

Incident Report Form

All Industries - Equine, Leisure, and Adventure



PROVIDERS (BUSINESS) DETAILS:

Providers Business Name:					
Providers Business Address:	Suburb:		State:	Post Code:	
Business Phone		Mobile:		Email:	
Person reporting:				Role:	

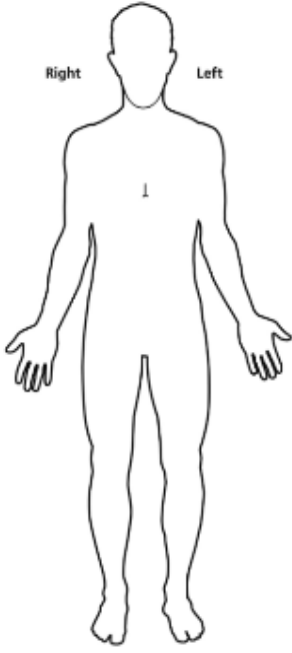
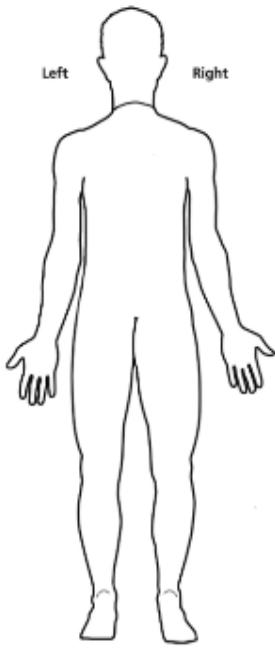
INCIDENT DETAILS:

Full address or location of the incident:						Others land <input type="checkbox"/>
						Own land <input type="checkbox"/>
						Public land <input type="checkbox"/>
Date of incident:	DD/MONTH/YYYY	Day of Incident:		Time of Incident:		am/pm
Describe the <u>type</u> of <u>activity</u>:	E.g. mounting horse, rock climbing, trampolining, trail bike riding, BBQing, bushwalking, camping, jumping in arena					
<input type="checkbox"/> Bodily or trauma injury (non-hospital'n)	<input type="checkbox"/> Bodily or trauma Hospitalisation	<input type="checkbox"/> Equipment or property threat or damage	<input type="checkbox"/> Media involvement (actual or likely)	<input type="checkbox"/> Insurance claim likely	<input type="checkbox"/> Worksafe or police investigation	
Describe <u>what</u> happened during the <u>activity</u>. The incident occurred while....						
Person in charge of event:			Person supervising the injured's activity:			Numbers under supervision
Weather conditions:						

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INCIDENT RESPONSE AND FOLLOW UP:

Injured Persons	Name: _____
Organisation:	<input type="checkbox"/> Staff Member: <input type="checkbox"/> Provider's contractor: <input type="checkbox"/> Participant's customer:
	<input type="checkbox"/> Other (describe) _____
Injuries and Treatment Given: <i>Injury severity and treatment</i>	<i>Number the injury/s on the diagram and by those number/s describe the injuries on the lines below</i>
<i>Times, names contact information of those involved in all stages of treatment</i>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>FRONT VIEW</p>  </div> <div style="text-align: center;"> <p>REAR VIEW</p>  </div> </div>
<i>Names & contact information of responders & witnesses</i>	
Follow Up:	<i>When & what information has been provided to the injured's emergency contact person (if applicable): -</i>
Equipment Used: <i>What PPE equipment, vehicles etc were involved at the time of the incident?</i>	
Attachments:	<i>Note: Only attach public information (discoverable information). Do not attach personal notes, sketches. If in doubt seek advice.</i>
<i>Tick and or list attachments</i>	<input type="checkbox"/> Signed waiver/s <input type="checkbox"/> Photo's taken <input type="checkbox"/> Supporting documents <input type="checkbox"/> Other – list here
SIGNED BY PERSON REPORTING	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><i>Sign here:</i> _____</p> <p><i>Print name here:</i> _____</p> </div> <div style="width: 35%;"> <p>Date (DD/MONTH/YY): _____</p> </div> </div>