

## Important

Use this form to report a notifiable incident **that is not a** sexual assault incident under the *Work Health and Safety Act 2011* (the Act).

To report a **sexual assault incident**, you must use the [Sexual Assault Notifiable Incident Form](#).

This form is to be used to notify a serious event under the Act. You can access the Act at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.worksafe.act.gov.au](http://www.worksafe.act.gov.au).

A person conducting a business or undertaking (PCBU) is required to provide details of notifiable incidents pursuant to sections 35-39 of the Act. Failure to comply with this provision may result in a fine of \$10,000 in the case of an individual or \$50,000 in the case of a body corporate.

## Privacy

The Act authorises the regulator to collect the personal information required by this form. The regulator is bound to prevent any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Privacy Policy can be found on the WorkSafe ACT website at <https://www.worksafe.act.gov.au/privacy>. The regulator may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

## Reporting

After becoming aware that an incident has occurred, workplaces **must** report notifiable incidents to WorkSafe ACT

**IMMEDIATELY, and by the fastest possible means.**

## Instructions

- If completing this form by hand please use blue or black pen.
- Any alteration to information provided on this form must be struck through with pen. Substitute information must be clear and the person completing the form must sign in the margin. Do not use correction fluid or tape.
- Please complete all sections of the form. Please indicate if information requested on this form is not applicable or not known with the letters N/A or N/K respectively.
- Return completed forms by email [worksafe@worksafe.act.gov.au](mailto:worksafe@worksafe.act.gov.au) or post, WorkSafe ACT, GPO Box 158, Canberra City, ACT, 2601.

## Is reporting mandatory?

Yes. You are required to notify WorkSafe ACT, by telephone or in writing for:

- the death of a person [i.e. a worker or another person]
- a serious injury or illness of a person
- a dangerous incident
- workplace sexual assault (actual or perceived). **You must use the [Sexual Assault Notifiable Incident Form](#) to report sexual assault incidents.**

In accordance with sections 35 to 39 of the Act and the *Work Health and Safety Regulation 2011* (the Regulation) it is an offence to fail to make a report of a notifiable incident.

You must send WorkSafe ACT a report even if the person injured or killed is not a worker (e.g. a sales representative or a visitor).

## Who must send in the notifiable incident report?

The PCBU is responsible for ensuring that WorkSafe ACT is notified immediately after becoming aware that a notifiable incident has occurred.

## What workplaces are covered?

ALL places where people work within WorkSafe ACT's jurisdiction (Commonwealth and Comcare self-insured workplaces are not included) are covered by the Act and the Regulation. Workplaces includes any place where a worker goes, or is likely to be, while at work and includes accommodation provided by the workplace.

## Is there a time limit for reporting?

Notifiable Incidents must be notified to WorkSafe ACT immediately after the workplace becomes aware that a notifiable incident arising out of the conduct of the business or undertaking has occurred.

If the notification is made by telephone, WorkSafe ACT may require that written notice be provided within 48 hours of that requirement being made.

## What is a serious injury or illness?

A serious injury or illness means an injury or illness requiring the person to have:

- immediate treatment as an in-patient in a hospital  
**Note:** it is not necessary that the person was actually sent to or treated as an in-patient, it is sufficient that the injury or illness could reasonably be expected to warrant such treatment
- immediate treatment for an amputation, a serious head or eye injury, a serious burn, degloving or scalping, a spinal injury, the loss of a bodily function or serious lacerations
- medical treatment within 48 hours of exposure to a substance.

## What dangerous incidents must you report?

A dangerous incident means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas, steam or a pressurised substance
- electric shock
- the fall or release from height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the Regulation
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel
- the interruption of the main system of ventilation in an underground excavation or tunnel
- any other event prescribed by the Regulation.

## Do you have to keep a copy?

You must keep a record of any Notifiable Incident notification that you make to WorkSafe ACT for at least 5 years after the day the notification is given.

## Do you need to comply with any other incident report procedures?

You may have reporting obligations under other legislation including but not limited to the: *Scaffolding and Lifts Act 1912*, *Workers Compensation Act 1951*, *Machinery Act 1949* and/or the *Dangerous Substances Act*

2004 in relation to the notifiable incident that you have told WorkSafe ACT about in this report.

### Can you fax or phone in details?

Yes. When notifying by phone, you should ensure you receive and record the report number given to you by WorkSafe ACT. This report number needs to be kept with your records of the details reported to WorkSafe ACT.

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## Details of business or undertaking

Name of business or undertaking:

Phone:

Fax:

Mobile:

Email:

Address of business or

City/Suburb:

State/Territory

Post Code:

## Details of the injured/involved person:

Date of Birth:

Gender: ☐ M ☐ F ☐ Other

Address of Injured/involved

City/Suburb:

State/Territory

Post Code:

Job

Main Duties:

Phone:

Fax:

Mobile:

Email:

Type of employment

☐ Full-time permanent

☐ Full-time casual

☐ Part-time permanent

☐ Part-time casual

☐ Other (e.g. site visitor, student, etc)

Type of worker

☐ Trainee

☐ Outworker

☐ Apprentice

☐ Pieceworker (other than an Outworker)

☐ Self-employed (Contractor or Subcontractor)

☐ Unpaid worker

☐ Work Experience

☐ Other (note: most employees will fall into this category)

Details of injury/illness/damage etc and any medical treatment

**Details of the incident:**

Date of the incident:

Time of the incident

Witnesses/other involved persons:

Name:

Contact number:

Name:

Contact number:

Describe the incident: (attach additional information if more space is required)

Name of supervisor or person in control of the site/location at the time of the incident:

Address where incident occurred (if at a different location to business address)

Suburb:

Post Code:

Where did the incident occur (e.g. plant room, roof)

**Environment and workplace conditions**

Describe the workplace conditions at the time of the incident (e.g. lighting, floor surface, weather, housekeeping etc)

**Task and supervision**

What task was being performed when the incident occurred?

### Plant, Equipment, Tools, Materials and Substances

What plant/substances were being used? (provide details, e.g. model serial number, registration number etc)

### Risk assessment and where required for high risk construction work, SWMS.

Was a risk assessment undertaken prior to commencing work?

☐

Yes

☐

No

If No, please explain why:

Was a safe work method statement (SWMS) prepared if the work was high risk construction work?

☐

Yes

☐

No

If No, please explain why:

**Note:** See the *Work Health and Safety Regulations 2011* s.299 for more information.

### Outcomes - please complete relevant parts of this section

Estimated date of resumption of work:

Action that has been or will be taken to prevent recurrence:

### Details of person completing this form

Full name:

Phone:

Fax:

Mobile:

Email:

Job title/position:

## END OF FORM - SUBMISSION PAGE

Once you have filled out this form, please save and email to  
**WorkSafe@worksafe.act.gov.au**