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| Energy Safe VictoriaElectrical 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**](mailto: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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
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