prevent reoccurrence:

Describe any longer term action proposed to prevent a reoccurrence:

### Notifier's details

Title:	First name:	Last Name:	
Position at workplace:		Contact phone number:	
Email:			
Is this the person that should be contacted for further information?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide the name and contact details of the appropriate person should further information be required.			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	First name:		Last Name:
Position:		Contact phone number:	

## How to lodge the form

Notification must be by fastest possible means.