VUL-FRM-05-01-Incident Notification

Incident Details			
Incident Number (yyyymmddhhmm (24 hr time)		Date	
Location		Time	
Company Name		Department	
Person/s Involved		Supervisor	

Brief Description of Event

Incident Category	
☐ 1 ☐ 2 ☐ 3 ☐ 4/5 *(If multiple incident types have been selected, identify the type with the highest of the actual/ potential)*	☐ Actual ☐ Potential ☐ First Aid Type of Event: Choose an item.

Immediate Actions:

Photos: (if photos are unable to be attached to form, please email them)

Superintendent Notified	☐ Yes ☐ No
OCE Notified	☐ Yes ☐ No
Drug & Alcohol Test Conducted	☐ Yes ☐ No

Incident Notification Form is to be emailed to vulcan_mine_incident_report@vitrinite.com.au