

WorkCover Incident Notification Form

NOTIFICATION No: 270201 **INCIDENT No:**
Notification Type:
 Emergency Response Immediate Complaint Reportable Not Reportable MOU Agency

Caller: TINA MARCHINGTON **Organisation:** CFA **Phone:** 0427 402 490

Notification Date: 18-FEB-2014 **Notification Time:** 01:15 PM

Incident Date: 12-FEB-2014 **Incident Time:** 08:10 PM

Company/Employer/Person: CFA

Incident Site Address: HAZELWOOD OPEN CUT MINE - BRODRIBB RD MORWELL

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

Site Contact - Name: NICK BROWN **Position:** INCIDENT CONTROLLER
Phone: 0418 551 744

Brief description of Incident:

66 YEAR OLD EMPLOYEE RECEIVED A 5% READING WITH CARBON MONOXIDE EXPOSURE WHILE WORKING ON A FIRE AT THE HAZELWOOD MINE. EMPLOYEE TAKEN BY AMBULANCE FOR MEDICAL TREATMENT.

Person/s injured - Name/s: GEOFFREY RICHARDS

Details of injury: CARBON MONOXIDE EXPOSURE.

Incident Category: OHS DG Equipment Public Safety Other
OHS Incident Type: Plant Environment Other
DG Incident Type: Fire Explosion Spill Gas escape Explosive pick up Other
DG Description: CARBON MONOXIDE
Emergency Services in attendance: Police MFB CFA EPA Ambulance
 Other

Advice given: LODGE WRITTEN NOTIFICATION

Name of officer receiving Notification: Jason Flanagan
Further Action- Officer referred to: Sean Byrne
Group Office: MHU MAJOR HAZARDS UNIT
 Inspector to attend 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