

WorkCover Incident Notification Form

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| NOTIFICATION No: <u>205099</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: PETER LANGRIDGE **Organisation:** COUNTRY FIRE AUTHORITY **Phone:** 0419373893

Notification Date: 15-SEP-2008 **Notification Time:** 05:35 PM

Incident Date: 15-SEP-2008 **Incident Time:** 04:00 PM

Company/Employer/Person: COUNTY FIRE AUTHORITY

Incident Site Address: MORWELL OPEN CUT MINE
MORWELL 3840

Mailways Ref: **Vic. Roads Map Ref:**

Site Contact - Name: PETER LANGRIDGE **Position:**
Phone: 0419373983

Brief description of Incident:

Two fire fighters were overcome by smoke and carbon monoxide. CFA monitoring carbon monoxide.

Person/s injured - Name/s: PAUL TYERS & DALE LEE

Details of injury: Smoke inhalation.

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| 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:

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| Name of officer receiving Notification: <u>Douglas Wyatt</u> |
| Further Action- Officer referred to: <u>Graeme Prentice</u> |
| Group Office: <u>ETR EAST - TRARALGON</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:** _____

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