



Construction, Forestry, Mining & Energy Union Occupational Health & Safety Unit

Notification of Concern/Incident

Date Concern/Incident:	Time of Concern/Incident:																																																																																										
Site Name (If applicable) & Address:																																																																																											
Principle Contractor:																																																																																											
Contact Person:																																																																																											
Phone Number:																																																																																											
Sub-contractor:																																																																																											
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OHS Representative Name:																																																																																											
Contact Number:																																																																																											
Area Organiser:																																																																																											
Concern/Incident: Outcome: <input type="checkbox"/> Concern <input type="checkbox"/> Near Miss <input type="checkbox"/> Injury <input type="checkbox"/> Fatality																																																																																											
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Brief Description of what occurred:
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Injury Treatment: N/A First Aid treatment on site Doctor/Hospitalization

At the time of the Incident/Concern:

Was it a High Risk Task?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Was there a site specific Safe Work Method Statement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Was the site specific SWMS being followed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Was Worksafe Notified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Outcomes/Solutions to the Concern/Incident:
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.....

Completed by:

Please return this form to the CFMEU Environmental Occupational Health and Safety Unit

(Fax: 9341 3427)

Authorised by Gerry Ayers

CFMEU Occupational Health & Safety Unit.

For Office Use Only:
Incident Id: