



INCIDENT NOTIFICATION FORM

READ NOTES / DIRECTIONS PRIOR TO COMPLETION OF THIS FORM – PLEASE PRINT

Electrical Safety Act 2002

Workplace Health and Safety Act 1995

Type of incident

work injury serious bodily injury work caused illness dangerous event dangerous electrical event
 Notify Department of Industrial Relations Yes No serious electrical incident
 Was injury/illness fatal? Yes No If an electrical incident, has the area been made safe? Yes No

Details of injured person

Given names Surname
 Residential Address D.O.B.
 Postcode Male Female

Basis of employment

Full time Part time
 Casual Volunteer
 Member of public Other
 Self-employed

Type of employment

Occupation
 Administration Tradesperson Apprentice/trainee
 Technical Professional Student
 Other

Nature of work injury or work caused illness, eg. fracture, sprain & strain, electrical shock, burns, etc.

Bodily location of injury or work caused illness

Medical treatment nil first aid doctor only hospital admitted to:
 (if overnight)

Mechanism of injury/disease

Falls, trips and slips Sound and pressure Biological factors
 Hitting objects with part of body Body stressing Mental stress
 Heat radiation and electricity Chemicals and other substance Other and unspecified mechanisms of injury

Agency of injury/disease

Machinery and (mainly) fixed plants Mobile plant and transport Animal, human and biological agencies
 Powered equipment, tools and appliances Non-powered handtools, appliances and equipment Environmental agencies
 Chemicals and chemical products Materials and substances Other and unspecified agencies

Details of how incident occurred

Day Month Year Time of incident: am/pm
 Description of incident (Attach report)

Name of employer/self-employed person/principal contractor

Address of employer/self-employed person/principal contractor
Location address of workplace where incident occurred

Name of W.H.S.O. and phone no. (if any) Phone ()

Employer/Self-Employed Person/Principal Contractor Signature

Day Month Year

OFFICE USE ONLY

District Reference No.
 Plant No.
 Date: Day Month Year
 Workplace/Construction Workplace No.
 Licence No.

Action

WORKPLACE RECORD

COMPLETE FOR REPORT TO WORKPLACE HEALTH AND SAFETY
(Refer Reverse Page)