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| Energy Safe Victoria Electrical incident report form |
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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

**Incident details**

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| Date of incident |  |
| Time of incident |  |
| Incident street address |  |
| Suburb |  |
| Postcode |  |

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| **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**  |
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| **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: |  |

**Contact details**

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| **Person reporting the incident** |
| First name |  |
| Surname |  |
| Address |  |
| Suburb |  |
| Postcode |  |
| Phone |  |
| Email |  |
| Company name |  |
| **Person investigating the incident** |
| First name |  |
| Surname |  |
| Phone |  |
| Email |  |
| **Person injured in or affected by the incident** |
| First name |  |
| Surname |  |
| Age |  |
| Address |  |
| Suburb |  |
| Postcode |  |
| Phone |  |
| Email |  |
| **Treatment received** |
| Medical treatment |  [ ]  | Observation |  [ ]  | Hospital (admission) |  [ ]  |

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| **Briefly describe the treatment provided** |
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**Additional details required for workplace injuries**

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| **Occupation of the injured person (tick all that apply)** |
| Electrical worker |  [ ]  | Plumber |  [ ]  | Apprentice |  [ ]  |
| Network operator worker |  [ ]  | Other (please specify): |   |
| **Electrical licence number** |
| Of the affected person |  |
| **What type of work was the injured/affected person performing?** |
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| **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**

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