

Incident Notification (Information)

Workplace Health and Safety Act 1995

Electrical Safety Act 2002

Dangerous Goods Safety Management Act 2001



Queensland Government

ABN 13 846 673 994

What is this form used for?

Certain incidents must be reported, in the approved form, to Workplace Health and Safety Queensland or the Electrical Safety Office. Workplaces must also keep records of particular incidents for a certain time.

Who must complete the form?

The *Workplace Health and Safety Regulation 2008* requires a person who conducts a business or undertaking, or the appointed principal contractor (for workplaces where the construction work has an estimated final price of more than \$80 000 or is a prescribed activity) to notify Workplace Health and Safety Queensland of a serious bodily injury, work caused illness or dangerous event.

If the workplace incident causes the death of the person conducting the business or undertaking, the next in charge at the workplace must notify Workplace Health and Safety Queensland.

The *Electrical Safety Regulation 2002* requires employers or self-employed persons to notify the Electrical Safety Office or Workplace Health and Safety Queensland of a serious electrical incident or dangerous electrical event.

The *Dangerous Goods Safety Management Regulation 2001* requires the occupier of a major hazard facility to, as soon as practicable, notify the chief executive about a major accident under the *Dangerous Goods Safety Management Act 2001*.

When is the form to be lodged?

Notification in the approved form (on-line or written) is required within 24 hours of being aware of a notifiable incident happening. Prompt notification (by phone 1300 369 915 or fax 07 3247 0297) is also required if the incident involves a death.

How to lodge the form

Forms may be faxed to (07) 3247 0297 or

Posted to Assessment Services

Advisory Assessment Centre

Fair and Safe Work Queensland,

PO Box 820, Lutwyche, QLD 4030.

For more information please call 1300 369 915 or visit the website: www.worksafe.qld.gov.au

What records must be made of a workplace incident?

A person who conducts a business or undertaking, or the appointed principal contractor (for workplaces where the construction work has an estimated final price of more than \$80 000 or is a prescribed activity) must make a record of an incident that has led to a work injury, work caused illness or dangerous event. The record must be made in the approved form within 3 days of becoming aware of the incident. The record must be kept for 1 year.

Employers or self-employed persons must make a record of a serious electrical incident or dangerous electrical event. The record must be made in the approved form within 3 days of becoming aware of the incident. The record must be kept for 3 years.

Definitions

Dangerous electrical event is any of the following—

- (a) the coming into existence of circumstances in which a person is not electrically safe, if—
 - (i) the circumstances involve high voltage electrical equipment; and
 - (ii) despite the coming into existence of the circumstances, the person does not receive a shock or injury;
- (b) the coming into existence of both of the following circumstances—
 - (i) if a person had been at a particular place at a particular time, the person would not have been electrically safe;
 - (ii) the person would not have been electrically safe because of circumstances involving high voltage electrical equipment;
- (c) an event that involves electrical equipment and in which significant property damage is caused directly by electricity or originates from electricity;
- (d) the performance of electrical work by a person not authorised under an electrical work licence to perform the work;
- (e) the performance of electrical work by a person if, as a result of the performance of the work, a person or property is not electrically safe;
- (f) the discovery by a licensed electrical worker of electrical equipment that has not been marked as required under this Act.

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Definitions continued...

Dangerous event means an event caused by specified high risk plant, or an event at a workplace or relevant workplace area, if the event involves or could have involved exposure of persons to risk to their health and safety because of –

- (a) collapse, overturning, failure or malfunction of, or damage to, an item of specified high risk plant; or
- (b) collapse or failure of an excavation or of any shoring supporting an excavation; or
- (c) collapse or partial collapse of any structure; or
- (d) damage to any load bearing member of, or the failure of any brake, steering device or other control device of, a crane, hoist, conveyor, lift or escalator; or
- (e) implosion, explosion or fire; or
- (f) escape, spillage or leakage of any hazardous material or dangerous goods; or
- (g) fall or release from a height of any plant, substance or object; or
- (h) damage to a boiler, pressure vessel or refrigeration plant; or
- (i) uncontrolled explosion, fire or escape of gas or steam.

Serious bodily injury is a work injury that causes—

- (a) the injured person's death; or
- (b) the loss of a distinct part or an organ of the injured person's body; or
- (c) the injured person to be absent from the person's voluntary or paid employment for more than 4 days.

Serious electrical incident is an incident involving electrical equipment if, in the incident—

- (a) a person is killed by electricity; or
- (b) a person receives a shock or injury from electricity, and is treated for the shock or injury by or under the supervision of a doctor; or
- (c) a person receives a shock or injury from electricity at high voltage, whether or not the person is treated for the shock or injury by or under the supervision of a doctor.

Major accident under the *Dangerous Goods Safety Management Act 2001* (DGSM Act) is a sudden occurrence (including, in particular, a major emission, loss of containment, fire, explosion or release of energy) leading to immediate or delayed serious harm or with the potential for serious harm from hazardous materials. Serious harm is harm that —

- (a) causes the death of a person; or
- (b) impairs a person to such an extent that because of the harm the person becomes an overnight or longer stay patient in a hospital; or
- (c) results in costs of more than \$50,000 being incurred to prevent, minimise or repair harm to property or the environment.

Major hazard facility is a facility that is classified by the chief executive under Part 4 Division 1 of the DGSM Act.

Work caused illness means—

- (a) an illness contracted by a person to which a workplace, a relevant workplace area, a work activity, or plant or substances for use at a relevant place was a significant contributing factor; or
- (b) the recurrence, aggravation, acceleration, exacerbation or deterioration in a person of an existing illness if a workplace, a relevant workplace area, a work activity, or plant or substances for use at a relevant place was a significant contributing factor to the recurrence, aggravation, acceleration, exacerbation or deterioration.

Work injury is—

- (a) an injury to a person that requires first aid or medical treatment if the injury was caused by a workplace, a relevant workplace area, a work activity, or plant or substances for use at a relevant place; or
- (b) the recurrence, aggravation, acceleration, exacerbation or deterioration of an existing injury in a person if –
 - (i) first aid or medical treatment is required for the injury; and
 - (ii) a workplace, a relevant workplace area, a work activity, or plant or substances for use at a relevant place caused the recurrence, aggravation, acceleration, exacerbation or deterioration; or
- (c) any serious bodily injury, if the injury was caused by a workplace, a relevant workplace area, a work activity, or plant or substances for use at a relevant place.

NOTE: Notification to Work Cover is not a notification to Workplace Health and Safety Queensland.

If you have any questions about filling out the form, please call 1300 369 915.

Where an option is provided to answer a question, mark selection with X.

Please print and keep a copy of this form for your own records before submission.

G About the injury / illness

Injury or illness description (e.g. fracture, laceration, amputation, strain, electrical shock, burn, Q fever)

What part of the body was injured (e.g. right leg, lower back, chest)

As a result of the incident was the person – (tick all boxes that apply)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Unconscious | <input type="checkbox"/> Resuscitated |
| <input type="checkbox"/> Hospitalised | <input type="checkbox"/> Fatally injured |

Please provide hospital details below

D About the employer, self employed person, principal contractor or major hazard facility

Legal name

Trading name

Main business address

Postcode

ABN

Business phone number

Business fax number

Business email address

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

Main industry sector

- | | | |
|--|--|--|
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Information media and telecommunications |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Transport, postal and warehousing | <input type="checkbox"/> Rental, hiring and real estate services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Financial and insurance services | <input type="checkbox"/> Electricity, gas, water and waste services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public administration and safety | <input type="checkbox"/> Professional, scientific and technical services |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Health care and social assistance | <input type="checkbox"/> Administrative and support services |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Arts and recreational services | <input type="checkbox"/> Accommodation and food services |
| <input type="checkbox"/> Other services (please specify) | | |

E About the person completing this form

Family name

Given name/s

Contact phone number

Work email address

Are you reporting this incident on behalf of –

- | | | |
|--|--|---|
| <input type="checkbox"/> The employer | <input type="checkbox"/> A self employed person | <input type="checkbox"/> A principal contractor |
| <input type="checkbox"/> A major hazard facility | <input type="checkbox"/> Other (Please specify your relationship to the workplace or incident) | |

Privacy Statement: The Department of Justice and Attorney-General respects your privacy and is committed to protecting 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 *Workplace Health and Safety Regulation 2008*, *Electrical Safety Regulation 2002* and *Dangerous Goods Safety Management Regulation 2001*. This information will be managed within the requirements of the current state government privacy regime. The Department may be required to disclose your personal information to other regulatory agencies such as the Queensland Police Service, WorkCover, Q-Comp 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.justice.qld.gov.au.