**CALL [YOUR MANAGER NAME]**

**0409 555 1234**

**DIAL 000**

**RENDER FIRST AID**

**All injuries, no matter how minor, must complete the Notice of Workers Right to Claim form from WorkSafe TAS**

**COMPLETE THE INCIDENT REPORT (WITHIN 2 DAYS)**

**EMAIL TO**

**youreamail@yourstore.com**

**EMAIL TO**

**youreamail@yourstore.com**

**SUBJECT LINE**

**“Notification of an Incident” [type]**

**BODY**

**A brief description of the event and details of any injuries**

**REPORT THE INCIDENT TO MANAGEMENT WITHIN 24 HOURS**

**TRANSPORT TO MEDICAL ASSISTANCE**

**SECURE THE AREA**

**DRSABCD**

**LOW MEDIUM HIGH**

**INCIDENT OCCURS**