Electrical Event notification form

Reference number:			Date Notified:				
All fields are mandatory	y unless noted.						
Incident details							
What type of notifiable	e incident are you reporting?						
Serious electrical event	: 🗆	Dangerous ele	ectrical event				
When did the incident	occur?						
Date		Time					
Where did the incident	t occur? Provide the address a	and the specific	location.				
What activity was being performed at the time of the incident? Provide a detailed description of the activity being performed in the lead up to the serious or dangerous electrical incident.							
Was any plant or equipment being used or involved with the incident? Plant includes machinery, equipment, appliances, containers, implements and tools and components or anything fitted or connected to those things. Example: A crane made contact with power lines or Solar PV system caught on fire.							
What was the suspected cause of the incident? Describe what happened and the apparent cause of the incident.							
Is there any CCTV foot	rage of the incident?						
	an be submitted to NT WorkS	afe when you	Yes N	o 🗌 Unkno	own 🗌		
What action has been taken, or is intended to be taken, to prevent a repeat of the incident?							





Injured or deceased person details								
Full name								
Date of birth								
What is their relationship to the premise where the incident occurred?								
Direct worker		Apprentice or	trainee		Volunteer			
Contractor		Labour hire worker			Member of the public			
Resident of the premi	se 🗌	Visitor			Other			
If other, what is their relationship or employment type?								
Phone			Email					
Residential address								
Injury or illness deta	ails							
What is the condition	of the injured p	erson? (not requ	uired for dece	ased pers	ons)			
Minor injuries or illnes	ss 🗌	Major injur	1ajor injuries or illness Unknown					
What injury or illness occurred?								
Did this person receive treatment for their injury or illness? Yes No								
If yes, what treatment was provided								
Witness details								
Witness 1								
Full name								
Phone			Email					
Witness 2								
Full name								
Phone			Email					
Site preservation								
I understand that an incident site must not be disturbed until an inspector arrives at the site or NT WorkSafe directs otherwise, whichever is earlier.								
Signature				Date				



Reporting person details					
I am a:	Lice	nced Electr	ical Worker	Occupier of the pre	emise 🗌
The incident occurred at a:	\	Vorkplace	Private Residence	Public	place
Full name:					
Electrical Work Licence no. (if applicable):					
Role in event:					
Position title: (if applicable)					
Phone:	Email:				
Address:					
Postal address (if different from above):					
Business details (if the incident o	ccurred in	a workpla	ce)		
Business name:					
ABN:					
Electrical Contractor licence no. (if applicable):					
Industry:					
Accommodation, cafes and restaurants			Hydrocarbon exploration		
Agriculture and fishing		LPG manufacture			
Communication services			Manufacturing		
Construction		Mining			
Cultural and recreational services		Personal and other servi	ces		
Education		Retail trade			
Electricity, gas and water supply		Transport and storage			
Finance and insurance		Wholesale trade			
Government administration and defe		Unknown			
Health and community services					



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.





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 website².

Alternatively, you can access the Information Act 2002 (NT) on the NT Legislation website³.

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

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





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

² https://infocomm.nt.gov.au/