

**PUFFING BILLY RAILWAY**

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**INCIDENT DEFECT REPORT I.D.R. (Blue form)**

**Document  
Number  
PBR F 005E**

**THIS REPORT IS NOT A SUBSTITUTE FOR IMMEDIATE TELEPHONE ADVICE TO THE SAFETY MANAGER 0438 347 574 (SPEED DIAL 413) AND TO OTHERS CONCERNED IN WHEN REQUIRED.**

Please forward ASAP and within 24 hours of the incident occurring by placing the IDR in the secure box located: SM Belgrave Office or Belgrave Locomotive Crew Room or scan to [idr@pbr.org.au](mailto:idr@pbr.org.au) or complete on line at [puffingbilly.com.au/idr](http://puffingbilly.com.au/idr)

**\*MUST COMPLETE**

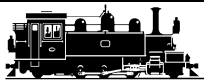
*Name:	*Contact Phone Number:
*Rostered Position:	*Email Address:

\*Please cross the appropriate Box:

<input type="checkbox"/> INCIDENT	<input type="checkbox"/> HAZARD	<input type="checkbox"/> NEAR MISS	<input type="checkbox"/> DEFECT	<input type="checkbox"/> INJURY
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**When did the incident or defect happen, or when was it noticed?**

*Date:	*Time:	* Locomotive, carriage or trolley No.:	* Train No.:
*Location:			
*Describe the incident, hazard, near miss, defect or injury. (give information you may consider relevant such as weather conditions, light, body part, contributing factors, etc.)			
*What action did you take?			
*Please cross the appropriate Box IF AN INJURY OCCURED:			
<input type="checkbox"/> NO TREATMENT REQUIRED	<input type="checkbox"/> APPLIED FIRST AID	<input type="checkbox"/> SOUGHT PROFESSIONAL MEDICAL TREATMENT	
*PTO to complete IDR details			



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**OTHER RAILWAY WORKERS INVOLVED:**

1) Name:	Contact Phone Number:
Rostered Position:	Email Address:
2) Name:	Contact Phone Number:
Rostered Position:	Email Address:

**PASSENGERS OR MEMBERS OF THE PUBLIC INVOLVED:**

1) Name:	Contact Phone Number:
	Email Address:
2) Name:	Contact Phone Number:
	Email Address:

Please cross if you need a response to this IDR.

Signature:	Date:
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**(OFFICE USE ONLY)**

Forward to:	Registration Number:
	Date Received:

1) Corrective action taken by Manager:

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If a response was requested, how given.	<input type="checkbox"/> BY PHONE	<input type="checkbox"/> SENT AN EMAIL	<input type="checkbox"/> TALKED IN PERSON
Signature:	Date:		

2) Safety Manager reporting and/or Risk Assessment and/or Health & Safety Investigation requirements:

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Signature:	Date:
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3) IDR close out recorded:	Date:
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