NOTIFICATION FORM

Incident Notification Form

NT WorkSafe must be notified of the occurrence as soon as practicable by phoning 1800 019 115. You will be given an incident notification Reference Number that must be included on this form. This number is proof of your notification phone call as soon as was practicable.

Sections 35 to 39 of the *Work Health and Safety (National Uniform Legislation) Act 2011* (WHS Act).

In addition to immediate (as soon as is practicable) phone notification, this 2-page notification form must be faxed or emailed to NT WorkSafe within **48 hours** after the incident occurrence. Fax: **08 8999 5141**. Email: ntworksafe@nt.gov.au

For more information please see NT WorkSafe bulletin *Notification of incidents*.

Reference Number:		**Date:**	

Person Submitting Details: (If completing form by hand, please print in BLOCK letters)

☐ Mr ☐ Mrs ☐ Ms ☐ Miss	Name:					
Position at workplace:						
Name of Employer / Self Employed Person notifying:						
Employer ABN:						
Business Address (NOT Postal Address):	Lot/Unit No	Street No	Street Name	Suburb	City	
Mobile:		Phone:				
Email:		Fax:				
Date of incident:	/ /	Time of incident:	; ☐ am ☐ pm			
Serious injury:	☐ Yes ☐ No	Fatalities:	☐ Yes ☐ No	Serious Illness:	☐ Yes ☐ No	
Dangerous incident:	☐ Yes ☐ No	Other:				

Name of Employer of any Injured or Deceased Person(s) if different from above:

Incident Location:

Address or location where the incident occurred:	**Lot/Unit No**	**Street No**	**Street Name**	**Suburb**	**City**
Describe the specific location of the incident:					

Details of Injured / Deceased Person(s):

Title:		Name:		☐ Male ☐ Female
Date of Birth:		☐ Direct Worker ☐ Contractor ☐ Member of Public		
Occupation / Job Title:				

Residential Address:	**Lot/Unit No**	**Street Name**	**Street Name**	**Suburb**	**City**
Phone:		Mobile:			

Please complete all information overleaf

Details of Incident:

The below information is to be provided to the extent that it is known at the time of writing.
Work Activity being undertaken at the time of the Incident (Identify any Plant, Substance, Equipment involved) and a brief description of the incident:
Brief description of injury/illness:
☐ Yes ☐ No Did the person receive treatment following the injury/illness. If Yes, describe the treatment received:
Person(s) who saw the Incident or first came to the Scene:
Action taken / intended, if any, to prevent recurrence of the incident: Describe any longer term action proposed to prevent a recurrence:

Relationship of the injured person to the entity notifying:	☐ Worker	☐ Self-employed	☐ Member of the public
☐ Labour hire worker	☐ Group training apprentice / trainee	☐ Other:	

Signed:	Date: