Immediate Incident / Event Notification Form

Incident / Event Type			
☐Community	☐Compliance (Procedural Breach)	☐Damage	☐Emergency
☐Environment	☐Fire	☐Heritage	☐Hygiene
☐Injury	☐Near Miss	☐Production Loss	☐Quality
☐Rail Safety	☐ Security		
☐Non-work related – specify reason:			

Incident / Event Details	
Workgroup:	**Reported By:**
Reported To:	**Date of Event:** Click here to enter a date.
Time of Event:	**Date Reported:** Click here to enter a date.
Time Reported:	**Responsible Organisation:**
Location:	**Is an Investigation required?**
Brief Description of Event:	
Detailed Description of Event:	
Immediate Action Taken:	

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Event Impacts			
☐Community	☐Equipment Damage	☐Heritage	☐Near Miss
☐Personnel (Safety)	☐Quality	☐Regulatory & Legal	☐Reputation
☐Environment	☐Financial	☐Injury	☐Personnel (Health)
☐Production	☐Rail	☐Report Only	☐ Security

Initial Risk Assessment					
Actual Outcome:	☐ Slight *First Aid, no medical treatment. Production Loss <1 day. Financial cost <$250k*	☐ Minor *Medical Treatment, not leading to alternate duties. Production Loss of 1 day. Financial cost $250k - $2.5m*	☐ Moderate *Restricted Work or Lost Time injury. Production Loss 2-5 days. Financial cost $2.5m - $25m*	☐ Major *Single fatality or permanent disability to one more persons. Production Loss 6-20 days. Financial cost $25m - $250m*	☐Severe *Multiple fatalities or permanent total disabilities. Production Loss >20 days. Financial cost >$250m*
Potential Consequence:	☐ Slight *First Aid, no medical treatment. Production Loss <1 day. Financial cost <$250k*	☐ Minor *Medical Treatment, not leading to alternate duties. Production Loss of 1 day. Financial cost $250k - $2.5m*	☐ Moderate *Restricted Work or Lost Time injury. Production Loss 2-5 days. Financial cost $2.5m - $25m*	☐ Major *Single fatality or permanent disability to one more persons. Production Loss 6-20 days. Financial cost $25m - $250m*	☐Severe *Multiple fatalities or permanent total disabilities. Production Loss >20 days. Financial cost >$250m*
Potential Likelihood:	☐ Rare *May occur in exceptional circumstances. May occur once during life of mine.*	☐ Unlikely *Could occur at some time. May occur once in 10 years.*	☐ Possible *Should occur at some time. May occur once in 5 years.*	☐ Likely *Will probably occur in most circumstances. May occur annually.*	☐ Almost Certain *Expected to occur in most circumstances. May occur within 6 months.*

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Injured Person Details (as applicable)				
Date and Time Reported:			**Worker Type:** ☐Staff ☐Contractor ☐Casual	
Name of Person Injured:			**Employer:**	
Shift Type: ☐Day Shift ☐ Night Shift			**Occupation:**	
Roster Type:			**Employment Type:** ☐ Full Time ☐ Part Time	
Total time on project:			**Time Shift Commenced:**	
Scheduled Shift End Time:			**Days in to Roster:**	
Hours in to Shift:			**Location:** ☐ Surface ☐ Underground ☐ N/A	
Recurrent Injury: ☐Yes ☐ No				
Injury Type:	☐First Aid	☐ Medical Treatment Injury	☐Restricted Work Injury	☐ Lost Time Injury
	☐Fatality	☐No Treatment	☐ Non Work	☐Report Only
	☐Occupational Injury	☐To be advised – awaiting classification		
Details of injury / injured body part:				