



Incident reporting form

In the event that:

- someone is killed, or
- someone suffers a serious injury or serious illness (they require immediate hospitalisation or medical treatment), or
- there is a dangerous incident (for example, a fire, explosion, infrastructure collapse, chemical spill or leak)

Immediately call the Commodore who will notify Workplace Standards by calling 1300 366 322.

Within 48 hours of the incident the Commodore will complete this form and send it to

Workplace Standards by fax: 6233 8338 or by email: wstinfo@justice.tas.gov.au

The Club Manager at 7 Park St will keep a copy of this form.

Worker's Name:

What	Happened	Give a brief description of the event – include a description of the work being done at the time
	Injury	Give a brief description of the nature and extent of any injury
		Admitted to hospital <input type="checkbox"/> Yes No
	Damage	Give a brief description of the nature and extent of any damage to plant or property
When	Time of incident	
	Date	
Where	Location of incident	Specify site within workplace e.g. Loading Dock
	Address of workplace	Street Address Phone
Who	Injured person	Name
		Position
	Employer	Name
	Witness/es	Name/s
	Workplace	Registered Business Name
		A. C. N.
		Registered Address
	Reported by	Name

		Position
		Date
Why	<i>Probable causes of the incident</i>	
	<i>What you will do to prevent this happening again</i>	

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