Electrical Incident Report Form

Incident investigated by _____ **Date** _____ **Phone** _____

1. Incident Details

(a) Details

Date of incident _____(dd/mm/yy) Time of Incident _____ (hh:mm)

Address of Incident _____

Suburb _____ Postcode _____

(b)Was there a Fire? ❒ Yes ❒ No (if no go to Section 2)

Was the fire SUSPECT of an electrical origin? ❒ Yes ❒ No

Was the fire of an electrical origin? ❒ Yes ❒ No

Provide details of fire

_____

_____

2. Incident Category & Details

(a) Category (Tick more than one if appropriate)

❒ Fatality ❒ Serious Injury ❒ Minor Injury

❒ Significant Property Damage ❒ Minor Property Damage ❒ Highly Unsafe Situation

❒ Technical Defect situation ❒ Other (specify) _____

(b) Premises & location specifics (tick one box only)

❒ Residential ❒ Industrial ❒ Commercial ❒ Construction ❒ Agricultural

❒ Public Open Space ❒ Other (specify) _____

(c) Specific location of incident (bathroom, garage) _____

(d) Name of owner of premise _____

3. Person involved (including victim)
[Attach additional sheets if there is more than one person involved]

(a) Details

Name _____ Age _____ Sex ____ Phone No _____

Residential address _____ Suburb _____

Postcode _____ Fax no _____ Email _____

(b) Injury Type (tick more than one if appropriate)

❒ No shock or injury (go to section 3f) ❒ Electric shock ❒ Electrical burns

❒ Flash burns ❒ Resulting from fall ❒ Other – Specify _____

(c) Severity of injury / shock (tick one box only)

❒ Slight ❒ Strong ❒ Severe

(d) Part of body injured (tick more than one if appropriate)

❒ Head ❒ Eyes ❒ Neck ❒ Trunk ❒ Arms
❒ Hands ❒ Legs ❒ Feet ❒ Other – Specify _____

(e)Treatment provided (tick more than one if appropriate)

❒ No Treatment ❒ Resuscitation ❒ Hospitalisation ❒ Medical Treatment ❒ Checkup

(f) Did the incident occur in the course of work? ❒ Yes ❒ No (go to section 4)

(g) Occupation of person involved (tick more than one category if appropriate)

❒ NWO Electrical worker ❒ Registered Electrical Contractor ❒ Licensed Electrician
❒ Licensed Electrical Inspector ❒ Electrical Apprentice ❒ Plumber
❒ Other Apprentice _____ ❒ Other – Specify _____
(NWO: Network Operator-distribution, generation, transmission, traction company)

(h) License/REC Number (if applicable) _____

(i) What work was the person involved required to perform?

_____
_____

(j) Employer Details

Employer Name _____ Phone No _____
Employer address _____ Suburb _____
Postcode _____ Fax no _____ Email _____

4. Voltage involved

(a) Supply voltage involved in the incident

❒ Extra low voltage (up to 50V AC or 120V DC ripple free)
❒ Low voltage (up to 1000V AC or 1500V DC
❒ 6.6kV ❑ 11kV ❑ 12.7kV (SWER) ❑ 22kV ❑ 66kV
❑ 220kV ❑ 330kV ❑ 500kV

(b) What was the supply voltage? ❒ Phase/Phase ❑ Phase/Earth ❑ Phase/Neutral

❒ AC ❑ DC

(c) Voltage Between points of contact _____

5. Electrical Installation – if applicable

(a) Was a private overhead electric line(POEL) associated with the incident? ❒ Yes ❒ No(Go to Section 5c)

(b) Which part of the POEL was involved?

❒ Cross arm
❒ Steel ❒ Wood
❒ Pole
❒ Wood ❒ Concrete ❒ Steel ❒ Other – Specify _____
❒ Guy wire
❒ Conductor
❒ Insulated ❒ Uninsulated
❒ Copper ❒ Copper
❒ Aluminum ❒ Aluminum
❒ Insulator

❒ Pole Mounted Equipment installed on the POEL (Please provide details below)

_____

_____

(c) Was fixed wiring of a premises associated with the incident? ❒ Yes ❒ No(Go to Section 6)

Give details *(damaged insulation, faulty switches, uncovered junction box, exposed wire, manufacturer, type, etc...)*

_____

_____

_____

_____

Which part of the installation was involved in the incident?

❒ Switchboard

❒ Consumer Mains

❒ Overhead ❒ Underground

❒ Point of attachment ❒ Building structure

❒ Building structure ❒ Meter position

❒ Meter position

❒ Fixed Wiring

❒ Power ❒ Lighting

❒ Construction Wiring

❒ Other – Specify _____

6. Appliances involved with the incident – if applicable

What type was the appliance? ❒ Portable ❒ Stationary ❒ Fixed

Class of appliance ❒ Prescribed ❒ Non-prescribed

Type of appliance (iron, hair dryer) _____

Brand _____ Model No _____ Approval No _____

Other markings _____ Approximate age _____

Condition of equipment ❒ Good ❒ Fair ❒ Poor

Purchase Details _____ Available for inspection ❒ Yes ❒ No

Is Equipment compliant? ❒ Yes ❒ No ❒ Other – specify _____

Was the appliance misused? ❒ Yes ❒ No ❒ Don't know

If Yes, Give details of misuse

_____

_____

_____

_____

Manufacturer Details

Company Name _____ Contact Name _____ Phone No _____

Address _____ Suburb _____

Postcode _____ Fax no _____ Email _____

Supplier Details

Company Name _____ Contact Name _____ Phone No _____

Address _____ Suburb _____

Postcode _____ Fax no _____ Email _____

7. RCD Information

(a) Was a RCD installed on the circuit? ❒ Yes ❑ No (If no, then go to Section 7d)
Manufacturer _____ Model No _____

(b) Did the RCD Operate? ❒ Yes ❒ No ❒ Don't know
(c) Would you have expected the RCD to have operated? ❒ Yes ❒ No ❒ Don't know
(d) If an RCD was not installed, would an RCD have prevented the incident? ❒ Yes ❒ No ❒ Don't know

8. Electrical Supply-if applicable

(a) Specify asset network operator,
❒ Generation – Company _____ ❒ Transmission - Company _____
❒ Distribution - Company _____ ❒ Traction – Company _____

(b) Indicate which parts of the network were involved in the incident,
❒ Overhead Conductors
❒ Service line
Service Conductor ❒ Aluminum ❒ Copper
Service Type ❒ N/S ❒ Twisted Wire ❒ ABC ❒ Open ❒ Other – specify _____
❒ LV reticulation
Reticulation Conductor ❒ Aluminum ❒ Copper
Conductor Type ❒ Insulated ❒ Bare ❒ Covered – Uninsulated ❒ ABC
❒ HV Conductors
Conductor Type ❒ Insulated ❒ Bare ❒ Covered – Uninsulated ❒ ABC
❒ Underground Conductors
❒ Service Line ❒ Mains Line ❒ HV Line
❒ Public Street lighting circuit
❒ Tram
❒ Trolley Wire ❒ Negative Cable ❒ Positive Feeder
❒ Train
❒ Trolley wire ❒ Catenary ❒ Positive Feeder ❒ Negative Cable
❒ Pole
❒ Wood ❒ Concrete ❒ Steel ❒ Other – specify _____
❒ Guy Wire
❒ Pole ❒ Train ❒ Tram
❒ Cross arm
Type ❒ Steel ❒ Wood
Insulator ❒ Polymer ❒ Pin ❒ Post ❒ Disc ❒ Other – Specify _____
❒ Substation
❒ Pole Mounted Substation ❒ Pad Mounted Equipment/Kiosk Substation
❒ Ground Substation ❒ Zone Substation
❒ Tower
❒ Communication Tower ❒ Wind Farm Tower ❒ Sub Transmission Tower
❒ Transmission Tower ❒ Distribution Tower
❒ Switchyard
❒ Terminal Station
❒ Power Stations
❒ Turbine ❒ Boilers ❒ Mine ❒ Auxiliary System ❒ Fuel Handling System
❒Metering Equipment
❒Fused Overhead Line Connection Box (FOLCB)

9. Description of incident

Briefly describe what the victim was doing at the time of the incident and how any injury was received (Use additional sheet and sketch if necessary for relevant detail) and the cause of the incident

_____
_____
_____
_____
_____
_____

10. Animal Involved – if applicable

a) Type of animal involved _____

(b)Number of animals injured or killed _____

(c) Did the animal cause the incident? ❒ Yes ❒ No

11. Witness Details – if applicable

Name _____ Phone No _____
Residential address _____ Suburb _____
Postcode _____ Fax no _____ Email _____

12. Police Officer Details – if applicable

Name of attending officer_____ Phone No _____
Rank and identification number _____ Station _____

13. Medical Officer Details – if applicable

Name of attending doctor_____ Phone No _____
Clinic or hospital address _____ Suburb _____ Postcode _____

14. Action Taken and by whom

_____
_____
_____
_____
_____
_____

Reported By_____ Phone_____ Date _____

Once completed please send to Energy Safe Victoria (ESV).

Mail: PO Box 262
Collins Street West
Melbourne 8007

Facsimile: 03 9686 2197
Email: info@esv.vic.gov.au

Please use the space below for any additional information, diagrams or sketches that may be relevant (record any additional details as necessary in your inspection/investigation book).