

# Incident notification form



Please retain a copy for your records

Read directions before completing this form.

Please print. This form can also be completed online at [www.deir.qld.gov.au](http://www.deir.qld.gov.au)

Electrical Safety Act 2002

Workplace Health and Safety Act 1995

## Event type

- WHS events                       dangerous electrical event  
 dangerous event                 serious electrical incident

If the incident is not a dangerous event, dangerous electrical event or a serious electrical incident, please tick **WHS events**.

## Incident outcome

- work injury       serious bodily injury       work caused illness

Did you notify the Department of Employment and Industrial Relations?       Yes       No

Was injury/illness fatal?       Yes       No

If an electrical incident, has the electrical entity been notified?       Yes       No

## Incident details

Description	
Date    /    /	Time (24 hr)    :
Incident workplace address	
Incident location	

## Injured person's details

Given names	
Surname	
Residential address	
Contact No.	
Date of birth    /    /	<input type="checkbox"/> Male <input type="checkbox"/> Female

## Employment details

### Employment basis

- full time                       member of public                       volunteer  
 part time                       self-employed                       other  
 casual

### Employment type

- administration                       labourers and related workers  
 tradesperson                       plant and machine operators and drivers  
 professional                       student  
 apprentice/trainee                       other

Occupation

### OFFICE USE ONLY

Event ID:	Event notification date:	Action:

## Injury details

### Nature of injury/illness

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> fracture                | <input type="checkbox"/> amputation              | <input type="checkbox"/> concussion                          |
| <input type="checkbox"/> sprain and strain       | <input type="checkbox"/> splash in eye           | <input type="checkbox"/> snorkelling injury                  |
| <input type="checkbox"/> electric shock          | <input type="checkbox"/> penetration by object   | <input type="checkbox"/> medical condition                   |
| <input type="checkbox"/> burns                   | <input type="checkbox"/> back injury             | <input type="checkbox"/> acoustic trauma                     |
| <input type="checkbox"/> crush injuries/internal | <input type="checkbox"/> inhalation of substance | <input type="checkbox"/> chemical burn                       |
| <input type="checkbox"/> other diving injury     | <input type="checkbox"/> ingestion of substance  | <input type="checkbox"/> contusion                           |
| <input type="checkbox"/> psychological           | <input type="checkbox"/> decompression illness   | <input type="checkbox"/> not provided by notifier            |
| <input type="checkbox"/> cuts, scratches, bites  |  | <input type="checkbox"/> not determined during investigation |
| <input type="checkbox"/> abrasions               |  |  |

### Describe Bodily location of injury/illness

### Medical treatment

- nil                       CPR performed                       hospital-admitted  
 first aid                       no medical treatment                       hospital-observation  
 doctor only

### Provide Hospital details

### Mechanism of injury/illness

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> falls, trips and slips            | <input type="checkbox"/> chemicals and other substances    | <input type="checkbox"/> not determined during investigation |
| <input type="checkbox"/> sound and pressure                | <input type="checkbox"/> heat radiation and electricity    | <input type="checkbox"/> occupational violence               |
| <input type="checkbox"/> biological factors                | <input type="checkbox"/> hitting objects with part of body | <input type="checkbox"/> body stressing                      |
| <input type="checkbox"/> hitting objects with part of body | <input type="checkbox"/> being hit by moving objects       | <input type="checkbox"/> mental stress                       |
| <input type="checkbox"/> other and unspecified agencies    | <input type="checkbox"/> workplace bullying                |  |

### Agency of injury/illness

- |   |  |
|---|--|
| <input type="checkbox"/> machinery and (mainly) fixed plant               | <input type="checkbox"/> chemicals and chemical products       |
| <input type="checkbox"/> mobile plant and transport                       | <input type="checkbox"/> animal, human and biological agencies |
| <input type="checkbox"/> materials and substances                         | <input type="checkbox"/> environmental agencies                |
| <input type="checkbox"/> powered equipment, tools and appliances          | <input type="checkbox"/> other and unspecified agencies        |
| <input type="checkbox"/> non-powered hand tools, appliances and equipment | <input type="checkbox"/> not determined during investigation   |

## Employer details

Please enter the name, address, contact no. and the ABN of the company, partnership or sole trader the injured person was working for.

Name	
Address	
ABN No.	Contact No.

## Notifier details

Please enter the name, telephone number and email address of the person filling out this form.

Name	Contact No.
Email	

## Employer PC signature

Signature
Date    /    /