

Non-employee incident or injury notification form

Health and Safety Directorate



Details of workplace completing the form

Work Location

Cost centre / school code

Work address

Name of Workplace manager

Home phone

Mobile

Work phone

NOTIFIABLE INCIDENT - *If the incident meets any of the criteria below please call the Health and Safety Directorate on 1800 811 523 immediately.*

Based on the information available to you, do you believe that the incident is (tick if relevant):

Fatality

- The death of a person

Serious injury or illness

Requiring immediate treatment:

- As an in-patient in hospital
- Amputation
- Serious head or eye injury or serious burn
- Separation of skin from underlying tissue e.g. de-gloving or scalping
- Spinal injury
- Loss of bodily function
- Serious laceration

Other serious injury or illness

- Exposure to a substance which requires medical treatment within 48 hours
- Prescribed illnesses directly attributable to work with micro-organisms or involving treatment or care of a person, contact with human blood or body substance or contact with animals
- The following zoonoses contracted through contact with animals: Q fever, anthrax, leptospirosis, brucellosis, Hendra virus, avian flu or psittacosis



Based on the information available to you, do you believe that the incident is (tick if relevant):

Dangerous incident

Exposing the person to a serious risk to their health or safety emanating from an immediate or imminent exposure to:

- Uncontrolled escape, spillage or leakage of a substance
- Uncontrolled implosion or explosion or fire
- Uncontrolled escape of gas steam or pressured substance
- Electric shock
- Fall from height of any plant, substance or thing
- Collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations
- Collapse or partial collapse of a structure, or excavation including shoring supporting an excavation
- An inrush of water, mud or gas in an underground excavation or tunnel
- Interruption of underground ventilation
- Other events prescribed by the regulations

Details of injured person (if applicable)

Last name

Date of birth (if known)

First name

A student

A visitor to the workplace

Residential address (if known)

A contractor

Other please specify

Postcode (if known)

Incident details

Address where the incident occurred

Date of injury / incident

Description of how the incident happened:

Description of injury (if applicable)



Details of workplace manager or delegate completing this report

Name of workplace manager or delegate completing this form:

Position:

Phone number:

Mobile (where applicable)

Signature:

Date

For incidents arising from an identifiable hazard, please forward this report immediately or as soon as reasonably practicable but at worst within 24 hours, to Health and Safety Directorate on fax number (02) 7814 3504.

For all other incidents, please maintain a copy in local records.