



Office of the Chief Electrical Inspector

Guidelines for REPORTING ELECTRICAL INCIDENTS

ELECTRICITY SAFETY (NETWORK ASSETS) REGULATIONS 1999

(May 2001)

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The following Victorian Electrical Network Operators were represented on the Committee preparing these guidelines:

- **CitiPower Pty**
 - **TXU Australia Ltd**
 - **Powercor Australia Ltd**
 - **SPI Power Net Pty Ltd (formerly Power Net Victoria)**
 - **AGL Electricity (formerly Solaris Power Ltd)**
 - **United Energy Ltd**
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REPORTING AND AUDIT

1 GENERAL

Part of the Office's functions is to investigate events or incidents which have implications for electricity safety and to advise the electricity industry and the community in relation to electricity safety.

To protect people from risk and to take action to reduce injury to persons or damage to property under those functions, the Office keeps a record of all electrical incidents reported.

The information gained from these reports, and subsequent investigations, is used to determine the cause of an incident and to implement remedial action to reduce the risk in the future.

The remedial action may include the revision of these or other regulations, providing information and guidance to special interest groups or the public in general, or the establishment of special committee to set rules for improving safety.

The Office must be notified of serious electrical incidents as a requirement of the Electricity Safety Act. Failure to report such an incident is a serious breach of the Act.

To assist in the notification of these incidents these Guidelines relating to the reporting of electrical incidents have been produced.

These Guidelines provide the network operators, other electricity suppliers and the fire control authority with guidance on the application of the Act and regulations 7 and 8 of the Electricity Safety (Network Assets) Regulations 1999.

These Regulations place an obligation on the network operators, other electricity suppliers and the fire control authority to report incidents involving electricity in which a person receives an electrical shock or makes accidental contact with a live high voltage electric line or equipment.

Following are contact details (in order of priority) for immediate reporting of fatal or serious electrical incidents to the Office—

EMERGENCY CALL TAKING (24 HOURS)	1800 000 922
BACK UP (24 HOURS)	(03) 9203 9781

2 CLARIFICATIONS

“area”	<p>in relation to an electricity supplier that is a network operator that owns or operates an upstream network, area is –</p> <ul style="list-style-type: none">(a) the upstream network of the network operator; and(b) any electrical installation to which the network operator supplies electricity; <p>in relation to an electricity supplier that is not a network operator, area is any electrical installation to which the electricity supplier generates, transmits, distributes or supplies electricity</p>
“all known details”	all of the details of the incident within the knowledge of the body reporting the incident
“as soon as practicable”	is immediately after making any necessary contact with emergency services
“business day”	is a day other than a Saturday or Sunday or a public holiday under the Public Holidays Act 1993
“injured / injury”	is bodily harm requiring or appearing likely to require medical attention
“medical attention”	is medical treatment other than for observation only
“minor electrical incident”	is an electrical incident involving electricity in which a person –
	<ul style="list-style-type: none">(a) makes accidental contact with any live high voltage electric line or live electrical equipment operated at high voltage; or(b) receives an electric shock as a result of direct or indirect contact with any network assets or an electrical installation
“reverse polarity”	is a transposition of active, neutral and/or earth conductors
“serious electrical incident”	is an incident involving electricity which causes or has the potential to cause--
	<ul style="list-style-type: none">(a) the death of or injury to a person; or(b) significant damage to property; or(c) a serious risk to public safety
“serious risk to public safety”	includes -
	<ul style="list-style-type: none">• risk of personal injury• property damage that may directly or indirectly cause personal injury or significant damage to property• property damage by high voltage injection or direct current voltage injection• incident serious enough to warrant on site action to mitigate risk to the public by Police, Ambulance Service, Melbourne Fire and Emergency Service Board, Country Fire Authority, Victorian WorkCover Authority, a statutory body or an emergency service provider• reverse polarity of an electrical circuit that has been in service or declared to be in service (eg. after a working crew left the site)
“significant damage to property”	includes –
	<ul style="list-style-type: none">• fire damage > 0.3 hectares• any live stock loss• > \$5000 damage to property other than network assets. (This excludes damage to vehicles as a result of collision with network assets without electricity going astray)• damage that has potential for significant media interest• damage serious enough to warrant on site action to

mitigate risk to the public by Police, Ambulance Service, Melbourne Fire and Emergency Service Board, Country Fire Authority, Victorian WorkCover Authority, a statutory body or an emergency service provider

3 REPORTING BY ELECTRICITY SUPPLIERS TO THE OFFICE

3.1 Actions to be taken by an electricity supplier that is a network operator that owns or operates an upstream network regarding details within its knowledge of any serious electrical incident within its area (Section 142(1) & (2) and Regulation 7(1))

INCIDENT	NOTIFICATION AND REPORT BY NETWORK OPERATOR THAT OWNS OR OPERATES AN UPSTREAM NETWORK
<p>If as a result of any incident involving electricity</p> <ul style="list-style-type: none"> • a person is killed or injured or is likely to be killed or injured • significant damage to property has occurred or is likely to occur; or • serious risk to public safety has occurred or is likely to occur 	<p>(a) As soon as practicable report to the Office by telephone all known details; and</p> <p>(b) Follow up with a completed Electrical Incident Confirmation Form (see Schedule 1) sent to the Office by facsimile or email within 2 business days of the telephone report; and</p> <p>(c) Send by facsimile, surface mail or e-mail a completed Electrical Incident Report Form (see Schedule 2) to the Office within 20 business days of the telephone report</p>

3.2 Actions to be taken by an electricity supplier regarding details within its knowledge of any minor electrical incident within its area (Regulation 8(2))

INCIDENT	REPORT BY ELECTRICITY SUPPLIER
<p>If any person</p> <ul style="list-style-type: none"> • makes accidental contact with any live high voltage electric line, or live electrical equipment operated at high voltage; or • receives an electric shock as a result of direct or indirect contact with any network assets or an electrical installation. 	<p>Send by facsimile, surface mail or e-mail a completed Electrical Incident Report Form (see Schedule 2) to the Office within 20 business days of becoming aware of the incident.</p>

3.3 Actions to be taken by an electricity supplier regarding details within its knowledge of other electrical incident within its area

INCIDENT	REPORT BY NETWORK OPERATOR
<ul style="list-style-type: none"> • Power poles, towers or crossarms that have fallen, collapsed or ignited; • Substations that fail causing explosion or fire; • High voltage underground cables that fail causing explosion or loss of electricity supply where there is potential for significant media interest 	<p>(a) Send a completed Electrical Incident Confirmation Form (see Schedule 1) sent to the Office by facsimile or email within 2 business days of the date that the network operator is aware of the incident; and</p> <p>(b) Send a detailed report to the Office when requested.</p>

4 REPORTING BY A FIRE CONTROL AUTHORITY TO THE OFFICE

4.1 Actions to be taken by a fire control authority regarding details within its knowledge of any serious electrical incident that the fire control authority attends (*Section 142(3)(a) and Regulation 7(2)*)

INCIDENT	REPORT BY A FIRE CONTROL AUTHORITY
<p>If as a result of any incident involving electricity, that the fire control authority attends</p> <ul style="list-style-type: none"> • a person is killed or injured or is likely to be killed or injured • significant damage to property has occurred or is likely to occur; or • serious risk to public safety has occurred or is likely to occur 	<p>(a) As soon as practicable report to the Office by telephone all known details</p> <p>(b) Send by facsimile, surface mail or e-mail a completed Electrical Incident Report Form (see Schedule 2) and the results of the investigation to the Office within 20 business days of becoming aware that the fire was of an electrical nature</p>

4.2 Actions to be taken by a fire control authority where the fire control authority investigates a fire of an electrical nature (*Section 142(3)(b) and Regulation 7(2)*)

INCIDENT	REPORT AND RESULTS OF INVESTIGATION FROM A FIRE CONTROL AUTHORITY
<p>If the fire control authority investigates a fire of an electrical nature</p>	<p>Send by facsimile, surface mail or e-mail a completed Electrical Incident Report Form (see Schedule 2) and the results of the investigation to the Office within 20 business days of becoming aware that the fire was of an electrical nature</p>

4.3 Actions to be taken by a fire control authority where the fire control authority attends or investigates a minor electrical incident (*Regulation 8(4)*)

INCIDENT	REPORT AND RESULTS OF INVESTIGATION FROM A FIRE CONTROL AUTHORITY
<p>If the fire control authority attends or investigates an incident where any person</p> <ul style="list-style-type: none"> • makes accidental contact with any live high voltage electric line, or live electrical equipment operated at high voltage; or • receives an electric shock as a result of direct or indirect contact with any network assets or an electrical installation. 	<p>Send by facsimile, surface mail or e-mail a completed Electrical Incident Report Form (see Schedule 2) and the results of any investigation to the Office within 20 business days of becoming aware that the incident involved electricity</p>

5 REPORTING BY AN OWNER OR OPERATOR OF A RAILWAY OR TRAMWAY SYSTEM TO THE OFFICE

5.1 Actions to be taken by a network operator that owns or operates a railway or tramway system regarding details within its knowledge of any serious electrical incident in relation to its network assets (Regulation 8(1))

INCIDENT	NOTIFICATION AND REPORT BY A NETWORK OPERATOR THAT OWNS OR OPERATES A RAILWAY OR TRAMWAY SYSTEM
<p>If as a result of any incident involving electricity in relation to a network asset of a network operator that owns or operates a railway or tramway system,</p> <ul style="list-style-type: none"> • a person is killed or injured or is likely to be killed or injured • significant damage to property has occurred or is likely to occur; or • serious risk to public safety has occurred or is likely to occur 	<p>(a) As soon as practicable report to the Office by telephone all known details; and</p> <p>(b) Follow up with a completed Electrical Incident Confirmation Form (see Schedule 1) sent to the Office by facsimile or email within 2 business days of the telephone report; and</p> <p>(c) Send by facsimile, surface mail or e-mail a completed Electrical Incident Report Form (see Schedule 2) to the Office within 20 business days of the telephone report</p>

5.2 Actions to be taken by a network operator that owns or operates a railway or tramway system where the network operator becomes aware of a minor electrical incident in relation to its network assets (Regulation 8(2))

INCIDENT	REPORT BY A NETWORK OPERATOR THAT OWNS OR OPERATES A RAILWAY OR TRAMWAY SYSTEM
<p>If as a result of any incident involving electricity in relation to a network asset of a network operator that owns or operates of a railway or tramway system, any person</p> <ul style="list-style-type: none"> • makes accidental contact (no electrical shock involved, e.g. contact by a machine) with any live high voltage electric line, equipment or apparatus; or • receives an electric shock as a result of direct or indirect contact with any network assets or an electrical installation. 	<p>Send by facsimile, surface mail or e-mail a completed Electrical Incident Report Form (see Schedule 2) to the Office within 20 business of becoming aware of the incident.</p>

6 OTHER INCIDENTS TO BE REPORTED QUARTERLY

The Office also requests the following information for the purposes of determining compliance with the Electricity Safety Act 1998 and the Regulations

INCIDENT	REPORT NETWORK OPERATOR
A) If any motor vehicle collides with network asset resulting in non compliance with requirements specified by the Regulations (other than those incidents reportable in 3,4 or 5 above).	Quarterly provide the Office with a written report on all known incidents occurring in the preceding quarter, with details of the incident including but not limited to– location, date and time of the incident, type of network asset, operation voltage, type of motor vehicle, a brief description of the incident.
B) If the clearances specified in the Regulations for network assets are not maintained due to any reason.	Quarterly provide the Office with a written report on all known incidents occurring in the preceding quarter, with relevant details of the incident.
C) If any regulatory requirement is not complied with due to a failure of supporting structure. This includes the supporting structure that breaks, leans, sinks or falls.	Quarterly provide the Office with a written report on all known incidents occurring in the preceding quarter, with relevant details of the incident including but is not limited to– location, date and time of the incident, type of network asset, operation voltage, particulars of non-compliance, a brief description of the incident and aftermath actions being taken.
(D) Any incident that had potential to become serious including–	
(1) Unserviceable poles that are considered to be in need of urgent attention which was not given within of 24 hours or a period approved by the Office and documented by network operators in their network asset management strategy;	Quarterly provide the Office with a written report on all known incidents occurring in the preceding quarter, with relevant details of the incident.
(2) Poles remaining in an unserviceable condition in excess of 3 months or a period approved by the Office and documented by network operators in their network asset management strategy;	as above
(3) Conductor (including DC conductor) failure whether or not it causes electricity going astray. This includes instances of connection failure whether or not the conductor was displaced in an unsafe manner;	as above
(4) Cable failure including reduction in insulation level of the cable. Instances of reduction in cable insulation below the minimum level set out by Australian Standards;	as above

INCIDENT	REPORT NETWORK OPERATOR
(5) Excavation of the ground in the vicinity of network assets without written permission from relevant network operator and in breach of regulation 36;	as above
(6) Unauthorised/accidental exposure of a cable whether or not the cable was energised at the time;	as above
(7) Unauthorised removal of cable guards or covers so as to reduce the mechanical protection;	as above
(8) Required warning signs being removed or vandalised to the extent that they do not clearly warn the public of potential risks (regulation 24.2);	as above
(9) An electrical earthing system fail to meet the designed standards (regulation 23);	as above
(10) Failure or degradation of the network operator's neutral conductor at any point of the low voltage supply network which could result in a voltage rise of more than 5 volts on any electrical installations earthing system;	as above
(11) Any flashover that occurs whilst working or operating on the network assets;	as above
(12) Instances of unintended operation of the electrical protection device while work is being performed on the network assets;	as above
(13) Network assets that have not been inspected or tested within the required testing or inspection period (regulation 27);	as above
(14) Breaches of any requirements of Part 4 of the Regulations other than those listed above.	as above

SCHEDULE 1



ELECTRICAL INCIDENT CONFIRMATION FORM

for confirmation of serious electrical incidents reported under regulations 7 and 8 of the Electricity Safety (Network Assets) Regulations 1999

to be sent by facsimile or electronic mail within 2 business days of telephone report

Office of the Chief Electrical Inspector
 telephone: 1800 000 922 Facsimile: (03) 9686 2197
 Email: info@ocei.vic.gov.au

PERSON ATTENDING THE INCIDENT

<i>Name</i>	<i>Company/Authority</i>	<i>Phone or mobile phone</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>Date of incident</i>	<i>Address of incident</i>
<input type="text"/>	<input type="text"/>

<i>Time of incident</i>	<i>Suburb</i>	<i>Postcode</i>
<input type="text"/> <i>am/pm</i>	<input type="text"/>	<input type="text"/>

DETAILS OF INJURED OR DECEASED PERSON (if applicable)

<i>Name</i>	<i>Age</i>	<i>Sex</i>	<i>Phone or Mobile phone</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address

<i>Suburb</i>	<i>Postcode</i>
<input type="text"/>	<input type="text"/>

DESCRIPTION OF INCIDENT

Death
 Injury
 Significant property damage or significant risk to public Safety

WORK or ACTIVITY BEING UNDERTAKEN AT THE TIME OF INCIDENT (if applicable)

CAUSE OF THE INCIDENT

ACTIONS UNDERTAKEN TO MAKE THE SITE SAFE

Note: The Incident Notification Form for Occupational Health and Safety (Incident Notification) Regulations may be used in place of this form



SCHEDULE F 2

ELECTRICAL INCIDENT REPORT FORM

for reporting electrical incidents pursuant to regulations 7 and 8 of the Electricity Safety (Network Assets) Regulations 1999

1) PERSON ATTENDING THE INCIDENT

Name		Company/Authority	
<input type="text"/>		<input type="text"/>	
Date of incident	Time of incident	Date reported to	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Company/Authority		Date attended by Company/Authority	
<input type="text"/>		<input type="text"/>	

2) LOCATION DETAILS OF INCIDENT

Incident address		Suburb/Town	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Type of premises (tick one box only)	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Construction	<input type="checkbox"/> Other, specify	<input type="text"/>
Specific location (bathroom, garage ...)		Name of owner of premises	
<input type="text"/>		<input type="text"/>	

3) PERSONAL DETAILS OF INJURED OR DECEASED PERSON (if applicable)

Surname	Given name	Age	Sex	Phone or Mobile phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		Suburb/Town	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

4) INCIDENT CATEGORY

- Minor
 Injury
 Death
 Significant property damage or Serious Risk to public safety

5) INJURIES and TREATMENT DETAILS

<input type="checkbox"/> Electric shock	<input type="checkbox"/> Electrical burns	<input type="checkbox"/> Flash burns	<input type="checkbox"/> No shock or injury
<input type="checkbox"/> Resulting from fall	<input type="checkbox"/> Other - Specify	<input type="text"/>	
Severity of injury / shock	<input type="checkbox"/> Slight	<input type="checkbox"/> Strong	<input type="checkbox"/> Severe
Part of body	<input type="checkbox"/> Head	<input type="checkbox"/> Eyes	<input type="checkbox"/> Neck
	<input type="checkbox"/> Trunk	<input type="checkbox"/> Arms	<input type="checkbox"/> Hands
	<input type="checkbox"/> Legs	<input type="checkbox"/> Feet	<input type="checkbox"/> Other - Specify
	<input type="text"/>		
Treatment	<input type="checkbox"/> Medical treatment	<input type="checkbox"/> Resuscitation	<input type="checkbox"/> Hospitalisation

6) ELECTRICAL INSTALLATION

Was fixed wiring of a premises associated with the incident? Yes No, **Go to 7**

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

Was a safety switch (RCD) installed on the circuit associated with the incident? Yes No, **Go to 7**

Manufacturer Model No

Did the RCD operate? Yes No Don't know

Would you expect the RCD to have operated? Yes No Don't know

7) DISTRIBUTION SYSTEM

- (a) Was the incident associated with low voltage reticulation or service line? Yes No, **Go to 7(b)**
- Was it Overhead Underground
- Reticulation Conductor Al Cu
- Service Conductor Al Cu
- Service Type N/S TW ABC Open Other - Specify _____
- Was overhead damaged by tree? Yes No
- Incident occurred during the course of pruning Yes No

Describe the fault (eg. Pole End Fault: split bolt clamp, pole J box, vehicle damage, etc.)

- (b) Was the accident associated with other network assets? Yes No, **Go to 8**
 (HV equipment, substations etc...)

Give details

8) EQUIPMENT or APPLIANCES INVOLVED WITH THE INCIDENT

- (a) Was equipment or appliance associated with the incident? Yes No, **Go to 8(b)**
- Was equipment or appliance? Portable Stationary Fixed
- Type of equipment/appliance? (iron, hair dryer, HV switch, etc...) _____
- Manufacturer _____ Brand _____
- Model No. _____ Approval No _____ Approximate Age _____
- Condition of equipment Good Fair Poor
- (b) Was extension cord associated with the incident? Yes No, **Go to 9**
- Correctly wired? Yes No
- Condition Good Fair Poor

9) VOLTAGE INVOLVED

Supply voltage involved in the incident _____ Phase/Phase Phase/Earth

Voltage between points of contact _____

10) DESCRIPTION OF INCIDENT

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

11) ACTION TAKEN AND BY WHOM

12) OTHER CONTRIBUTING FACTORSBriefly describe clothes worn by victim (*long/short sleeve shirt, trousers/shorts, overall, dress, skirt, etc.*).

Type of shoes	Condition of shoes	Weather condition (<i>Rainy, hot, dusty, humid, foggy, fine, cold, etc</i>)		
Lighting (or Visibility) conditions	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Bad	
Type of floor	<input type="checkbox"/> Conductive	<input type="checkbox"/> Non conductive	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet

13) WORK RELATED INCIDENTDid the incident occur in the course of work? Yes No, **Go to 14**

Occupation

Victim was Elec. Supply Worker Other Electrical Worker Non-Electrical Worker
 Other - Specify _____

What work was the victim required to perform?

Employer's name	Phone or Mobile phone	
Employer's address	Suburb/Town	Postcode

14) WITNESS DETAILS - (if applicable)

Name of the first witness	Phone or Mobile phone	
Residential address	Suburb/Town	Postcode

Name of the second witness	Phone or Mobile phone	
Residential address	Suburb/Town	Postcode

15) POLICE/ MEDICAL OFFICER DETAILS - (If applicable)

Name of attending officer	Phone or Mobile phone	
Rank and identification number	Station	
Name of attending doctor	Phone or Mobile phone	
Clinic or hospital address	Suburb/Town	Postcode

16) CONTACT PERSON FOR THE REPORT

Name	Phone or Mobile phone
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17) PERSON SUBMITTING DETAILS

Name	Phone or Mobile phone
Title	Company
Signature	Date

Please use the space below for any additional information, diagrams or sketches that may be relevant.

