

## Notification of Concern, Incident or Injury

<b>Today's Date:</b>	<b>Date and Time of Concern:</b>
<b>Name of Person Reporting Concern:</b>	
<b>Contact Phone Number:</b>	
<b>Site Name (if applicable) &amp; Address:</b>	
<b>Site ID:</b>	Office use only
<b>Project Management:</b>	
<b>Project Management Contact name &amp; Phone Number:</b>	
<b>Name, Address &amp; Phone Number of Employer/Contractor Involved:</b>	
<b>Supervisor or OHS Representative:</b>	
<b>Witness Name and Phone Number:</b>	

<b>What were you concerned about? (circle one or more)</b>			
Access/Egress	Election (Safety Rep.)	Legionella	Signs/fencing/barricades
Air Quality	Electrical	Manual Handling	Silica
Arreo	Elevated Work Platforms	MDF	Structural Integrity
Amenities	EMR & Radiation	Micro/Biological	Synthetic Mineral Fibre
Asbestos	Falling	Noise	Temperature Extremes
Bullying	Falling Objects	Panels Tilt-up &/or Precast	Traffic Management
Chemicals	Fatality	PCB's	Training
Confined Spaces	Fire	Plant	Trenching/Excavations
Contaminated Soil	First Aid	Power Tools	U.V./Heat Stress
Contaminated Water	Form Work	PPE	Injury
Cranes	Hand Held Tools	Pre Stressing/Post Tension	Cut
Crush	Hazardous Substance	Procedures	Sprain
Dangerous Goods	Height	Props and Braces	Broken Bone
Demolition	Housekeeping	Risk Assessment Review	Was Hospitalisation Required
Dust	J.S.A. Review	Scaffolding	Were Letters of Exposure Required
Discrimination (Safety Rep.)	Laser Safety		Inclement Weather
	Lead		Other

Other:

**Brief description of concern** (work being done and what went wrong?):

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**Hours worked in 7 days prior to incident** ..... **Weather Conditions?** .....

**At the time of the incident:**

Had a risk assessment been done for each task?	YES	NO
Had Safety Procedures been documented and implemented?	YES	NO
Were they being followed?	YES	NO
Had a SAFETY Audit been done on this site?	YES	NO
Had an ENVIRONMENTAL Audit been done on this site?	YES	NO

**Who conducted the audit(s) and when?**

Name of Auditor	Date of Audit

**Has WorkCover been notified?** YES NO

**What did they do?**

**What has been done to rectify the concern?**

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**If an injury or exposure occurred, please complete this section**

Workers Name, Address & Phone:

Direct Employer Name, Address & Phone:

Date of Birth:

Union:

Union Number:

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Type of Injury (eg burns, chemical exposure, broken bones, etc)

Part(s) of Body Injured:

Type of Exposure (eg name of chemical, type of asbestos):

**Please return this form to:**

**CFMEU Environmental & Occupational Health and Safety Unit  
Fax: 03 9341 3427**