

# WorkCover Incident Notification Form

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|--|--------------|
| NOTIFICATION No: <u>269829</u>   | INCIDENT No: |
| Notification Type:   |              |
| <input type="checkbox"/> Emergency Response <input type="checkbox"/> Immediate <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Not Reportable <input type="checkbox"/> MOU Agency |              |

Caller: JOHN ROBINSON                      Organisation: HAZELWOOD POWER STATION                      Phone: .

Notification Date: 09-FEB-2014                      Notification Time: 04:03 PM

Incident Date: 09-FEB-2014                      Incident Time: 01:30 PM

Company/Employer/Person: HAZELWOOD POWER STATION

Incident Site Address: BRODRIBB ROAD, MORWELL

Melways Ref:                      Vic. Roads Map Ref:

Site Contact - Name: JOHN ROBINSON                      Position:

Phone:

**Brief description of Incident:**

Male employee struck in the mouth by a fire hose, resluting in several broken teeth.

Fires in the mine area

Person/s injured - Name/s:

Details of injury: Broken teeth

|                                   |   |                                      |   |  |  |                                |
|-----------------------------------|---|--------------------------------------|---|--|--|--------------------------------|
| Incident Category:                | <input checked="" type="checkbox"/> OHS | <input type="checkbox"/> DG          | <input type="checkbox"/> Equipment        | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Other             |                                |
| OHS Incident Type:                | <input type="checkbox"/> Plant          | <input type="checkbox"/> Environment | <input checked="" type="checkbox"/> Other |  |  |                                |
| DG Incident Type:                 | <input type="checkbox"/> Fire           | <input type="checkbox"/> Explosion   | <input type="checkbox"/> Spill            | <input type="checkbox"/> Gas escape    | <input type="checkbox"/> Explosive pick up | <input type="checkbox"/> Other |
| DG Description:                   |   |                                      |   |  |  |                                |
| Emergency Services in attendance: | <input type="checkbox"/> Police         | <input type="checkbox"/> MFB         | <input type="checkbox"/> CFA              | <input type="checkbox"/> EPA           | <input type="checkbox"/> Ambulance         |                                |
|                                   | <input type="checkbox"/> Other          |                                      |   |  |  |                                |

**Advice given:**

|  |  |
|--|--|
| Name of officer receiving Notification:      | <u>Bill Michail</u>                    |
| Further Action- Officer referred to:         | <u>Sean Byrne</u>                      |
| Group Office:                                | <u>MHU MAJOR HAZARDS UNIT</u>          |
| <input type="checkbox"/> Inspector to attend | <input type="checkbox"/> No attendance |
| Officer attending:                           | Time of arrival on site:               |

GM/PRIO/TL/ER CONTROLLER: \_\_\_\_\_ DATE: \_\_\_\_\_

Notification sent to:  GM  FSU  Local Office    Date:..... Time:.....am/pm