

Incident notification form

FORM 3



**Queensland
Government**
Department of
**Employment and
Industrial Relations**

ABN 52 293 849 579

What is this form used for?

Certain workplace and non-workplace incidents must be reported, in the approved form, to Workplace Health and Safety Queensland or the Electrical Safety Office and records kept of the incidents for a certain time.

Who must complete the form?

Under the *Workplace Health and Safety Regulation 1997*, the **relevant person** who conducts a business or undertaking as an employer or self-employed person at a workplace or **principal contractors (PC's)** (at workplaces where construction work is being performed) must notify Workplace Health and Safety Queensland of the following workplace incidents:

- serious bodily injury; or
- work caused illness; or
- dangerous event.

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

Under the *Electrical Safety Regulation 2002*, the **employers** or **self-employed persons** must notify the Electrical Safety Office or Workplace Health and Safety Queensland of the following incident or event:

- a serious electrical incident; or
- dangerous electrical event.

When is the form to be lodged?

The form must be lodged within 24 hours of the incident happening.

Immediate notification by phone or fax is required if the incident involves a death.

How to lodge the form

The form can be faxed or posted to the nearest Workplace Health and Safety Queensland or Electrical Safety regional office or lodged on-line at www.deir.qld.gov.au

An employer or self-employed person does not have to report the same electrical incident separately to Workplace Health and Safety Queensland and the Electrical Safety Office.

Who must record the workplace incidents?

For a serious bodily injury, a work caused illness or a dangerous event, the **relevant person** who conducts a business or undertaking as an employer or self-employed person at the workplace or the **principal contractor (PC)** (at workplaces where construction work is being performed) must record the incident, in the approved form, within 3 days of becoming aware of the incident. The record must be kept for 1 year.

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

Definitions

The following incidents are generally defined below. For specific legal definitions, refer to the relevant legislation.

- work injury
- serious bodily injury
- a work caused illness
- a dangerous event
- a serious electrical incident
- a dangerous electrical event

A 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 workplace; 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 workplace 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 workplace.

A serious bodily injury means an injury to a person 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.

A 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 workplace 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 workplace was a significant contributing factor to the recurrence, aggravation, acceleration, exacerbation or deterioration.

A 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.

A serious electrical incident is an incident involving electrical equipment where –

- (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.

A dangerous electrical event is –

- (a) When a person is not, or would not have been, electrically safe because of circumstances involving high voltage electrical equipment, where the person has not received a shock or injury; or
- (b) An event involving electrical equipment and in which significant property damage is caused directly by electricity or originates from electricity; or
- (c) The performance of electrical work by a person not authorised under an electrical work licence to perform the work; or
- (d) The performance of electrical work by a person if, a person or property is not electrically safe as a result of the performance of the work; or
- (e) The discovery by a licensed electrical worker of electrical equipment that has not been marked as required under the *Electrical Safety Act 2002*.

Offices of the Department of Employment and Industrial Relations
Workplace Health and Safety Queensland and the Electrical Safety Office to which forms must be sent

Brisbane North

Centro Lutwyche, Level 4, 543 Lutwyche Road
P.O. Box 820, LUTWYCHE Q 4030
Fax: (07) 3247 9426

Brisbane South

Level 2, Block C, 643 Kessels Road
P.O. Box 6500, UPPER MT. GRAVATT Q 4122
Fax: (07) 3216 8431

Ayr

193 Queen Street
P.O. Box 639, AYR Q 4807
Fax: (07) 4761 2005

Bundaberg

16 Quay Street
Locked Mail Bag 3955, BUNDABERG Q 4670
Fax: (07) 4153 1207

Cairns

10-12 McLeod Street
P.O. Box 2465, CAIRNS Q 4870
Fax: (07) 4048 1493

Emerald

Shop 6/7 Clerana Centre
Cnr. Anakie & Clermont Streets
P.O. Box 1814, EMERALD Q 4720
Fax: (07) 4982 3756

Gladstone

Gladstone Government Offices
Level 2, Cnr Oaka Lane and Roseberry Street
Locked Mail Bag 15, GLADSTONE Q 4680
Fax: (07) 4972 6196

Gold Coast

Level 1, 10 Cloyne Road
Locked Mail Bag 91, SOUTHPORT Q 4215
Fax: (07) 5583 5060

Innisfail

12 Fitzgerald Esplanade
P.O. Box 558, INNISFAIL Q 4860
Fax: (07) 4061 4371

Ipswich

Level 1, Ipswich Courthouse
Cnr East and Limestone Streets
P.O. Box 226, IPSWICH Q 4305
Fax: (07) 3202 1018

Logan

Level 1, Wembley Place
91 Wembley Road, LOGAN CENTRAL Q 4114
P.O. Box 829, WOODRIDGE Q 4114
Fax: (07) 3287 8333

Mackay

Post Office Square, Level 1
Cnr. Sydney and Gordon Streets
Locked Mail Bag 1, MACKAY Q 4740
Fax: (07) 4967 4477

Maryborough

319-325 Kent Street
Locked Mail Bag 63, MARYBOROUGH Q 4650
Fax: (07) 4123 1704

Mt Isa

75 Camooweal Street
P.O. Box 2249, MT ISA Q 4825
Fax: (07) 4743 8122

Nambour

Centenary Square Building
Level 1, 52-64 Currie Street
P.O. Box 501, NAMBOUR Q 4560
Fax: (07) 5470 8732

Rockhampton

State Government Building
Level 2, 209 Bolsover Street
Locked Mail Bag 7, ROCKHAMPTON Q 4700
Fax: (07) 4938 4155

Roma

Cnr Spencer & Bowen Sts
P.O. Box 697, ROMA Q 4455
Fax: (07) 4624 3050

Thursday Island

Aplin Road
P.O. Box 341, THURSDAY ISLAND Q 4875
Fax: (07) 4069 2438

Toowoomba

James Cook Centre
Level 1, Cnr. Ruthven Street and Herries Street
P.O. Box 234, TOOWOOMBA Q 4350
Fax: (07) 4687 2877

Townsville

254 Ross River Road
Locked Mail Bag 15, AITKENVALE Q 4814
Fax: (07) 4760 7959

Electrical Safety Office

GPO Box 69, BRISBANE Q 4001

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

Incident notification form



Please retain a copy for your records

Read directions before completing this form. Please print. This form can also be completed online at www.deir.qld.gov.au

ABN 52 293 849 579

Workplace
Health and
Safety Act
1995Electrical
Safety Act
2002

Event type

- ☐ WHS events ☐ dangerous electrical event
☐ dangerous event ☐ serious electrical incident

If the incident is not a dangerous event, dangerous electrical event or a serious electrical incident, please tick **WHS events**.

Incident outcome

- ☐ work injury ☐ serious bodily injury ☐ work caused illness

Did you notify the Department of Employment and Industrial Relations? ☐ Yes ☐ No

Was injury/illness fatal? ☐ Yes ☐ No

If an electrical incident, has the electrical entity been notified? ☐ Yes ☐ No

Incident details

Description	
Date / /	Time (24 hr) :
Incident workplace address	
Incident location	

Injured person's details

Given names	
Surname	
Residential address	
Contact No.	
Date of birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female

Employment details

Employment basis

- ☐ full time ☐ member of public ☐ volunteer
☐ part time ☐ self-employed ☐ other
☐ casual

Employment type

- ☐ administration ☐ labourers and related workers
☐ tradesperson ☐ plant and machine operators and drivers
☐ professional ☐ student
☐ apprentice/trainee ☐ other

Occupation

OFFICE USE ONLY

Event ID:

Event notification date:

Action:

Injury details

Nature of injury/illness

- ☐ fracture ☐ amputation ☐ concussion
☐ sprain and strain ☐ splash in eye ☐ snorkelling injury
☐ electric shock ☐ penetration by object ☐ medical condition
☐ burns ☐ back injury ☐ acoustic trauma
☐ crush injuries/internal ☐ inhalation of substance ☐ chemical burn
☐ other diving injury ☐ ingestion of substance ☐ contusion
☐ psychological ☐ decompression illness ☐ not provided by notifier
☐ cuts, scratches, bites ☐ not determined during investigation
☐ abrasions

Describe Bodily location of injury/illness

Medical treatment

- ☐ nil ☐ CPR performed ☐ hospital-admitted
☐ first aid ☐ no medical treatment ☐ hospital-observation
☐ doctor only

Provide Hospital details

Mechanism of injury/illness

- ☐ falls, trips and slips ☐ chemicals and other substances ☐ not determined during investigation
☐ sound and pressure ☐ heat radiation and electricity ☐ occupational violence
☐ biological factors ☐ being hit by moving objects ☐ body stressing
☐ hitting objects with part of body ☐ mental stress
☐ other and unspecified agencies ☐ workplace bullying

Agency of injury/illness

- ☐ machinery and (mainly) fixed plant ☐ chemicals and chemical products
☐ mobile plant and transport ☐ animal, human and biological agencies
☐ materials and substances ☐ environmental agencies
☐ powered equipment, tools and appliances ☐ other and unspecified agencies
☐ non-powered hand tools, appliances and equipment ☐ not determined during investigation

Employer details

Please enter the name, address, contact no. and the ABN of the company, partnership or sole trader the injured person was working for.

Name	
Address	
ABN No.	Contact No.

Notifier details

Please enter the name, telephone number and email address of the person filling out this form.

Name		Contact No.
Email		
Employer/PC signature		
Signature		
Date / /		