INCIDENT REPORT

Vertical Rescue course

Report completed by: _____

Incident date: _____ Time of incident: _____

Your contact details: _____

Name of injured person: _____

Injured person gender (sex): ☐ Male ☐ Female Age _____

Place (site) where incident occurred: _____

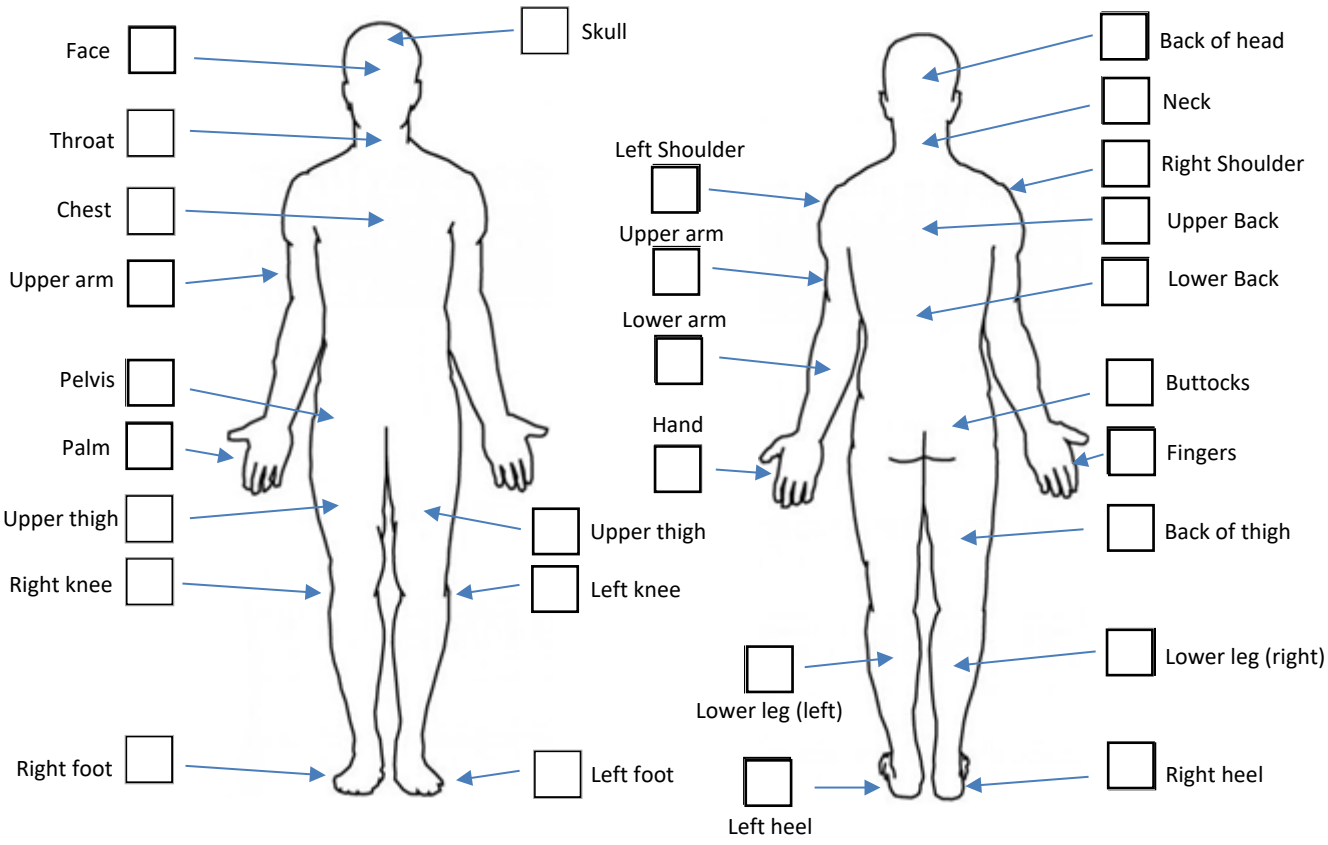
Mechanism of injury: _____

Was the injured person required to evacuate to a medical facility (eg hospital)?

☐ Yes The patient was evacuated to a medical facility

☐ No Able to be treated on site with basic first aid supplies

Indicate general parts of body that suffered injuries: (indicate all that apply)



General report (outline what happened in clear and succinct language)

Has the WHS Authority in your State/Territory been notified? ☐ Yes ☐ No

NOTE: Serious injuries requiring treatment in a medical facility must be reported within 24 hours.

Has the insurer of the operator/site been notified? ☐ Yes ☐ No

Causal factors (drivers) of incident

List the principal drivers of the incident (what factors contributed to the incident?):
Examples: Inadequate staff training, PPE failure (type), Anchor failure, Loose rock, Sharp edges, etc.

1.	
2.	
3.	
4.	

Was the incident avoidable?

☐ Yes To the best of my knowledge, the incident could have been avoided

☐ No It was 'an act of god' (event outside of human control and no individual person can be held responsible). This claim will need to be investigated by WHS authorities.

Have the issues and/or factors that caused the incident been fixed? **(**Could a similar incident occur again?).

☐ Yes Remedial action has been taken to fix all issues and causal factors.

☐ No No remedial action has been taken at the time of this report.

Declaration:

I hereby declare that the information I have provided is true and accurate. I will respect privacy laws including workplace procedures for confidentiality. I am a fit and proper person and am submitting this report in good faith with a view to discharging my Work Health and Safety obligations.

Signature: _____ Date: _____