

WorkCover Incident Notification Form

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

Malways 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, resulting in several broken teeth.
Fires in the mine area

Person/s injured - Name/s: DANIAL DELLAVELLA
Details of injury: Broken teeth

Incident Category: <input checked="" type="checkbox"/> OHS <input type="checkbox"/> DG <input type="checkbox"/> Equipment 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: <input type="checkbox"/> GM <input type="checkbox"/> FSU <input type="checkbox"/> Local Office Date: Time: am/pm
