

# Notification of Concern/Incident

Today's Date:	
Date of Incident/Concern:	Time of Incident/Concern:
Site Name (If applicable) & Address:	
Principle Contractor:	
Contact Person:	
Phone Number 1:	Phone Number 2:
Sub-contractor:	
Contact Person:	
Phone Number 1:	Phone Number 2:
Health & Safety Representative:	
Contact Number:	
Area Organiser:	
Incident/Concern Type: <input type="checkbox"/> Near Miss <input type="checkbox"/> Injury <input type="checkbox"/> Fatality	

**Cause of Incident (Please put 1 for Primary Cause and 2 for Secondary Cause)**

<input type="checkbox"/>	Access/Egress	<input type="checkbox"/>	Forklifts
<input type="checkbox"/>	Air Quality	<input type="checkbox"/>	Formwork
<input type="checkbox"/>	Amenities/Hygiene	<input type="checkbox"/>	Housekeeping
<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Lifts & Hoists
<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Lighting
<input type="checkbox"/>	Concrete Pumps	<input type="checkbox"/>	Manual Handling
<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Noise
<input type="checkbox"/>	Consultation	<input type="checkbox"/>	OHS Rep/Committee
<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Piling
<input type="checkbox"/>	Core Drilling/Concrete Cutting	<input type="checkbox"/>	Plant
<input type="checkbox"/>	Cranes	<input type="checkbox"/>	Power Tools
<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Precast/Tilt Up Panels
<input type="checkbox"/>	Dust	<input type="checkbox"/>	Pre Stressing/Post Tensioning
<input type="checkbox"/>	Earthmoving Equipment	<input type="checkbox"/>	Radiation
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Rigging
<input type="checkbox"/>	Emergency Procedures	<input type="checkbox"/>	Scaffolding
<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Supervision
<input type="checkbox"/>	EWP's	<input type="checkbox"/>	Synthetic Mineral Fibre
<input type="checkbox"/>	Falls from Heights	<input type="checkbox"/>	Traffic Management
<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Training
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Trenching Excavation

**Continued  
on other side...**



# Notification of Concern/Incident

Brief Description of Incident/Concern

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

**Weather Conditions**  Cold  Fine  Hot  Wet  Windy

**At the time of the Incident/Concern**

Was it a High Risk Task?  YES  NO  
Was there a Safe Work Method Statement?  YES  NO  N/A  
Was the SWMS being followed?  YES  NO  N/A  
Was WorkSafe Notified?  YES  NO  N/A

**Outcomes/Solutions to the Incident:**

**Completed by:** \_\_\_\_\_

Please return this form to the CFMEU Counter Organiser

Email: [nswcounterorganiser@cfmeu.org](mailto:nswcounterorganiser@cfmeu.org)  
Authorised by CFMEU NSW.

**For Office Use Only:**

Incident ID: \_\_\_\_\_

