

Under section 47 of the Workplace Health and Safety Act 1995, a Workplace Standards inspector must be notified, by the quickest means possible, if:

- someone is killed
- someone suffers serious bodily injury or illness
- a dangerous incident occurs which could have resulted in someone being killed or suffering serious bodily injury or illness.

The person with control or management of the workplace must do this by calling the Workplace Standards Helpline on 1300 366 322 (or 03 6233 7657 outside Tasmania) and by following up within 48 hours by filling out and faxing this form to 6233 8338.

For other incidents and near misses, the Employee should complete this form, provide to the Employer and keep a copy for their own records.

Person making report	
Date of report	
Date of incident	
Time of incident	
Location of incident	Describe the location of the incident (e.g. address where incident occurred, specific location of incident such as car park of building, field location). If the incident occurred in the field, please provide a map showing the location or provide coordinates of the incident site.
Witness(es)	Indicate if there were witnesses to the incident YES / NO If YES, please provide contact details (e.g. name, phone, address, email).
Incident	Describe the event and include what type or activity was being performed at the time.
Nature of injury	Give a brief description of the nature and extent of any injury.
Treatment	Indicate if admitted to hospital. YES / NO If YES, which hospital (specify location and time of admission)

	<p>Indicate if an ambulance was required. YES / NO If YES, which service (specify times of phone calls and arrivals, departures)</p> <p>Indicate if other medical assistance was sought. YES / NO If YES, which doctor or service (specify names and dates)</p>
Other details	Indicate if there was damage to vehicles, buildings, plant or equipment because of the incident.
Cause and effect	<p>Describe the probable cause of the incident.</p> <p>Identify ways of preventing (or minimising the risk of) this type of incident from occurring again.</p>

OFFICE USE ONLY			
Form lodged by		Date lodged	
Discussed with		Date discussed	
RESULTS OF DISCUSSION e.g. proposed changes to safety policy, supply of additional field equipment, training courses, etc.			
Signed (Employer)		Date	