

Form 3 Incident notification form

V15.7.19

*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: ☐ death ☐ 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:

Incident address:

Time of incident:

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?)

☐ No ☐ Yes Please provide details of the type of licensed work:

Is the workplace a registered major hazard facility? ☐ No ☐ Yes

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

Title:		First name:		Last Name:	
Date of birth:		Contact phone number:			
Residential address:	Unit/Building No.		Street No.	Street Name	
	Suburb/Town/Locality			State	Postcode
Occupation: <i>(main duties)</i>					
Relationship to the entity notifying					
☐ Worker ☐ Self-employed ☐ Member of the public ☐ Labour hire worker ☐ Contractor					
☐ Group training apprentice/trainee ☐ Other <i>(please specify)</i> :					
Description of injury/illness:	<i>(e.g. fracture, laceration, amputation, strain, electrical shock, burn, Q fever)</i>				
Body location:	<i>(e.g. wrist, lower back, internal organs):</i>				
Did the person receive treatment following the injury/illness?					
☐ No ☐ Yes Please describe treatment received:					
Where was the injured person taken for treatment?	<i>(if applicable)</i>				

Details of business or undertaking notifying of the incident

Legal name of business:					
Trading name of business:					
ABN:			ACN:		
Business address:	Unit/Building No.		Street No.	Street Name	
	Suburb/Town/Locality			State	Postcode
Contact phone number:	Work:		Mobile:		
Business email address:					

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

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Main industry sector

☐ Accommodation and food services	☐ Rental, hiring and real estate services	☐ Mining
☐ Agriculture, forestry and fishing	☐ Transport, postal and warehousing	☐ Public administration and safety
☐ Construction	☐ Administrative and support services	☐ Retail trade
☐ Electricity, gas, water and waste services	☐ Arts and recreational services	☐ Wholesale trade
☐ Health care and social assistance	☐ Education and training	☐ Other services <i>(please specify)</i> .
☐ Manufacturing	☐ Financial and insurance services	
☐ Professional, scientific and technical	☐ 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			
Title:	First name:	Last Name:	
Position at workplace:		Contact phone number:	
Email:			
Is this the person that should be contacted for further information? ☐ Yes ☐ No If no, please provide the name and contact details of the appropriate person should further information be required.			
Mr ☐	Mrs ☐	Miss ☐	Ms ☐
First name:		Last Name:	
Position:		Contact phone number:	

How to lodge the form

Notification must be by fastest possible means.

Email to whsq.aaa@oir.qld.gov.au.

NOTE: Notification to Workplace Health and Safety Queensland or the Electrical Safety Office is not a notification to WorkCover Queensland. Call 1300 362 128 if you have any questions about filling out the form. Please keep a copy of this form for your own records before submission.

PRIVACY STATEMENT: The Office of Industrial Relations respects your privacy and is committed to protecting your personal information. The information provided on this form is for the purpose of advising Workplace Health and Safety Queensland and/or the Electrical Safety Office of a reportable incident under the *Work Health and Safety Act 2011*, *Electrical Safety Regulation 2002* or *Safety in Recreational Water Activities Act 2011*. This information will be managed within the requirements of the current state government privacy regime. Our office may be required to disclose your personal information to other regulatory agencies such as the Queensland Police Service, WorkCover Queensland and other agencies in accordance with other law enforcement activities which may be conducted as part of an investigation. Further information on our privacy policy is available at www.worksafe.qld.gov.au/Privacy.

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