

NT WorkSafe Incident notification

Before you start

Sections 35 to 39 of the [Work Health and Safety \(National Uniform Legislation\) Act 2011](#) requires a person conducting a business or undertaking (PCBU) to notify NT WorkSafe as soon as reasonably practicable after an incident has occurred.

Refer to the NT WorkSafe bulletin - [Work Health and Safety - Incident notifications](#) for further information.

An incident site must not be disturbed until an inspector arrives on site or directs otherwise.

Reference number:		Date Notified:	
All fields are mandatory unless noted.			
Reporting business details			
Name of employer/self-employed person:			
ABN (if applicable)			
What is the role of the reporting business?			
<input type="checkbox"/> Employer	<input type="checkbox"/> Labour hire company		
<input type="checkbox"/> Principal contractor	<input type="checkbox"/> Host employer		
<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Other		
If other, what type of role is it?			
What type of industry is it?			
<input type="checkbox"/> Accommodation, cafés and restaurants	<input type="checkbox"/> Health and community services		
<input type="checkbox"/> Agriculture and fishing	<input type="checkbox"/> Hydrocarbon exploration and production		
<input type="checkbox"/> Communication services	<input type="checkbox"/> LPG manufacture		
<input type="checkbox"/> Construction	<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Cultural and recreational services	<input type="checkbox"/> Mining		
<input type="checkbox"/> Education	<input type="checkbox"/> Personal and other services		
<input type="checkbox"/> Electricity, gas and water supply	<input type="checkbox"/> Retail trade		
<input type="checkbox"/> Finance and insurance	<input type="checkbox"/> Transport and storage		
<input type="checkbox"/> Government administration and defence	<input type="checkbox"/> Wholesale trade		
<input type="checkbox"/> Unknown			

Primary contact			
Full name			
Position title			
Phone		Email	
Business address			
Postal address (if different from above)			
Employer			
Name of employer (if different from reporting business)			
Employer ABN			
Incident details			
What type of notifiable incident are you reporting?			
<input type="checkbox"/> Death of a person		<input type="checkbox"/> Serious injury or illness	<input type="checkbox"/> Dangerous incident
When did the incident occur? Provide date and time			
Where did the incident occur? Provide the address and the specific location.			
What work activity was being performed at the time of the incident? Provide a detailed description of the work being performed at the time of the incident, including any substance involved.			

<p>Was any plant or equipment being used at the time?</p> <p>Plant includes machinery, equipment, appliances, containers, implements and tools and components or anything fitted or connected to those things.</p> <p>If yes, what plant or equipment was being used?</p>	<p>Yes/No</p>		
<p>What was the suspected cause of the incident?</p> <p>Describe what happened and the apparent cause of the incident</p>			
<p>Is there any CCTV footage of the incident?</p> <p>If yes, CCTV footage can be submitted to NT WorkSafe when you submit this notification</p>	<p>Yes/No/Unknown</p>		
<p>What action has been taken, or is intended to be taken, to prevent a repeat of the incident?</p>			
<p>Injured or deceased person details</p>			
<p>Full name</p>			
<p>Date of birth</p>			
<p>What is their relationship to the business or employment type?</p>			
<p><input type="checkbox"/> Direct worker</p>	<p><input type="checkbox"/> Apprentice or trainee</p>	<p><input type="checkbox"/> Volunteer</p>	
<p><input type="checkbox"/> Contractor</p>	<p><input type="checkbox"/> Labour hire worker</p>	<p><input type="checkbox"/> Work exchange student</p>	
<p><input type="checkbox"/> Member of the public</p>	<p><input type="checkbox"/> Visitor</p>	<p><input type="checkbox"/> Other</p>	
<p>If other, what is their relationship or employment type?</p>			
<p>Phone</p>		<p>Email</p>	
<p>Residential address</p>			

Injury or illness details			
What is the condition of the injured person? (not required for deceased persons)			
<input type="checkbox"/> Minor injuries or illness		<input type="checkbox"/> Major injuries or illness	<input type="checkbox"/> Unknown
What injury or illness occurred?			
Did this person receive treatment for their injury or illness? If yes, what treatment was provided		Yes/No	
Witness details			
Full name			
Phone		Email	
Full name			
Phone		Email	
Site preservation			
I understand that an incident site must not be disturbed until an inspector arrives at the site or directs otherwise, whichever is earlier.			
Signature		Date	

Submit

Email your completed form to NTWorkSafe@nt.gov.au

Privacy

The Department of the Attorney-General and Justice (the department) is committed to respecting your rights to privacy and personal data protection.

Personal information provided by you will be managed in accordance with the *Information Act 2002 (NT)* and the Information Privacy Principles. This statement sets out how the department will manage your personal information. We recommend that you read this statement in conjunction with the privacy policy available on the Northern Territory Government's website.

Personal information has the same meaning it is given in the *Information Act 2002 (NT)*.

Requirement to provide your personal information

You have been asked to provide personal information as part of your completion and submission of the safety concern report to NT WorkSafe.

You do not have to provide your personal information but if you choose not to, please note that NT WorkSafe may be unable to accept, process, progress and / or investigate the incident and safety concerns raised by you in the notification forms.

The personal information you provide in your application will be used by NT WorkSafe for the purpose of processing, considering and / or investigating the incident and / or safety concerns that you have brought to NT WorkSafe's attention and any and all actions related to the notifications.

By providing your personal information, you authorise NT WorkSafe to share your personal information with other government departments and agencies of the Northern Territory.

We will take all reasonable steps to protect your personal information against misuse, loss and unauthorised access, modification or disclosure.

Accessing your personal information

You have the right to access the information we hold about you. You may enquire about the information held about you. If you wish to do so your application must:

- be in written form
- specify the name of the applicant
- include sufficient details to identify the information sought and
- specify an address to which correspondence regarding the application may be sent to the applicant.

If the information about you is not correct or if you are not satisfied with the way we have collected, held, used or disclosed your personal information under the Information Act, you can contact us by emailing agd.foi@nt.gov.au or calling 08 8935 7426. Read more about access to information on the [department's website](#)¹.

Sharing of your personal information

We may share your information:

- with other work health authorities, including work health and safety regulators in other states, territories or the Commonwealth, regarding the notification(s).
- in accordance with the Work Health and Safety Act 2011 and any state or territory legislation relating to occupational or work health and safety matters
- if required or authorised by law to do so, or

- if you have given us your consent to share your personal information for a specific purpose.

More information about privacy laws in the Northern Territory is available on the [Office of the Information Commissioner Northern Territory website](#)².

Alternatively, you can access the *Information Act 2002 (NT)* on the [NT Legislation website](#)³.

Contact

NT WorkSafe
Ground floor, Building 3
Darwin Corporate Park
631 Stuart Highway
Berrimah NT 0828

Postal address

GPO Box 1722
Darwin NT 0801

Phone: 1800 019 115

Fax: 08 8999 5141

Email: ntworksafe@nt.gov.au

¹ <https://justice.nt.gov.au/access-to-information>

² <https://infocomm.nt.gov.au/>

³ <https://legislation.nt.gov.au/en/Legislation/INFORMATION-ACT-2002>
