

Incident Notification

A	About the incident
----------	--------------------

Incident address

Postcode

Incident date

Incident time (please use 24 hour clock. E.g. 14:30 not 2.30pm)

Workplace controller where incident occurred

The Workplace controller – is the person or organisation who had primary responsibility at the time of the incident. It is not necessarily the person who was in control of the work. For a place where construction work is being carried out it will be the principal contractor, (usually the builder) if one has been appointed. For a workplace being visited by a worker (e.g. a Courier Driver) it will be the business being visited. For a place that has a labour hire employee it will be the placement company.

Describe what happened

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 the dangerous event. The object, substance or circumstance involved. Was anyone else involved?

(attach a separate piece of paper if necessary)

Did the incident involve Workplace Health and Safety related licensed work?

- No Yes – If Yes, Please provide details of the type of licensed work.

Incident outcome *(see notes for definitions)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Dangerous event | <input type="checkbox"/> Serious bodily injury | <input type="checkbox"/> Work caused illness |
| <input type="checkbox"/> Serious electrical incident | <input type="checkbox"/> Dangerous electrical event | <input type="checkbox"/> Major accident under the DGSM Act |

Did this incident result in an injury to a person/s?

- Yes No – Go to Section D

B	About the injured person
----------	--------------------------

Note: if multiple people were injured please attach further details for each person

Family name

Given names

Home address

Postcode

Contact phone number

Gender

Date of birth

- Male Female

/ /

Occupation

Injured person's involvement with workplace

- Worker Self employed Member of the public Labour hire Group training

Incident Notification

worker

apprentice / trainee

C	About the injury / illness
----------	----------------------------

Injury or illness description (e.g. fracture, laceration, amputation, strain, shock, burn, Q fever)

What part of the body was injured? (e.g. right leg, lower back, chest)

As a result of the incident was the person – (tick all boxes that apply)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Unconscious | <input type="checkbox"/> Resuscitated |
| <input type="checkbox"/> Hospitalised | <input type="checkbox"/> Fatally injured |

Please provide hospital details below:

D	About the employer, self employed person, principal contractor or major hazard facility
----------	---

Legal name

Trading name

Main business address

ABN

Business phone number

Business fax number

Business email address

Main business activity

Main industry sector

- | | | |
|--|---|--|
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Agriculture , forestry and fishing | <input type="checkbox"/> Information media and telecommunications |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Transport, postal and warehousing | <input type="checkbox"/> Rental, hiring and real estate services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Financial and insurance services | <input type="checkbox"/> Electricity, gas, water and waste services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public administration and safety | <input type="checkbox"/> Professional, scientific and technical services |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Health care and social assistance | <input type="checkbox"/> Administrative and support services |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Arts and recreational services | <input type="checkbox"/> Accommodation and food services |
| <input type="checkbox"/> Other services (please specify) | | |

E	About the person completing this form
----------	---------------------------------------

Family name

Given names

Contact number

Work email address

Are you reporting this incident on behalf of –

- | | | |
|--|---|---|
| <input type="checkbox"/> The employer | <input type="checkbox"/> A self employed person | <input type="checkbox"/> A principal contractor |
| <input type="checkbox"/> Other (please specify your relationship to the workplace or incident) | | |