

# Energy Safe Victoria

## Electrical incident report form

This form should be used by companies, tradespeople and the general public for reporting electrical incidents. It replaces the previous Schedule 1 and Schedule 2 forms.

Distribution companies should report any incidents via the OSIRIS web portal.

Return to this completed form to:

[info@energysafe.vic.gov.au](mailto:info@energysafe.vic.gov.au) or  
PO Box 262  
COLLINS STREET WEST VIC 8007  
Attn: Electrical Incidents

### Incident details

Date of incident	
Time of incident	
Incident street address	
Suburb	
Postcode	

Premises or location of the incident (tick all that apply)					
Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Industrial	<input type="checkbox"/>
Construction site	<input type="checkbox"/>	Agricultural	<input type="checkbox"/>	Substation	<input type="checkbox"/>
Public open space	<input type="checkbox"/>	Roadway	<input type="checkbox"/>	Train/Tram	<input type="checkbox"/>
Category of the incident					
Installation/Wiring	<input type="checkbox"/>	Equipment/Appliances	<input type="checkbox"/>	Network infrastructure	<input type="checkbox"/>
Briefly describe the incident					

Consequence of the incident (tick all that apply)					
Fatality	<input type="checkbox"/>	Serious injury	<input type="checkbox"/>	Minor injury	<input type="checkbox"/>
Electric shock (injury)	<input type="checkbox"/>	Electric shock (no injury)	<input type="checkbox"/>	Unsafe situation	<input type="checkbox"/>
Property damage >\$50,000	<input type="checkbox"/>	Property damage <\$50,000	<input type="checkbox"/>	Technical defect	<input type="checkbox"/>
Burns (flash/electrical)	<input type="checkbox"/>	Other, please specify:			

## Contact details

Person reporting the incident					
First name					
Surname					
Address					
Suburb					
Postcode					
Phone					
Email					
Company name					
Person investigating the incident					
First name					
Surname					
Phone					
Email					
Person injured in or affected by the incident					
First name					
Surname					
Age					
Address					
Suburb					
Postcode					
Phone					
Email					
Treatment received					
Medical treatment	<input type="checkbox"/>	Observation	<input type="checkbox"/>	Hospital (admission)	<input type="checkbox"/>

<b>Briefly describe the treatment provided</b>

## Additional details required for workplace injuries

<b>Occupation of the injured person (tick all that apply)</b>			
Electrical worker	<input type="checkbox"/>	Plumber	<input type="checkbox"/>
Network operator worker	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>
		Other (please specify):	

<b>Electrical licence number</b>	
Of the affected person	

<b>What type of work was the injured/affected person performing?</b>

<b>Employer details</b>	
Business name	
Contact name	
Address	
Suburb	
Postcode	
Phone	
Email	

<b>Witness details</b>	
First name	
Surname	
Address	
Suburb	
Postcode	
Phone	
Email	
Company name	

## Action taken

<b>Briefly describe the action taken and whom</b>