

INCIDENT NOTICE FORM

A person conducting a business or undertaking must immediately notify WorkSafe Tasmania by the fastest possible means of any notifiable incident, as defined in sections 35 to 37 of the *Work Health and Safety Act 2012*. This form must then be submitted by the person conducting a business or undertaking within 48 hours of that initial notification.

Incident details (includes for example a fire, explosion, infrastructure collapse, chemical spill/leak or electric shock)

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| This is to notify of a: | | | |
| <input type="checkbox"/> Death | <input type="checkbox"/> Serious Injury | <input type="checkbox"/> Serious illness | <input type="checkbox"/> Dangerous incident |
| Date of incident: | Incident address: | | |
| Time of incident: | Postcode: | | |
| Specific area at the workplace where the incident occurred: | | | |
| Provide a description of the incident including any plant involved: | | | |

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

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|--|--|
| First name: | Surname: |
| Date of birth: | Contact phone: |
| Residential address: | Postcode: |
| Occupation: | |
| Relationship to the entity notifying: | |
| <input type="checkbox"/> Worker <input type="checkbox"/> Self-employed <input type="checkbox"/> Member of public <input type="checkbox"/> Labour hire worker <input type="checkbox"/> Contractor <input type="checkbox"/> Group training | |
| <input type="checkbox"/> Other (specify): | |
| Description of injury/illness: | |
| Did the worker receive treatment following the injury/illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was the injured person admitted to hospital? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Which hospital? | |
| What treatment was received? | |

Version Control and Change History

| Version Number | Approval date | Approved by | Amendment |
|-----------------|---------------|-----------------------------|-----------|
| IS-FORM-011 1.1 | 7 August 2015 | Director of Industry Safety | 1 |

Details of the business or undertaking notifying of the incident:

| | | |
|---|---------|-----------|
| Legal name of person/business or undertaking: | | |
| Trading name of business: | | |
| ABN: | ACN: | |
| Business address: | | Postcode: |
| Phone: | Mobile: | Email: |
| Main business activity: | | |

Details of actions taken to prevent a recurrence of the incident:

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| Describe any action taken following the incident to prevent a recurrence of the incident: |
| Describe any longer term action proposed to prevent a recurrence of the incident: |

Incident notifier's details:

| | |
|--|----------|
| First name: | Surname: |
| Position at workplace: | Phone: |
| Email: | |
| Is this the person that should be contacted for further information? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide the details contact details below for the appropriate person should further contact be required. | |
| First name: | Surname: |
| Position at workplace: | Phone: |

Returning this completed form:

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| When this form is completed it can be sent by any of the following means: <ul style="list-style-type: none"> Emailed to: wstinfo@justice.tas.gov.au Posted to: PO Box 56, Rosny Park Tas 7018 Faxed to: (03) 6173 0206 |
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Questions and further information:

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| If you have any questions or require further information you can: <ul style="list-style-type: none"> Search our website worksafe.tas.gov.au Phone our Helpline on 1300 366 322 (outside Tasmania (03) 6166 4600) Email wstinfo@justice.tas.gov.au |
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