



## INCIDENT REPORT FORM

All incidents, injuries, potential causes of injury, near misses or dangerous occurrences competitors, visitors and/or others must be recorded on this form.

**Privacy Notice:** The Tweed Gold Coast Freedivers (TGCFD) collects the information on this form in order to comply with its responsibilities for recording and dealing with incidents and injuries.

The information may be used for the purpose of any investigation regarding the incident. The information will only be disclosed as permitted by law.

INCIDENT REPORT PART A: (Competitor to complete)							
<b>Information about the person who had the incident:</b> Name: ..... competitor   visitor   other (please circle one) Contact telephone: work:..... mobile:..... home:.....							
<b>What type of incident was it? (please circle one)</b> Near miss   Accident   Property Damage   Property Loss							
<b>When did the incident happen?</b> Date: ..... Time: .....							
<b>Where did the incident happen?</b> Location: .....							
<b>What happened?</b> <b>Description:</b> (include details of any object, machine or substance involved, or property lost or damaged – continue over if required) ..... ..... ..... .....							
<b>Was a known significant hazard involved? (please circle one) YES NO</b> If YES – what was the significant hazard? .....							
<b>Names of any witnesses:</b> (include witness contact information for serious harm incidents) .....							
<b>What injury or injuries were sustained? (write N/A if not applicable)</b>  <b>Body Part Injured:</b> (please indicate which side of the body eg right or left)  <b>Type of Injury:</b> (eg break or sprain)	<b>What treatment was given (tick all that apply)</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;">First Aid</td> <td style="width: 50%; text-align: center;">Physiotherapy</td> </tr> <tr> <td style="text-align: center;">Massage therapy</td> <td style="text-align: center;">Doctor (GP) Hospital</td> </tr> <tr> <td style="text-align: center;">Emergency Services</td> <td style="text-align: center;">Other</td> </tr> </table> <b>Describe treatment:</b> (continue over if required)	First Aid	Physiotherapy	Massage therapy	Doctor (GP) Hospital	Emergency Services	Other
First Aid	Physiotherapy						
Massage therapy	Doctor (GP) Hospital						
Emergency Services	Other						
Declaration: The above report provides a true, accurate and complete account of the accident / incident / near miss  ..... Competitor's Name (please print) Signature Date							



## INCIDENT REPORT FORM

<b>INCIDENT REPORT PART B: (Competition Director to complete with Competitor)</b>				
<b>What (in your opinion) were the causal factors of this incident?</b> <i>(continue over if required)</i>		<b>Hazard Identification:</b> New Hazard Identified : <b>YES</b> <b>NO</b> Significant: <b>YES</b> <b>NO</b> If <b>YES</b> identify the hazard management process to be done eg: update hazard register and put in <b>recommended actions</b> below		
<b>Recommended Actions</b>		<b>Personal responsible for this</b>	<b>By when</b>	<b>Date completed</b>
Has the Hazard Management Process been undertaken?  <b>YES</b> <b>NO</b> (please circle)	What has been done?			
Is a review of Safety Management System required?  <b>YES</b> <b>NO</b> (please circle)	Which part?			
<b>Other Recommended Actions</b>		<b>Personal responsible for this</b>	<b>By when</b>	<b>Date completed</b>
Specific actions to prevent recurrence:				
<b>Communications</b>		<b>Personal responsible for this</b>	<b>By when</b>	<b>Date completed</b>
All relevant people have received information regarding the incident, changes of operation/ procedures.  <b>YES</b> <b>NO</b> (please circle)				
If serious harm has occurred have all relevant authorities been notified  <b>YES</b> <b>NO</b> (please circle)		<b>Overall comments (once investigation complete):</b>		
..... Competition Director's Name <i>(please print)</i>		..... Signature		..... Date