

V4.11-2013

Work Health and Safety Act 2011

Safety in Recreational Water Activities Act 2011

Electrical Safety Act 2002

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.

This is to notify of a: serious injury serious illness dangerous incident
 serious electrical incident dangerous electrical event

Provide an explanation of the type of incident using the categories on the guide to work health and safety incident notification or electrical safety incident notification web page (e.g. a category of 'serious injury' is 'immediate treatment for serious head injury'):

Incident date, time and location

Date of Incident / / Time of Incident : am
 pm

Incident Address

State

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)? If yes, please provide details of the type of licensed work:

yes no

Is the workplace a registered major hazard facility?

yes no

PERSON'S INJURY/ILLNESS AND TREATMENT DETAILS (if required)

Mr Mrs Miss Ms

First Name Last Name

Date of Birth / / Contact Phone

Residential Address

State Postcode

Occupation (main duties)

Relationship to entity notifying

Worker Self-employed Member of the public Labour hire worker Contractor Group training apprentice/trainee

Other (please specify)

Description of injury/illness: (e.g. fracture, laceration, amputation, strain, electrical shock, burn, Q fever)

Body Location: (e.g. wrist, lower back, internal organs)

Did the person receive treatment following the injury/illness? If yes, Please describe treatment received: yes no

Where was the injured person taken for treatment?

DETAILS OF BUSINESS OR UNDERTAKING NOTIFYING OF THE INCIDENT

Legal Business Name

Trading Business Name

ABN ACN

Business Address

State Postcode

Business Phone Mobile Phone

Business Email

Main business activity: (e.g. furniture manufacture, domestic construction, steel warehousing, electrical installation)

Main industry sector:

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

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

Describe any longer term action proposed to prevent a recurrence:

NOTIFIER'S DETAILS

Mr Mrs Miss Ms

First Name

Last Name

Position at workplace

Contact Phone

Email Address

Is this the person that should be contacted for further information?

If no, please provide the name and contact details of the appropriate person should further information be required.

yes no

Mr Mrs Miss Ms

First Name

Last Name

Position at workplace

Contact Phone

Email Address

PRIVACY

The Pro-Insure Privacy Policy explains what sort of personal information we collect and hold about you and what we do with that information. Please contact us for a copy of our Privacy Policy or visit our website www.proinsure.com.au

HOW TO LODGE THE FORM

Notification must be by fastest possible means.

The options for lodgement are by email to info@proinsure.com.au or by fax to (07) 5500 3599.