

WorkCover Incident Notification Form

NOTIFICATION No: 270042 **INCIDENT No:**
Notification Type:
 Emergency Response Immediate Complaint Reportable Not Reportable MOU Agency

Caller: TINA MARCHINGTON **Organisation:** COUNTRY FIRE AUTHORITY **Phone:** 0427502490

Notification Date: 13-FEB-2014 **Notification Time:** 04:30 PM

Incident Date: 13-FEB-2014 **Incident Time:** 09:30 AM

Company/Employer/Person: COUNTRY FIRE AUTHORITY

Incident Site Address: HAZELWOOD OPEN CUT MINE
MOREWELL
VIC 3840

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

Site Contact - Name: BARRY FOSS **Position:** Incident Controller
Phone: 0427328564

Brief description of Incident:
20 yr old male employee sustained exposure to substance. Presented to medical unit for check up and discovered high readings of carbon minoxide - transported to hospital for treatment.

Person/s injured - Name/s: WILLAIM CHAU
Details of injury: Exposure to substance

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:
Emergency Services in attendance: Police MFB CFA EPA Ambulance
 Other

Advice given: Advised to lodge online notification within 48 hrs.

Name of officer receiving Notification: Sandra Dunatov
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