consolidatedgroup.com.au	**INCIDENT / EVENT STATEMENT FORM** Consolidated Group of Companies Health, Safety & Environment	**F19** Incident-Event Statement Version 6.0 ISO 45001:2018

⚠ CRITICAL / NOTIFIABLE INCIDENT PROTOCOL

If this incident involves a fatality, serious injury, or dangerous incident:

1. PRESERVE THE SCENE — do not disturb until authorised by WorkSafe WA.
2. NOTIFY WorkSafe WA IMMEDIATELY: 1300 307 877 (fatality / dangerous incident = immediate; serious injury = within 24 hours).
3. NOTIFY Director (Kate or Theo Tsorvas) immediately 0487 337 424 or 0459 786 391.
4. ACTIVATE incident investigation — complete F30 Investigation Form and refer to ISO-SOP-MP-011.

Notifiable incidents defined in WHS Act 2020 (WA) s.35–37.

A — PERSONAL DETAILS — STATEMENT AUTHOR

FULL NAME	**COMPANY / EMPLOYER**
POSITION / ROLE	**SUPERVISOR'S NAME**
EMAIL ADDRESS	**PHONE NUMBER**
SITE / PROJECT	**DATE OF STATEMENT**
Entity: ☐ CG ☐ CTS ☐ JG	**My involvement:** ☐ Directly Involved ☐ Witness ☐ Supervisor / Manager

B — INCIDENT DETAILS

INCIDENT DATE	**TIME OF EVENT**	**EXACT LOCATION**
Category: ☐ Mining / Civil ☐ Transport / Logistics ☐ Workshop / Yard ☐ Office	**Type:** ☐ Incident ☐ Accident ☐ Near Miss ☐ Collision ☐ Mechanical Fault ☐ Hazard ☐ Complaint	
Anyone injured? ☐ Yes ☐ No First aid required? ☐ Yes ☐ No	**Emergency services notified?** ☐ Police ☐ Ambulance ☐ DFES ☐ WorkSafe WA ☐ None	
Is this a NOTIFIABLE INCIDENT under WHS Act 2020 (WA)? ☐ Yes — preserve scene, notify WorkSafe WA 1300 307 877 immediately ☐ No		
WorkSafe WA notified? ☐ Yes Date: ___/___/___ ☐ No	**WorkSafe WA Reference Number**	
REPORTED TO SUPERVISOR (NAME)	**TIME REPORTED TO SUPERVISOR**	

C — ACTIVITY AT TIME OF INCIDENT

Risk assessment completed prior to task: ☐ Take 5 ☐ JHA ☐ SWMS ☐ None

Was the task planned? ☐ Planned ☐ Unplanned

Familiar with task / held current VOC? ☐ Yes ☐ No ☐ Partially

OTHERS INVOLVED (names / roles)

DESCRIBE TASKS COMPLETED DURING SHIFT FROM START TO TIME OF INCIDENT

D — INCIDENT EVENT STATEMENT — YOUR ACCOUNT

Write your own account in your own words. Include the sequence of events (Who, Where, What, When, Why, How). Consider PEEPO-ME factors: People, Equipment, Environment, Procedures, Organisation, Materials, Energy. Include approximate times, communications received, and immediate actions taken. Attach additional pages if needed.

E — CONTRIBUTING FACTORS

FACTOR	YES	NO	DETAILS / COMMENTS
Weather contributed to event?	☐	☐	
Other work crews in the area?	☐	☐	
Relevant VOC / competency held for this task?	☐	☐	
Correct tools / equipment available for the task?	☐	☐	
PPE worn correctly at the time of incident?	☐	☐	
Fatigue a possible contributing factor?	☐	☐	
Workplace procedures available and followed?	☐	☐	

TOOLS / EQUIPMENT BEING USED AT TIME OF INCIDENT:

F — DECLARATION & SIGNATURE

I declare that the information recorded in this statement is true and accurate to the best of my knowledge and recollection at the time of writing. I understand this statement may be used as part of an incident investigation.

STATEMENT AUTHOR (PRINT)	SIGNATURE	DATE

SUBMISSION INSTRUCTIONS

- Submit this completed form to your supervisor immediately.
- A completed F30 Incident-Event-Hazard Investigation Form must follow within 24 hours for all injuries and notifiable incidents.
- **For notifiable incidents — contact WorkSafe WA (1300 307 877) and preserve the scene before disturbing anything.**
- Refer to ISO-SOP-MP-011 for full investigation procedure.