

# 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)

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)

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:**

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:**

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

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