

Electrical Accident / Incident Notice

Accident / Incident details

Date accident / incident occurred		Time	
Date accident / incident detected		Time	
Incident address			
Incident area or suburb			
Incident reference number			
Brief description of the accident / incident			
Specification of accident/incident site			
Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>
Construction site	<input type="checkbox"/>	Agricultural	<input type="checkbox"/>
Public open space	<input type="checkbox"/>	Reticulation	<input type="checkbox"/>
Other (specify)			
Voltage level			
220V	<input type="checkbox"/>	400V	<input type="checkbox"/>
11kV	<input type="checkbox"/>	22kV	<input type="checkbox"/>
Other (specify)			
Consequence of the accident / incident (tick what is applicable)			
Fatality	<input type="checkbox"/>	Serious injury	<input type="checkbox"/>
Electric shock (injury)	<input type="checkbox"/>	Minor injury	<input type="checkbox"/>
Comma	<input type="checkbox"/>	Mild electric shock (no injury)	<input type="checkbox"/>
Black out	<input type="checkbox"/>	Burns (flash / electrical)	<input type="checkbox"/>
	<input type="checkbox"/>	Property damage	<input type="checkbox"/>
	<input type="checkbox"/>	Technical defect	<input type="checkbox"/>
	<input type="checkbox"/>	Sustained power outage	<input type="checkbox"/>
Other,(please specify)			

Action taken:

Brief description of the action taken by the licensee.

Details of the person reporting the incident/accident			
First name(s)		Surname	
Designation			
Company name			
Address			
Contact number			
Email			
Signature		Date	
Details of the person investigating the incident/accident			
First name(s)		Surname	
Designation			
Contact number			
Email			
Signature		Date	

Details of the person injured / affected:

First name(s)		Surname	
Age			
Address			
Relationship with Licensee			
Contact number			
Email			
Treatment / Condition of affected person /victim			
Medical treatment	<input type="checkbox"/>	Stable	<input type="checkbox"/>
		Hospital (admission)	<input type="checkbox"/>
Other (specify)			