

Confidential Safety Information Reporting Scheme



Please make sure you complete all fields and answer all questions marked with '*'.

Section A - Personal Information

*First Name

*Surname

Address 1

Address 2

Suburb/City

State

PostCode

*How would you like to be contacted? Home phone Mobile E-Mail Work

*What is the best time to do this?

Home Telephone

Mobile Telephone

Email

Work extension(if applicable):

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Section B - General Information

*Type of Operation this report relates to: Bus Ferry Rail

*Type of Report: Accident or incident (Safety Occurrence) General Safety Concern

Vehicle Registration/Name:

-for rail, this will be the loco, car or set number

-for Bus, this will be registration plate

-for Ferry, this will be the name of the Vessel

Vehicle manufacturer:

Vehicle Model(if known):

*Type of Operation:

Regular public passenger service, Charter passenger service

Freight/Cargo service, Maintenance/Inspection

Other - please specify:

Vehicle Owner

Vehicle Operator

Infrastructure Owner: (Rail only)

*Are you? Employee or Contractor, Passenger, Uninvolved observer/informant.
and if employee or contractor, please state your role:

Operating crew, Engineer/Maintenance

Passenger/Customer service, Supervisor/Management

Other - please specify:

*Have you already reported this safety occurrence or safety concern

to your manager, another authority or person?: Yes No

If yes, to whom, and what was the outcome?

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Important Note

If your report relates to a **safety occurrence**, now complete **Sections C and D**.

If your report relates to a **safety concern**, now complete **Section D only**

Section C - Specific information about the Safety Occurrence

(To be completed by all reporters when report relates to a safety occurrence only)

Date of Occurrence(dd/mm/yyyy):

Time of occurrence(hh:mm):

Location (e.g.train station, wharf, bus depot, km and direction from town, NM and direction from navigation aid, or latitude and longitude):

Number of crew (if applicable)

Number of passengers (if applicable)

Number of other persons on board (if applicable)

If 'other' please state role (e.g. maintenance)

Total number of persons on board (if applicable)

Outcome or potential outcome of the safety occurrence

Were there any injuries? Yes No

How serious were the injuries? Fatal Serious Minor

Please select as many options as are applicable: Collision (with other vehicles or property)

Fire or Explosion

Other damage (vehicle/s and/or property)

Derailment (rail only)

Risk of injury

Risk of collision (with other vehicles or property)

Risk of fire/explosion

Risk of damage (vehicle and/or property)

Risk of derailment (rail only)

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Section D - General description of what happened or the details of the safety concern

(to be completed by all reporters for both safety occurrences and safety concerns)

Please fully describe the safety occurrence or safety concern and provide your opinion on what caused this safety occurrence or is the underlying reason for your safety concern (You may include additional pages/diagrams/photos if you are posting this form)

Give your suggestions to prevent further safety occurrences/ address the safety concern

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How to send this information

The written report and/or additional pages and supporting documentation may be posted to:

CSIRS - Reply paid
PO Box A 2616
SYDNEY SOUTH NSW 1235

or by Facsimile: 1 800 180 528