

## WorkCover Incident Notification Form

<b>NOTIFICATION No:</b> <u>236530</u>	<b>INCIDENT No:</b>
<b>Notification Type:</b> <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:** INTERNATIONAL POWER HAZELWOOD                     
 **Phone:** 0400087107

**Notification Date:** 01-AUG-2011                     
 **Notification Time:** 12:27 PM

**Incident Date:** 01-AUG-2011                     
 **Incident Time:** 11:15 AM

**Company/Employer/Person:** BELLE BANNE-A CONTRACTOR

**Incident Site Address:** BRODRIBB RD MORWELL- INTERNATIONAL POWER HAZELWOOD MINE

**Melways Ref:**   
 **Vic. Roads Map Ref:**

**Site Contact - Name:** JOHN ROBINSON                     
 **Position:** OH&S Manager  
**Phone:** 0400087107

**Brief description of Incident:**  
while oxy cutting inside the stacker, slag may ignited the grease line, causing burns to the face and the left wrist of the worker. it was a ball of flame that flashed on and off causing the burn. Worker taken to la trobe regional hospital in traralgon. Worksafe inspector Kevin Hayes has been notified. oxy/acc torch was taken out to make safe

**Person/s injured - Name/s:** VICTOR SALIENKO  
**Details of injury:** burns

<b>Incident Category:</b> <input type="checkbox"/> OHS <input type="checkbox"/> DG <input type="checkbox"/> Equipment Public Safety <input type="checkbox"/> Other
<b>OHS Incident Type:</b> <input checked="" type="checkbox"/> Plant <input type="checkbox"/> Environment <input type="checkbox"/> Other
<b>DG Incident Type:</b> <input checked="" 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
<b>DG Description:</b>
<b>Emergency Services in attendance:</b> <input type="checkbox"/> Police <input type="checkbox"/> MFB <input type="checkbox"/> CFA <input type="checkbox"/> EPA <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Other

**Advice given:** advised to fill out incident notification form

<b>Name of officer receiving Notification:</b> <u>Damien Lacy</u>
<b>Further Action- Officer referred to:</b> <u>Sean Byrne</u> <b>Group Office:</b> <u>CML NORTH - MELBOURNE</u> <input type="checkbox"/> Inspector to attend <input type="checkbox"/> No attendance
<b>Officer attending:</b> _____ <b>Time of arrival on site:</b> _____

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

<b>Notification sent to:</b> <input type="checkbox"/> GM <input type="checkbox"/> FSU <input type="checkbox"/> Local Office <b>Date:</b> ..... <b>Time:</b> ..... am/pm
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