

Dragon Boats NSW Inc.

(Incorporated under the Associations Incorporation Act, 2009)
(Registered Number: Y2086230)
(ABN 31 936 733 882)



INCIDENT REPORT FORM

To be completed by activity organisers or relevant officials as soon as practical after the incident. This report should be forwarded to the Chief Operations Officer within 10 days after the incident. A copy should be kept by the Club Secretary as a formal club record.

Report prepared by: Contact details:	Date prepared: Club name and address:
Date of Incident:	Time of Incident:
Witness Contact Details: <i>Please name key persons and witnesses including rescuers, eye witnesses in the general public, etc.</i> 1. 2. 3 4. 5.	
What were you doing? Describe the activity undertaken at the time. <i>Training, Race, Fundraising, etc</i>	
Location: <i>Attach map if appropriate</i>	
Type of Incident: <i>Injury, damage to property, collision, etc</i>	
Prior to the incident: <i>Was anything done prior to the incident in an effort to prevent it occurring?</i> .	

<p>What happened unexpectedly? <i>Describe the incident as it occurred</i></p>
<p>What did you do? <i>Describe what happened next</i></p>
<p>What factors do you feel caused this incident?</p>
<p>External Involvement: <i>Were authorities or other agencies notified at the time? If so who, by whom, and how? Did they then take a role in managing the incident? If appropriate have the Insurers been notified?</i></p>
<p>Final Outcome: <i>What was the final outcome of the incident? When was it resolved?</i></p>
<p>Future Prevention: <i>Can this incident be prevented at future Club activities? If so, how?</i></p>
<p>Supplementary Information: <i>This section can include a list of attachments, such as a map, witness statements etc.</i></p>
<p>Signature of person making this report:</p>

Privacy Note
The inclusion of the names of individuals and their contact details in this report must be done in accordance with relevant Privacy laws.

Office Use Only:

Incident Investigation (comments to include causal factors):			
Risk Assessment Likelihood of recurrence: Severity of outcome: Level of risk:			
Actions to Prevent Recurrence			
Action	By Whom	By When	Date Completed
Actions Completed			
Signed (COO): _____		Date: _____	
<input type="checkbox"/> Feedback to person involved		Date: _____	
Review Comments			
Board notified: Date: _____			
Reviewed by Safety Director(signed): _____		Date: _____	
Reviewed by Club President (signed): _____		Date: _____	