



8. Notice or Record of Accident/Serious Harm

Check that the details on this copy are complete and forward it to your nearest DoL Office



1. Particulars of Employer: (Business name and address)

Three horizontal lines for business name and address.

2. Location of place of work:

Two horizontal lines for location details.

Shop, shed, unit no, floor, building; Street no and name; Locality / suburb

3. Personal data of injured person:

Name and Residential address fields with corresponding input boxes.

Date of birth and Sex (M/F) fields with input boxes.

4. Occupation or job title of injured person:

Horizontal line for occupation or job title.

5. Period of employment of injured person:

- 1st week, 1st month, 1-6 months, 6 months-1year, 1-5 years, Over 5 years, Non-employee

6. Treatment of injury:

- Nil, Hospitalised, First-aid, Doctor (not hospitalised)

7. Time and date of accident/serious harm:

Time and Date input fields.

- Shift Day, Afternoon, Night

Hours worked since arrival at work input field.

8. Mechanism of accident/serious harm:

- Fall, trip or slip, Sound or pressure, Body stressing, Biological factors, Mental stress, Hitting objects with part of the body, Being hit by moving objects, Heat, radiation or energy, Chemicals or other substances

9. Agency of accident/serious harm:

- Machinery or (mainly) fixed plant, Mobile plant or transport, Powered equipment, tools or appliances, Non-powered hand tools, appliances and equipment, Chemical or chemical products, Material or substance, Environmental agency, Animal, human or biological agency (not bacteria or virus), Bacterial or virus

10. Body part:

- Head, Neck, Trunk, Upper limb, Lower limbs, Multiple locations, Systemic (internal organs)

11. Nature of injury or disease: (specify all) Fatal

- Fracture of spine, Other fractures, Dislocation, Sprain or strain, Head injury, Internal injury of trunk, Amputation, incl. eye, Open wound, Superficial injury, Bruising or crushing, Foreign body, Burns, Nerves or spinal cord, Occupational hearing loss, Puncture wound, Poisoning and toxic effects, Multiple injuries, Damage to artificial aid, Disease, nervous system, Disease, musculoskeletal, Disease, skin, Disease, digestive system, Disease, infectious or parasitic, Disease, respiratory system, Disease, circulatory system, Tumour (malignant or benign), Mental disorder

12. Where and how did the accident/harm happen?

If not enough room, attach separate sheet or sheets

- 13. Has an investigation been carried out? Yes/No, Was a significant hazard involved? Yes/No

Completed by: Employer or Employer's representative (delete which is not applicable)

Name and Position, Signature, Date input fields.