

# Incident notification form

## Incident details

<b>Incident type</b> <i>Please refer to the Incident notification form guidance material for assistance in completing this section.</i>	
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 <input type="checkbox"/> serious electrical incident <input type="checkbox"/> dangerous electrical event	
Provide an explanation of the type of incident using the categories in the incidence notification form guidance material:	
<b>Incident date, time and location</b>	
Date of incident:	Incident address:
Time of incident:	Postcode:
<b>Describe the specific location of the incident</b> <i>For example: aisle 3, plant operation room, tower crane the Elizabeth Street entrance side of the site.</i>	
<b>Description of the incident</b> <i>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?</i>	
<i>(attach a separate piece of paper if necessary)</i>	
<b>Did the incident involve work health and safety related licensed work?</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details of the type of licensed work:	
<b>Is the workplace a registered major hazard facility?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

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

Mr / Mrs / Miss / Ms	
<i>First name</i>	<i>Last name</i>
Date of birth:     /     /	Contact phone number:
Residential address:	Postcode:
Occupation: <i>(main duties)</i> :	

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

<b>Relationship to the entity notifying</b> <input type="checkbox"/> Worker <input type="checkbox"/> Self-employed <input type="checkbox"/> Member of the public <input type="checkbox"/> Labour hire worker <input type="checkbox"/> Contractor <input type="checkbox"/> Group training apprentice/trainee <input type="checkbox"/> Other <small>(please specify):</small>
<b>Description of injury/illness</b> <small>(e.g. fracture, laceration, amputation, strain, electrical shock, burn, Q fever)</small>
<b>Body location</b> <small>(e.g. wrist, lower back, internal organs) :</small>
<b>Did the person receive treatment following the injury/illness?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Please describe treatment received:
<b>Where was the injured person taken for treatment</b> <small>(if applicable)?</small>

## Details of business or undertaking notifying of the incident

<b>Legal name of business:</b>
<b>Trading name of business:</b>
ABN <span style="float: right;">ACN</span>
<b>Business address:</b> <span style="float: right;">Postcode:</span>
<b>Contact phone number:</b> Working hours ( ) <span style="float: right;">Mobile:</span>
<b>Business email address:</b>
<b>Main business activity</b> <small>(e.g. furniture manufacture, domestic construction, steel warehousing, electrical installation)</small>
<b>Main industry sector</b>
<input type="checkbox"/> Accommodation and food services <input type="checkbox"/> Rental, hiring and real estate services <input type="checkbox"/> Mining <input type="checkbox"/> Agriculture, forestry and fishing <input type="checkbox"/> Transport, postal and warehousing <input type="checkbox"/> Public administration and safety <input type="checkbox"/> Construction <input type="checkbox"/> Administrative and support services <input type="checkbox"/> Retail trade <input type="checkbox"/> Electricity, gas, water and waste services <input type="checkbox"/> Arts and recreational services <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Health care and social assistance <input type="checkbox"/> Education and training <input type="checkbox"/> Other services <small>(please specify)</small> . <input type="checkbox"/> Manufacturing <input type="checkbox"/> Financial and insurance services <input type="checkbox"/> Professional, scientific and technical services <input type="checkbox"/> Information media and telecommunications
<b>Describe any actions taken immediately following the incident to prevent recurrence</b>

## Details of business or undertaking notifying of the incident

Describe any longer term action proposed to prevent a recurrence

## Notifier's details

Mr / Mrs / Miss / Ms	
<i>First name</i>	<i>Last name</i>
Position at workplace:	Contact phone number:
Email:	
<b>Is this the person WHSQ should contact for further information?</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes Please provide the information below of who is the appropriate person for WHSQ to contact.	
Mr / Mrs / Miss / Ms	
<i>First name</i>	<i>Last name</i>
Position:	Contact phone number:

## How to lodge the form

Notification must be by fastest possible means.

The options for lodgement are by email to [whsq.aaa@justice.qld.gov.au](mailto:whsq.aaa@justice.qld.gov.au) or by fax to (07) 3247 0297.

**NOTE:** Notification to Workplace Health and Safety Queensland is not a notification to WorkCover Queensland. Please call 1300 369 915 if you have any questions about filling out the form. Please keep a copy of this form for your own records before submission.