

CFMEU

CONSTRUCTION, FORESTRY, MINING & ENERGY UNION OCCUPATIONAL HEALTH & SAFETY UNIT NOTIFICATION OF CONCERN/INCIDENT

Incident ID: (office use only):

Date Concern/Incident:/...../.....	Time of Concern/Incident:	
Site Name (if applicable) & Address:		
Principle Contractor:		
Contact Person:		
Telephone Number:		
Sub-Contractor:		
Contact Person:		
Telephone Number:		
OHS Representative Name:		
Contact Number:		
Area Organiser:		
Concern/Incident: Outcome: <input type="checkbox"/> Concern <input type="checkbox"/> Near Miss <input type="checkbox"/> Injury <input type="checkbox"/> Fatality		
Type of Concern/Incident		
<input type="checkbox"/> Access/Egress <input type="checkbox"/> Air Quality <input type="checkbox"/> Amenities/Hygiene <input type="checkbox"/> Asbestos <input type="checkbox"/> Arreo <input type="checkbox"/> Bullying <input type="checkbox"/> Chemicals <input type="checkbox"/> Confined Spaces <input type="checkbox"/> Consultation <input type="checkbox"/> Contamination <input type="checkbox"/> Concrete Pumps <input type="checkbox"/> Core Drilling/Concrete Cutting <input type="checkbox"/> Cranes <input type="checkbox"/> Demolition <input type="checkbox"/> Dust <input type="checkbox"/> Earthmoving Equipment <input type="checkbox"/> Electrical <input type="checkbox"/> Emergency Procedures <input type="checkbox"/> Engineering <input type="checkbox"/> EWP's <input type="checkbox"/> Falls from heights <input type="checkbox"/> Fatigue <input type="checkbox"/> Fire	<input type="checkbox"/> Forklifts <input type="checkbox"/> Formwork <input type="checkbox"/> Housekeeping <input type="checkbox"/> Lifts & Hoists <input type="checkbox"/> Lighting <input type="checkbox"/> Manual Handling <input type="checkbox"/> S.D.S. <input type="checkbox"/> Noise <input type="checkbox"/> OHS rep/committee <input type="checkbox"/> Power Tools <input type="checkbox"/> Precast/Tilt up panels <input type="checkbox"/> Pre-Stressing/Post Tensioning <input type="checkbox"/> Piling <input type="checkbox"/> Plant <input type="checkbox"/> Radiation <input type="checkbox"/> Rigging <input type="checkbox"/> Scaffolding <input type="checkbox"/> Supervision <input type="checkbox"/> Synthetic Mineral Fibre <input type="checkbox"/> Traffic Management <input type="checkbox"/> Training <input type="checkbox"/> Trenching Excavation	<input type="checkbox"/> Crystalline Silica <input type="checkbox"/> Environmental <input type="checkbox"/> First Aid <input type="checkbox"/> Flooding <input type="checkbox"/> Gantry <input type="checkbox"/> Glass <input type="checkbox"/> Harassment <input type="checkbox"/> Heat <input type="checkbox"/> Hoarding/Fencing <input type="checkbox"/> Mental Health <input type="checkbox"/> Psychosocial Hazards <input type="checkbox"/> Public Protection/Interface <input type="checkbox"/> Screens <input type="checkbox"/> Site Security <input type="checkbox"/> Structural Integrity <input type="checkbox"/> SWMS <input type="checkbox"/> Telehandler

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Brief Description of what occurred:

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Injury Treatment N/A First Aid treatment on site Doctor/Hospitalisation

At the time of the Incident/Concern:

- Was it a High-Risk Task?** YES NO
- Was there a site-specific Safe Work Method Statement?** YES NO N/A
- Was the site-specific SWMS being followed?** YES NO N/A
- Was Worksafe Notified:** YES NO N/A

Outcomes/Solutions to the Concern/Incident:

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Completed by:

**Please return this form to the CFMEU Occupational Health, Safety and Environmental Unit
540 Elizabeth Street
MELBOURNE VIC 3000**

Email: vicqueries@cfmeu.org

**Authorised by Dr Gerry Ayers
Manager CFMEU OHS & E Unit**