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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reference number:** | | | | | | |  | | | | | | | | | | | | | | | | **Date Notified:** | | | | | | | | |  | | | | | | | | | | | | | |
| All fields are mandatory unless noted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What type of notifiable incident are you reporting? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Serious electrical event | | | | | | | | |  | | | | | | | | Dangerous electrical event | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **When did the incident occur?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | |  | | | | | | | | | | | | | | | Time | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Where did the incident occur?** Provide the address 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | |  | | No | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What was the suspected cause of the incident?**  Describe what happened and the apparent cause of the incident. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there any CCTV footage of the incident?**  If yes, CCTV footage can be submitted to NT WorkSafe when you submit this notification | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | No | | | |  | | | Unknown | | | | | |  | | |
| **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 premise | | | | | | | |  | | | | Visitor | | | | | | | | | | |  | | | | | Other | | | | | | | | | | | | |  | | | | |
| If other, what is their relationship or employment type? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | | |  | | | | | | | | | | | | | | | **Email** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Residential address** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injury or illness details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is the condition of the injured person?** (not required for deceased persons) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Minor injuries or illness | | | | | | | | | |  | | | Major injuries or illness | | | | | | | | | | |  | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | Licenced Electrical Worker | | | | | | | | | | | | | |  | | Occupier of the premise | | | | | | | | | | | | | | | | |  | |
| The incident occurred at a: | | | | | | | | | | | Workplace | | | | | | | |  | | 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 occurred in a workplace) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABN: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electrical Contractor licence no.  (if applicable): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Industry: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accommodation, cafes and restaurants | | | | | | | | | | | | | | |  | | | | | Hydrocarbon exploration and production | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Agriculture and fishing | | | | | | | | | | | | | | |  | | | | | LPG manufacture | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Communication services | | | | | | | | | | | | | | |  | | | | | Manufacturing | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Construction | | | | | | | | | | | | | | |  | | | | | Mining | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Cultural and recreational services | | | | | | | | | | | | | | |  | | | | | Personal and other services | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Education | | | | | | | | | | | | | | |  | | | | | Retail trade | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Electricity, gas and water supply | | | | | | | | | | | | | | |  | | | | | Transport and storage | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Finance and insurance | | | | | | | | | | | | | | |  | | | | | Wholesale trade | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Government administration and defence | | | | | | | | | | | | | | |  | | | | | Unknown | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Health and community services | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

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| nd of form |

# Submit

Email your completed form to [NTWorkSafe@nt.gov.au](mailto: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](mailto:agd.foi@nt.gov.au) or calling 08 8935 7426. Read more about access to information on the [department's website](https://justice.nt.gov.au/access-to-information)[[1]](#footnote-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](https://infocomm.nt.gov.au/)[[2]](#footnote-2).

Alternatively, you can access the *Information Act 2002 (NT)* on the [NT Legislation website](https://legislation.nt.gov.au/en/Legislation/INFORMATION-ACT-2002)[[3]](#footnote-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](mailto:ntworksafe@nt.gov.au)

1. [↑](#footnote-ref-1)
2. 1 <https://justice.nt.gov.au/access-to-information>  
    <https://infocomm.nt.gov.au/> [↑](#footnote-ref-2)
3. <https://legislation.nt.gov.au/en/Legislation/INFORMATION-ACT-2002> [↑](#footnote-ref-3)