



## INCIDENT INVESTIGATION

---

Accident investigation is a systematic approach for removing, or at least controlling the unsafe acts and conditions which are the basis of all accidents.

Any accident investigation should set out with the view of getting co-operation and involvement from all people.

It is important that a comprehensive analysis of all accidents including near misses is always undertaken.

Important information is obtained by correctly investigating the accident and completing the Incident Report Form.

The attached Incident Report form gathers the following information:

1. All the basic facts (who/when/where/how and why)
2. Reasons for the accident

### **Do not admit liability**

Photographs help with the analysis.

The form should be filled out after the incident and not in front of the parties concerned.

### **INSTRUCTIONS FOR REPORTING MAJOR INCIDENTS**

A MAJOR INCIDENT IS DEEMED TO BE ANY INCIDENT WHICH MEETS THE CRITERIA DETAILED BELOW.

**Note:** Verbal notification of the President / Secretary and other personnel would normally occur prior to the completion of the major incident report and would be initiated at the location of the incident. The written major incident report is a formal record of the event.

Within two hours of the occurrences of a major accident, the appropriate personnel arranges for completion of the major incident report form. **STATE ONLY THE FACTS, DO NOT INCLUDE OPINIONS OR SPECULATION ABOUT WHAT MAY HAVE HAPPENED OR WHO OR WHAT MAY BE AT FAULT.**

Fax the completed report to the Club President / Secretary or Risk Manager.

Compliance with statutory reporting requirements (EPA, WorkCover, Health and Safety Organisation) is the responsibility of the Club President / Secretary. Statutory reports are additional to the major incident report.



# Incident Report

**Warning: Report what you know are facts, don't surmise or speculate**

## To be completed after EVERY incident

Club:

Address:

General Manager:

On Duty? Yes  No

Duty Manager:

On Duty? Yes  No

### INJURED PERSON

Surname:

Given Name:

Address:

Telephone: (Home)

(Work)

Approximate Age:  Male  Female

Type of Clothing:

Footwear:

Using walking aids: Yes  No

Carrying anything: Yes  No

Wearing glasses: Yes  No

Any noticeable physical restrictions (before accident): Yes  No

Were they alone? Yes  No

Did they appear distressed after incident? Yes  No

### INCIDENT INFORMATION

Date of Incident:  Day:  Time:

Reported To:

Position:

Their version of events:


Our version of events:


### TYPE OF INCIDENT

Tripped  Struck Object  Cut   
Hit  Slipped  Other

If OTHER provide more detail:


### LOCATION IN CLUB

Floor  Room  Pool   
Conf Room  Hall  Gym   
Carpark  Foyer  Kitchen   
Restaurant  Escalator  Other

If OTHER provide more detail:




**AFTER THE INCIDENT**

Did someone attend to injured person? Yes  No

Whom:

Was first aid given: Yes  No

Who:

Did ambulance attend: Yes  No

Where was visitor taken:

Other medical attention:

Were they able to continue: Yes  No

Was inspection Performed: Yes  No

Whom:

Environment before incident:

Environment after incident:

**DETAILS OF INJURY**

**INJURY TREATMENT**

**GENERAL INFORMATION**

Conditions:

**WITNESSES**

Surname:

Given Name:

Address:

Telephone: (Home)

(Work)

Relationship to affected person:

Employee Observations: Yes  No

Comments

Surname:

Given Name:

Address:

Telephone: (Home)

(Work)

Relationship to affected person:

Employee Observations: Yes  No

Comment

**Person Completing Form**

Name:

Signed:

Date: