

# Incident notification form

The Work Health and Safety Act 2011 and the Safety in Recreational Water Activities Act 2011 set out what sort of incidents are notifiable to WHSQ. An incident is notifiable if it arises out of the conduct of a business or undertaking and results in the death, serious injury or serious illness of a person or involves a dangerous incident.

See Guide to Work Health and Safety Incident Reporting at [www.barunglandcare.org.au/staff](http://www.barunglandcare.org.au/staff)

Initial Severity Assessment: Minor (Non-Notifiable)  No injuries  Notifiable

## Incident details

<b>Incident type</b> Please refer to the Incident notification form guidance material for assistance in completing this section.	
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> For example: aisle 3, plant operation room, tower crane the Elizabeth Street entrance side of the site.	
<b>Description of the incident</b> 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?	
(attach a separate piece of paper if necessary)	
<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	
First name	Last name
Date of birth: / /	Contact phone number:
Residential address:	Postcode:
Occupation: (main duties):	



## 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	
First name	Last name
Position at workplace:	Contact phone number:
Email:	
Is this the person WHSQ should contact for further information?	
<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	
First name	Last name
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.