

APPENDIX B

Event Notification Report

EVENT NOTIFICATION REPORT

Plant Vehicle Property	Non work Related Motor Vehicle Accidents	Service Strike	Environmental	Injury	Break-in Theft	Conduct
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date & Time Event Occurred	Event Reported by	Notification Form Completed by	Date Completed
Project Team	Names	Project Name	WHS or ENV Representative
Project Manager			
Site Supervisor			
Engineers			
Leading Hand/s			

1. DETAILS					
Event Description (Describe event using key words)					
Event first reported to		Date reported		Time reported	
Event details (below) Details specific names, dates, times, equipment, organisation/s, etc.					
What activity was being undertaken? Who was involved, time & duration of activity in progress					
Location on site					
INSERT OR ATTACH MAP / SKETCH & PHOTOS TO NOTIFICATION (Show location in relations to site and key areas – intersections, plant, activity, services, pot hole locations, survey pegs, chainages)					

2. PERSONS INVOLVED / & or near VICINITY					
Names of Directly involved & Witnesses	Organisation	Position Title	Capacity of involvement (Direct / in-direct witness)	Contact No.	Statement Taken
					Y <input type="checkbox"/>
					Y <input type="checkbox"/>
					Y <input type="checkbox"/>
					Y <input type="checkbox"/>

3. IMMEDIATE ACTION TAKEN Tick items to signify the action taken immediately following the event occurring						
<input type="checkbox"/>	Secure area / isolate	<input type="checkbox"/>	Subcontractor Workers retained on site	<input type="checkbox"/>	Medical Centre Ambulance	Other:
<input type="checkbox"/>	Contacted Emergency services	<input type="checkbox"/>	Photos of scene / area	<input type="checkbox"/>	Spill control	

<input type="checkbox"/>	Notified asset owner	<input type="checkbox"/>	D & A testing	<input type="checkbox"/>	Statements	
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6. EXTERNAL NOTIFICATIONS made at time of Event Occurrence					
Agency	Notified	Date / time notified	Agency	Notified	Date / time notified
SafeWork NSW WHS Co-ord responsible	<input type="checkbox"/>		Subcontractor PM responsible	<input type="checkbox"/>	
EPA / DPIE (PM responsible, notify ER)	<input type="checkbox"/>		Police / Fire / Amb	<input type="checkbox"/>	
Asset Owner PM responsible	<input type="checkbox"/>		Police Event No. (if applicable)	<input type="checkbox"/>	
Client (Org) PM responsible	<input type="checkbox"/>		Other (Name)	<input type="checkbox"/>	

7. FACTORS CONTRIBUTING TO THE INCIDENT					
Environment			Equipment / materials		
<input type="checkbox"/>	Noise	<input type="checkbox"/>	Surface gradient / conditions	<input type="checkbox"/>	Tampering of plant / equipment
<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Dust / fume	<input type="checkbox"/>	Plant or equipment failure
<input type="checkbox"/>	Vibration	<input type="checkbox"/>	Slip / trip hazard	<input type="checkbox"/>	Inadequate maintenance
<input type="checkbox"/>	Weather	<input type="checkbox"/>	Time / production pressures	<input type="checkbox"/>	Inadequate guarding
			<input type="checkbox"/>		
Work systems			People		
<input type="checkbox"/>	Hazard no identified	<input type="checkbox"/>	No / inadequate risk assessment conducted	<input type="checkbox"/>	No / Not followed Procedure
<input type="checkbox"/>	Hazard not reported	<input type="checkbox"/>	No / inadequate controls implemented	<input type="checkbox"/>	Drugs / alcohol
<input type="checkbox"/>	No/inadequate safe work procedure	<input type="checkbox"/>	Inadequate training / supervision	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Inadequate planning	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Stress/ Pressures
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
Comment on selection					

8. CORRECTIVE ACTIONS				
Actions	Assigned to	Completion date	Date complete	Verified by

9. PM AND ER TO COMPLETE				
Matter has been reviewed, recorded, and correctly notified?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
PM Signature:		ER Signature:		
Date:		Date:		