



PrestigeStaffingPersonnel

Incident Notification Form

For Occupational Health and Safety (Incident Notification) Regulations 1997 or Equipment Public Safety (Incident Notification) Regulations 1997.

PERSON SUBMITTING DETAILS

Name:

Telephone No:

Date:

Date of incident:

Time of incident:

Employer/self employer:

OR

Person/organisation:

Business address:

Place/location where Incident occurred:

Name of employer of deceased/injured person, if any, if different from above:

Name of employer of deceased/injured person, if any, if different from above:

DETAILS OF INJURED PERSON

Name:

Sex:

Residential address:

Date of birth:

Telephone No:

Occupation / job title/description:

Employee/contractor/member of public:

Work activity being undertaken at time of incident (identify any plant, substance or equipment):

Person who saw incident or first came to scene:

Action taken/intended, if any, to prevent recurrence of incident:

Optional

WorkCover ID:

* Only applies to the Occupational, Health and Safety (Incident Notification) Regulations 1997

* Only applies to the Equipment (Public Safety) (Incident Notification) Regulations 1997

When completed, please submit this form to Prestige Staffing Personnel by email or hard copy, WITHIN 24 HOURS OF INCIDENT. Notifications not received within 24 hours may negate any Work Cover claims.