

# CFMEU

## CONSTRUCTION, FORESTRY, MINING & ENERGY UNION OCCUPATIONAL HEALTH & SAFETY UNIT NOTIFICATION OF CONCERN/INCIDENT

Incident ID: (office use only): .....

Date Concern/Incident: ...../...../.....	Time of Concern/Incident: .....																																																																																										
Site Name (if applicable) & Address: ..... ..... .....																																																																																											
Principle Contractor: .....																																																																																											
Contact Person: .....																																																																																											
Telephone Number: .....																																																																																											
Sub-Contractor: .....																																																																																											
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Area Organiser: .....																																																																																											
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Brief Description of what occurred:

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Injury Treatment  N/A  First Aid treatment on site  Doctor/Hospitalisation

At the time of the Incident/Concern:

- Was it a High Risk Task?  YES  NO
- Was there a site specific Safe Work Method Statement?  YES  NO  N/A
- Was the site specific SWMS being followed?  YES  NO  N/A
- Was Worksafe Notified:  YES  NO  N/A

Outcomes/Solutions to the Concern/Incident:

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Completed by: .....

Please return this form to the CFMEU Occupational Health, Safety and Environmental Unit  
540 Elizabeth Street  
MELBOURNE VIC 3000

Email: [vicqueries@cfmeu.org](mailto:vicqueries@cfmeu.org)

Authorised by Dr Gerry Ayers  
Manager CFMEU OHS & E Unit