



# INCIDENT NOTIFICATION REPORT & REGISTER OF INJURY FORM

(For all incidents including near misses)

Report all incidents by phone to your Manager and the HSE Team. The original of this form is to be held in the Accident Incident Manual within each depot and Bairnsdale Office. A copy is to be emailed to the HSE Team. Reporting is to be completed within the timeframes detailed within EGW SOP 104. The HSE Manager, Manager Business Risk or Executive Manager - Corporate will determine if the incident is reportable to WorkSafe Victoria and if an investigation is required.

REPORTABLE TO WORKSAFE VICTORIA?  Yes  No

INCIDENT CATEGORY:  Significant  Other

TYPE OF INCIDENT: Near Miss  Material Loss/Damage  Disease/Illness  Injury   
Facility Failure  Customer/member of public  Other

LOCATION OF INCIDENT: .....

DATE OF INCIDENT / INJURY: ..... DATE REPORTED: .....

TIME OF INJURY: .....

REPORTED (ENTERED) BY: ..... CONTACT NUMBER:.....

DESCRIPTION OF INCIDENT (FROM FACTS KNOWN AT TIME OF REPORTING)  
IF AN INJURY HOW EXACTLY DID THE INJURY HAPPEN (use reverse if insufficient space)

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.....  
.....  
.....

IF AN INJURY, WHAT SORT OF INJURY & WHAT PART(S) OF BODY ARE AFFECTED?

.....

DETAILS OF FIRST-AID AND/OR MEDICAL TREATMENT REQUIRED

.....

WHO ELSE SAW THE INJURY / INCIDENT HAPPEN?

.....

MEDIA INVOLVEMENT?  YES  NO  DON'T KNOW  
IF YES WHICH MEDIA?  TV  RADIO  DAILY PRESS  LOCAL PRESS

AFFECTED PERSON DETAILS (If more than one person is involved, complete details for each person on reverse – ensure both sent to the HSE Team) Additional details may be forwarded later.

EGW EMPLOYEE  CONTRACTOR  OTHER   
NAME ..... CONTACT NUMBER.....  
ADDRESS.....  
OCCUPATION OR JOB TITLE..... DOB:.....  
INDUSTRY TYPE.....

MANAGER'S NAME: ..... SIGNATURE: .....

DATE NOTICE RECEIVED: ..... (For HSE use – date this report received: .....) )

IS THIS EXPECTED TO BE A LOST TIME INJURY? YES / NO

FORM 044 OR ROOT CAUSE ANALYSIS COMPLETED / TO BE COMPLETED? YES / NO