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| Energy Safe VictoriaElectrical 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**](mailto:info@energysafe.vic.gov.au) or

PO Box 262

COLLINS STREET WEST VIC 8007

Attn: Electrical Incidents

**Incident details**

|  |  |
| --- | --- |
| Date of incident |  |
| Time of incident |  |
| Incident street address |  |
| 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: |  | | |

**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 |  | | | | |
| **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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