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| Energy Safe Victoria Electrical incident report form |

This form should be used by companies, tradespeople and the general public for reporting electrical incidents. It replaces the previous Schedule 1 and Schedule 2 forms.

Distribution companies should report any incidents via the OSIRIS web portal.

Return to this completed form to:

**info@energysafe.vic.gov.au** or

PO Box 262

COLLINS STREET WEST VIC 8007

Attn: Electrical Incidents

## Contact details

|  |
| --- |
| Person reporting the incident |
| First name  |  | Surname  |  |
| Address  |  |
| Suburb  |  | Postcode  |  |
| Phone  |  |
| Email  |  |
| Company name  |  |
| Person investigating the incident |
| First name  |  | Surname |  |
| Phone  |  |
| Email |  |

## Incident details

|  |  |  |  |
| --- | --- | --- | --- |
| Date of incident  |  | Time  |  |
| Incident address  |  |
| Incident suburb  |  | Postcode  |  |
|  |  |  |  |
| Premises or location of the incident (tick all that apply) |
| Residential |[ ]  Commercial |[ ]  Industrial |[ ]
| Construction site |[ ]  Agricultural |[ ]  Substation | [ ]   |
| Public open space |[ ]  Roadway |[ ]  Train / tram |[ ]
| Category of the incident  |
| Installation / wiring |[ ]  Equipment / appliances |[ ]  Network infrastructure |[ ]
| Briefly describe the incident  |
|  |
| Consequence of the incident (tick all that apply) |
| Fatality |[ ]  Serious injury |[ ]  Minor injury |[ ]
| Electric shock (injury) |[ ]  Electric shock (no injury) |[ ]  Unsafe situation |[ ]
| Property damage exceeding $50,000 |[ ]  Property damage under $50,000 |[ ]  Burns (flash / electrical) |[ ]
| Technical defect |[ ]  Other, please specify |[ ]

## Details of the person injured / affected

|  |  |  |  |
| --- | --- | --- | --- |
| First name  |  | Surname  |  |
| Age |  |
| Address  |  |
| Suburb  |  | Postcode  |  |
| Phone  |  |
| Email  |  |
| Treatment received |
| Medical treatment |[ ]  Observation |[ ]  Hospital (admission) |[ ]
| Briefly describe the treatment provided |
|  |

## Additional details required for workplace injuries

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| Occupation of the injured person (tick all that apply) |
| Electrical worker |[ ]  Plumber |[ ]  Network operator worker |[ ]
| Apprentice |[ ]  Other (please specify) |[ ]
| Electrical licence number |
| Of the affected person  |  |
| What type of work was the injured/affected person performing? |
|  |
| Employer details |
| Business name  |  |
| Contact name  |  |
| Address  |  |
| Suburb  |  | Postcode  |  |
| Phone  |  |
| Email  |  |

## Witness details

|  |  |  |  |
| --- | --- | --- | --- |
| First name  |  | Surname |  |
| Address  |  |
| Suburb |  | Postcode  |  |
| Phone  |  |
| Email |  |
| Company name  |  |

## Action taken

|  |
| --- |
| Briefly describe the action taken and whom |
|  |