

ACCIDENT/INCIDENT REPORTING AND RECORDING

Workplace Health and Safety Queensland (WHSQ) need to be notified if a person suffers a serious bodily injury (SBI) or a work-related illness or if a dangerous event occurs. Notification needs to be on an "Incident Notification Form" (Form 3 from WHSQ). This can be done electronically from the webpage or on hard copy. A record of the incident is to be kept by the employer.

Generally the employer is to submit an approved form within 24 hours of becoming aware of an SBI, work-caused illness or dangerous event. Where a death has occurred, the employer is to contact WHSQ promptly after becoming aware of the death.

The scene of a SBI, work-cause illness or dangerous event is not to be interfered with, without the permission of a WHSQ inspector or a police office. However the scene can be moved to save lives, relieve suffering or to prevent further injuries and property damage.

Attached to this information sheet is:

- An example of recording minor injuries
- Sample form for recording first aid information at the workplace
- Definitions of terms relating to workplace injuries, illnesses and dangerous events
- Form 3 - Incident Notification Form (to WHSQ for a Serious Bodily Injury)

Employer

The employer has reporting requirements to Workplace Health and Safety Queensland when an 'incident' requiring notification occurs at your workplace. A record of site accidents, incidents and dangerous events should be kept in your work diary and on an accident report form.

An employer has to record the occurrence of an 'incident' (which requires a record to be kept) within three days of the event happening and make sure a copy is retained for one year after first recording it.

The employer is required to keep a record if a work caused illness, a work injury or a dangerous event happens at a workplace.

Worker

A worker should always contact his/her employer immediately when a serious accident occurs at the workplace. However, workers should be encouraged to report all injury incidents to their employer, even those resulting in very minor injuries. These reports will help to identify hazards in the workplace that may need to be addressed.

1.0 Minor Injury Record

A small booklet kept with the first aid kit can be ruled up with the headings as follows. The key words can be abbreviated (as in the table below); however other systems may work better in your workplace. Workers can be trained to keep the records or first aid personnel can keep the records. First aid record booklets can be purchased as an alternative.

Other information can be included, for example:

- The name of the 'person who administered the treatment'
- A brief description of 'how the injury occurred'
- A date of birth (particularly if there are people with similar names in the organisation).

Injuries that require more than a 'band-aid treatment' (that is where someone has to access medical treatment) should be investigated more fully, the procedure/process monitored and reviewed, other controls put in place and training given for changes in a process to prevent a similar injury.

2.0 Example of Minor Injury Record

Company/Workplace name.....

DATE	NAME	INJURY	BODY PART	TREATMENT
01/01/05	J Doe	Bruise	L Hand	Ice
04/01/05	J Bloggs	Cut	5F L	Band aid
11/01/05	P Anderson Jnr	Welding flash	L & R eyes	QAS
13/01/05	Mary Smith	Paper cut	3F R	Band aid

Where:

L Left

R Right

1F Thumb

1T Big toe

5F Little finger

5T Little toe

QAS Queensland Ambulance Service attended

Sample Form for Recording First Aid Information at the Workplace

This form can be used to record first aid information as outlined in Section 2.7 of the *First Aid Advisory Standard 2004*.

Personal details	
Name of injured/ill person	<input type="text"/>
Home Address	<input type="text"/>
Date of Birth	<input type="text"/> Sex <input type="text"/> Phone (Work) <input type="text"/> (Home) <input type="text"/>
Worker (please circle)	yes no
Work Section	<input type="text"/> Occupation <input type="text"/>
Visitor (please circle)	yes no
Any known illness and/or medications	<input type="text"/>
	<input type="text"/>
Incident details	
Nature of injury/illness (for example, burn, laceration)	<input type="text"/>
Bodily location of injury/illness	<input type="text"/>
Date of incident	<input type="text"/> Time <input type="text"/> Location <input type="text"/>
How the injury/illness occurred	<input type="text"/>
	<input type="text"/>
Name/s of any witnesses	<input type="text"/>
First aid management	
Details of first aid given	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Any medical treatment (for example doctor, hospital, ambulance)	<input type="text"/>
	<input type="text"/>
Name of person administering first aid (please print) <input type="text"/>	
Work title	<input type="text"/> Work section <input type="text"/>
Signature	<input type="text"/> Date <input type="text"/>
Subsequent injury/illness management <input type="text"/>	
<input type="text"/>	

3.0 Definitions for Part 7 of the WH&S Regulation 1997

INJURIES, ILLNESSES and DANGEROUS EVENTS (for full definitions see Queensland WHS Act 1995, Schedule 3)

Dangerous event

An event caused by Specified High Risk Plant (SHRP) or work activity involving exposure of people health and safety because of:

- (a) collapse, overturning, failure, malfunction of, or damage to an item of SHRP
- (b) collapse or failure of an excavation
- (c) collapse or partial collapse of any part of a building or structure
- (d) damage to any load bearing member of, or the failure of any brake, steering device or other control device of a crane, hoist, conveyor, lift or escalator
- (e) implosion, explosion or fire
- (f) escape, spillage or leakage of any hazardous materials or dangerous goods
- (g) fall or release from height of any plant, substance or object
- (h) damage to a boiler, pressure vessel or refrigeration plant
- (i) uncontrolled explosion, fire or escape of gas or steam.

Grievous bodily harm (GBH)

- (a) the loss of a distinct body part or an organ of the body
- (b) serious disfigurement
- (c) any bodily injury of such a nature that if left untreated would endanger or be likely to endanger life, or cause or be likely to cause permanent injury to health whether or not treatment is or could have been available.

Hazardous material

A substance with the potential to cause harm to people, property or the environment due to either the chemical, physical or biological properties of the substance. All dangerous goods, combustible liquids and chemicals are hazardous materials.

Plant

- (a) machinery, equipment, appliance, pressure vessel, implement and tool
- (b) personal protective equipment (PPE)
- (c) a component of plant and a fitting, connection, accessory or adjunct to plant.

Serious bodily injuries (SBI)

- (a) death
- (b) loss of a distinct part or organ of the injured person
- (c) injured person is absent from their voluntary or paid employment for more than 4 days.

Specified high risk plant (SHRP)

- (a) *air-conditioning unit* that incorporates a cooling tower or has at least one compressor with a power rating of 50 kW or more
- (b) *amusement device* used for commercial purposes and used for a recreational purpose and carries people while the device is in motion
- (c) *cooling towers*

- (d) *escalators* (including moving walkways)
- (e) *lifts*
- (f) *LP gas cylinders* that have a water capacity of more than 0.1 kg that contains liquefied petroleum gas under pressure.

Work caused illness

- (a) an illness contracted by the person to which the work, workplace, workplace activity or specified high risk plant (SHRP) was a significant contributing factor
- (b) the recurrence, aggravation, acceleration, exacerbation or deterioration in a person of an existing illness if work, workplace, workplace activity or SHRP was a significant contributing factor.

Work injury

- (a) an injury that requires first aid or medical treatment
- (b) the recurrence, aggravation, acceleration, exacerbation or deterioration of an existing injury if first aid or medical treatment is required and if work, workplace, workplace activity or SHRP caused the complaint
- (c) a Serious Bodily Injury caused by work, a workplace, workplace activity or SHRP.

What is this form used for?

Certain workplace and non-workplace incidents must be reported, in the approved form, to Workplace Health and Safety Queensland or the Electrical Safety Office and records kept of the incidents for a certain time.

Who must complete the form?

Under the *Workplace Health and Safety Regulation 1997*, the **relevant person** who conducts a business or undertaking as an employer or self-employed person at a workplace or **principal contractors (PC's)** (at workplaces where construction work is being performed) must notify Workplace Health and Safety Queensland of the following workplace incidents:

- serious bodily injury; or
- work caused illness; or
- dangerous event.

If the workplace incident causes the death of the relevant person, the next in charge at the workplace must notify Workplace Health and Safety Queensland.

Under the *Electrical Safety Regulation 2002*, the **employers or self-employed persons** must notify the Electrical Safety Office or Workplace Health and Safety Queensland of the following incident or event:

- a serious electrical incident; or
- dangerous electrical event.

When is the form to be lodged?

The form must be lodged within 24 hours of the incident happening.

Immediate notification by phone or fax is required if the incident involves a death.

How to lodge the form

The form can be faxed or posted to the nearest Workplace Health and Safety Queensland or Electrical Safety regional office or lodged on-line at www.deir.qld.gov.au

An employer or self-employed person does not have to report the same electrical incident separately to Workplace Health and Safety Queensland and the Electrical Safety Office.

Who must record the workplace incidents?

For a serious bodily injury, a work caused illness or a dangerous event, the **relevant person** who conducts a business or undertaking as an employer or self-employed person at the workplace or the **principal contractor (PC)** (at workplaces where construction work is being performed) must record the incident, in the approved form, within 3 days of becoming aware of the incident. The record must be kept for 1 year.

For a serious electrical incident or dangerous electrical event, employers or self-employed persons must record the incident, in the approved form, within 3 days of becoming aware of the incident or event. The record must be kept for 3 years.

Definitions

The following incidents are generally defined below. For specific legal definitions, refer to the relevant legislation.

- work injury
- serious bodily injury
- a work caused illness
- a dangerous event
- a serious electrical incident
- a dangerous electrical event

A work injury is –

- (a) An injury to a person that requires first aid or medical treatment if the injury was caused by a workplace, a relevant workplace area, a work activity, or plant or substances for use at a workplace; or

- (b) The recurrence, aggravation, acceleration, exacerbation or deterioration of an existing injury in a person if –

- (i) First aid or medical treatment is required for the injury; and
- (ii) A workplace, a relevant workplace area, a work activity, or plant or substances for use at a workplace caused the recurrence, aggravation, acceleration, exacerbation or deterioration; or

- (c) Any serious bodily injury, if the injury was caused by a workplace, a relevant workplace area, a work activity, or plant or substances for use at a workplace.

A serious bodily injury means an injury to a person that causes –

- (a) The injured person's death; or
- (b) The loss of a distinct part or an organ of the injured person's body; or
- (c) The injured person to be absent from the person's voluntary or paid employment for more than 4 days.

A work caused illness means –

- (a) An illness contracted by a person to which a workplace, a relevant workplace area, a work activity, or plant or substances for use at a workplace was a significant contributing factor; or
- (b) The recurrence, aggravation, acceleration, exacerbation or deterioration in a person of an existing illness if a workplace, a relevant workplace area, a work activity, or plant or substances for use at a workplace was a significant contributing factor to the recurrence, aggravation, acceleration, exacerbation or deterioration.

A dangerous event means an event caused by specified high risk plant, or an event at a workplace or relevant workplace area, if the event involves or could have involved exposure of persons to risk to their health and safety because of –

- (a) Collapse, overturning, failure or malfunction of, or damage to, an item of specified high risk plant; or
- (b) Collapse or failure of an excavation or of any shoring supporting an excavation; or
- (c) Collapse or partial collapse of any structure; or
- (d) Damage to any load bearing member of, or the failure of any brake, steering device or other control device of, a crane, hoist, conveyor, lift or escalator; or
- (e) Implosion, explosion or fire; or
- (f) Escape, spillage or leakage of any hazardous material or dangerous goods; or
- (g) Fall or release from a height of any plant, substance or object; or
- (h) Damage to a boiler, pressure vessel or refrigeration plant; or
- (i) Uncontrolled explosion, fire or escape of gas or steam.

A serious electrical incident is an incident involving electrical equipment where –

- (a) A person is killed by electricity; or
- (b) A person receives a shock or injury from electricity, and is treated for the shock or injury by or under the supervision of a doctor; or
- (c) A person receives a shock or injury from electricity at high voltage, whether or not the person is treated for the shock or injury by or under the supervision of a doctor.

A dangerous electrical event is –

- (a) When a person is not, or would not have been, electrically safe because of circumstances involving high voltage electrical equipment, where the person has not received a shock or injury; or
- (b) An event involving electrical equipment and in which significant property damage is caused directly by electricity or originates from electricity; or
- (c) The performance of electrical work by a person not authorised under an electrical work licence to perform the work; or
- (d) The performance of electrical work by a person if, a person or property is not electrically safe as a result of the performance of the work; or
- (e) The discovery by a licensed electrical worker of electrical equipment that has not been marked as required under the *Electrical Safety Act 2002*.

Incident notification form

Please retain a copy for your records

Read directions before completing this form. Please print. This form can also be completed online at www.deir.qld.gov.au

ABN 52 293 849 579

Workplace
Health and
Safety Act
1995

Electrical
Safety Act
2002

Event type

- WHS events dangerous electrical event
 dangerous event serious electrical incident

If the incident is not a dangerous event, dangerous electrical event or a serious electrical incident, please tick **WHS events**.

Incident outcome

- work injury serious bodily injury work caused illness

Did you notify the Department of Employment and Industrial Relations? Yes No

Was injury/illness fatal? Yes No

If an electrical incident, has the electrical entity been notified? Yes No

Incident details

Description	
Date / /	Time (24 hr) :
Incident workplace address	
Incident location	

Injured person's details

Given names
Surname
Residential address
Contact No.
Date of birth / / <input type="checkbox"/> Male <input type="checkbox"/> Female

Employment details

- Employment basis**
- full time member of public volunteer
 part time self-employed other
 casual

- Employment type**
- administration labourers and related workers
 tradesperson plant and machine operators and drivers
 professional student
 apprentice/trainee other

Occupation

OFFICE USE ONLY

Event ID: Event notification date: Action:

Injury details

- Nature of injury/illness**
- | | | |
|--|--|--|
| <input type="checkbox"/> fracture | <input type="checkbox"/> amputation | <input type="checkbox"/> concussion |
| <input type="checkbox"/> sprain and strain | <input type="checkbox"/> splash in eye | <input type="checkbox"/> snorkelling injury |
| <input type="checkbox"/> electric shock | <input type="checkbox"/> penetration by object | <input type="checkbox"/> medical condition |
| <input type="checkbox"/> burns | <input type="checkbox"/> back injury | <input type="checkbox"/> acoustic trauma |
| <input type="checkbox"/> crush injuries/internal | <input type="checkbox"/> inhalation of substance | <input type="checkbox"/> chemical burn |
| <input type="checkbox"/> other diving injury | <input type="checkbox"/> ingestion of substance | <input type="checkbox"/> contusion |
| <input type="checkbox"/> psychological | <input type="checkbox"/> decompression illness | <input type="checkbox"/> not provided by notifier |
| <input type="checkbox"/> cuts, scratches, bites | | <input type="checkbox"/> not determined during investigation |
| <input type="checkbox"/> abrasions | | |

Describe Bodily location of injury/illness

- Medical treatment**
- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> nil | <input type="checkbox"/> CPR performed | <input type="checkbox"/> hospital-admitted |
| <input type="checkbox"/> first aid | <input type="checkbox"/> no medical treatment | <input type="checkbox"/> hospital-observation |
| <input type="checkbox"/> doctor only | | |

Provide Hospital details

- Mechanism of injury/illness**
- | | | |
|--|---|--|
| <input type="checkbox"/> falls, trips and slips | <input type="checkbox"/> chemicals and other substances | <input type="checkbox"/> not determined during investigation |
| <input type="checkbox"/> sound and pressure | <input type="checkbox"/> heat radiation and electricity | <input type="checkbox"/> occupational violence |
| <input type="checkbox"/> biological factors | <input type="checkbox"/> being hit by moving objects | <input type="checkbox"/> body stressing |
| <input type="checkbox"/> hitting objects with part of body | <input type="checkbox"/> workplace bullying | <input type="checkbox"/> mental stress |
| <input type="checkbox"/> other and unspecified agencies | | |

- Agency of injury/illness**
- | | |
|---|--|
| <input type="checkbox"/> machinery and (mainly) fixed plant | <input type="checkbox"/> chemicals and chemical products |
| <input type="checkbox"/> mobile plant and transport | <input type="checkbox"/> animal, human and biological agencies |
| <input type="checkbox"/> materials and substances | <input type="checkbox"/> environmental agencies |
| <input type="checkbox"/> powered equipment, tools and appliances | <input type="checkbox"/> other and unspecified agencies |
| <input type="checkbox"/> non-powered hand tools, appliances and equipment | <input type="checkbox"/> not determined during investigation |

Employer details

Please enter the name, address, contact no. and the ABN of the company, partnership or sole trader the injured person was working for.

Name	
Address	
ABN No.	Contact No.

Notifier details

Please enter the name, telephone number and email address of the person filling out this form.

Name	Contact No.
Email	

Employer/PC signature

Signature
Date / /

PRIVACY STATEMENT. The Department of Industrial Relations respects your privacy and is committed to protecting personal information. The information provided on this form is for the purpose of advising Workplace Health and Safety Queensland and/or the Electrical Safety Office of a reportable incident and will be managed within the requirements of Information Standard 42, Workplace Health and Safety Regulation 1997 and Electrical Safety Regulation 2002. For reasons of health and safety the Department may be required to disclose the personal information contained in this form to other government agencies or entities, or as may be required by law. Further information on our privacy policy is available on our website www.deir.qld.gov.au.

**Offices of the Department of Employment and Industrial Relations
Workplace Health and Safety Queensland and the Electrical Safety Office to which forms must be sent**

Brisbane North

Centro Lutwyche, Level 4, 543 Lutwyche Road
P.O. Box 820, LUTWYCHE Q 4030
Fax: (07) 3247 9426

Brisbane South

Level 2, Block C, 643 Kessels Road
P.O. Box 6500, UPPER MT. GRAVATT Q 4122
Fax: (07) 3216 8431

Ayr

193 Queen Street
P.O. Box 639, AYR Q 4807
Fax: (07) 4761 2005

Bundaberg

16 Quay Street
Locked Mail Bag 3955, BUNDABERG Q 4670
Fax: (07) 4153 1207

Cairns

10-12 McLeod Street
P.O. Box 2465, CAIRNS Q 4870
Fax: (07) 4048 1493

Emerald

Shop 6/7 Clerana Centre
Cnr. Anakie & Clermont Streets
P.O. Box 1814, EMERALD Q 4720
Fax: (07) 4982 3756

Gladstone

Gladstone Government Offices
Level 2, Cnr Oaka Lane and Roseberry Street
Locked Mail Bag 15, GLADSTONE Q 4680
Fax: (07) 4972 6196

Gold Coast

Level 1, 10 Cloyne Road
Locked Mail Bag 91, SOUTHPORT Q 4215
Fax: (07) 5583 5060

Innisfail

12 Fitzgerald Esplanade
P.O. Box 558, INNISFAIL Q 4860
Fax: (07) 4061 4371

Ipswich

Level 1, Ipswich Courthouse
Cnr East and Limestone Streets
P.O. Box 226, IPSWICH Q 4305
Fax: (07) 3202 1018

Logan

Level 1, Wembley Place
91 Wembley Road, LOGAN CENTRAL Q 4114
P.O. Box 829, WOODRIDGE Q 4114
Fax: (07) 3287 8333

Mackay

Post Office Square, Level 1
Cnr. Sydney and Gordon Streets
Locked Mail Bag 1, MACKAY Q 4740
Fax: (07) 4967 4477

Maryborough

319-325 Kent Street
Locked Mail Bag 63, MARYBOROUGH Q 4650
Fax: (07) 4123 1704

Mt Isa

75 Camooweal Street
P.O. Box 2249, MT ISA Q 4825
Fax: (07) 4743 8122

Nambour

Centenary Square Building
Level 1, 52-64 Currie Street
P.O. Box 501, NAMBOUR Q 4560
Fax: (07) 5470 8732

Rockhampton

State Government Building
Level 2, 209 Bolsover Street
Locked Mail Bag 7, ROCKHAMPTON Q 4700
Fax: (07) 4938 4155

Roma

Cnr Spencer & Bowen Sts
P.O. Box 697, ROMA Q 4455
Fax: (07) 4624 3050

Thursday Island

Aplin Road
P.O. Box 341, THURSDAY ISLAND Q 4875
Fax: (07) 4069 2438

Toowoomba

James Cook Centre
Level 1, Cnr. Ruthven Street and Herries Street
P.O. Box 234, TOOWOOMBA Q 4350
Fax: (07) 4687 2877

Townsville

254 Ross River Road
Locked Mail Bag 15, AITKENVALE Q 4814
Fax: (07) 4760 7959

Electrical Safety Office

GPO Box 69, BRISBANE Q 4001

For more information, please call
1300 369 915 or visit the website
www.deir.qld.gov.au.

What is this form used for?

Certain workplace and non-workplace incidents must be reported, in the approved form, to Workplace Health and Safety Queensland or the Electrical Safety Office and records kept of the incidents for a certain time.

Who must complete the form?

Under the *Workplace Health and Safety Regulation 1997*, the **relevant person** who conducts a business or undertaking as an employer or self-employed person at a workplace or **principal contractors (PC's)** (at workplaces where construction work is being performed) must notify Workplace Health and Safety Queensland of the following workplace incidents:

- serious bodily injury; or
- work caused illness; or
- dangerous event.

If the workplace incident causes the death of the relevant person, the next in charge at the workplace must notify Workplace Health and Safety Queensland.

Under the *Electrical Safety Regulation 2002*, the **employers or self-employed persons** must notify the Electrical Safety Office or Workplace Health and Safety Queensland of the following incident or event:

- a serious electrical incident; or
- dangerous electrical event.

When is the form to be lodged?

The form must be lodged within 24 hours of the incident happening.

Immediate notification by phone or fax is required if the incident involves a death.

How to lodge the form

The form can be faxed or posted to the nearest Workplace Health and Safety Queensland or Electrical Safety regional office or lodged on-line at www.deir.qld.gov.au

An employer or self-employed person does not have to report the same electrical incident separately to Workplace Health and Safety Queensland and the Electrical Safety Office.

Who must record the workplace incidents?

For a serious bodily injury, a work caused illness or a dangerous event, the **relevant person** who conducts a business or undertaking as an employer or self-employed person at the workplace or the **principal contractor (PC)** (at workplaces where construction work is being performed) must record the incident, in the approved form, within 3 days of becoming aware of the incident. The record must be kept for 1 year.

For a serious electrical incident or dangerous electrical event, employers or self-employed persons must record the incident, in the approved form, within 3 days of becoming aware of the incident or event. The record must be kept for 3 years.

Definitions

The following incidents are generally defined below. For specific legal definitions, refer to the relevant legislation.

- work injury
- serious bodily injury
- a work caused illness
- a dangerous event
- a serious electrical incident
- a dangerous electrical event

A work injury is –

- (a) An injury to a person that requires first aid or medical treatment if the injury was caused by a workplace, a relevant workplace area, a work activity, or plant or substances for use at a workplace; or

- (b) The recurrence, aggravation, acceleration, exacerbation or deterioration of an existing injury in a person if –

- (i) First aid or medical treatment is required for the injury; and
(ii) A workplace, a relevant workplace area, a work activity, or plant or substances for use at a workplace caused the recurrence, aggravation, acceleration, exacerbation or deterioration; or

- (c) Any serious bodily injury, if the injury was caused by a workplace, a relevant workplace area, a work activity, or plant or substances for use at a workplace.

A serious bodily injury means an injury to a person that causes –

- (a) The injured person's death; or
(b) The loss of a distinct part or an organ of the injured person's body; or
(c) The injured person to be absent from the person's voluntary or paid employment for more than 4 days.

A work caused illness means –

- (a) An illness contracted by a person to which a workplace, a relevant workplace area, a work activity, or plant or substances for use at a workplace was a significant contributing factor; or
(b) The recurrence, aggravation, acceleration, exacerbation or deterioration in a person of an existing illness if a workplace, a relevant workplace area, a work activity, or plant or substances for use at a workplace was a significant contributing factor to the recurrence, aggravation, acceleration, exacerbation or deterioration.

A dangerous event means an event caused by specified high risk plant, or an event at a workplace or relevant workplace area, if the event involves or could have involved exposure of persons to risk to their health and safety because of –

- (a) Collapse, overturning, failure or malfunction of, or damage to, an item of specified high risk plant; or
(b) Collapse or failure of an excavation or of any shoring supporting an excavation; or
(c) Collapse or partial collapse of any structure; or
(d) Damage to any load bearing member of, or the failure of any brake, steering device or other control device of, a crane, hoist, conveyor, lift or escalator; or
(e) Implosion, explosion or fire; or
(f) Escape, spillage or leakage of any hazardous material or dangerous goods; or
(g) Fall or release from a height of any plant, substance or object; or
(h) Damage to a boiler, pressure vessel or refrigeration plant; or
(i) Uncontrolled explosion, fire or escape of gas or steam.

A serious electrical incident is an incident involving electrical equipment where –

- (a) A person is killed by electricity; or
(b) A person receives a shock or injury from electricity, and is treated for the shock or injury by or under the supervision of a doctor; or
(c) A person receives a shock or injury from electricity at high voltage, whether or not the person is treated for the shock or injury by or under the supervision of a doctor.

A dangerous electrical event is –

- (a) When a person is not, or would not have been, electrically safe because of circumstances involving high voltage electrical equipment, where the person has not received a shock or injury; or
(b) An event involving electrical equipment and in which significant property damage is caused directly by electricity or originates from electricity; or
(c) The performance of electrical work by a person not authorised under an electrical work licence to perform the work; or
(d) The performance of electrical work by a person if, a person or property is not electrically safe as a result of the performance of the work; or
(e) The discovery by a licensed electrical worker of electrical equipment that has not been marked as required under the *Electrical Safety Act 2002*.