**Outline of the Incident:**

|  |  |  |
| --- | --- | --- |
| **Name of Person preparing Incident Report:**  Click here to enter text. | **Date:**  Click here to enter text. | **Time:**  Click here to enter text. |
| **Event Host Club:**  Click here to enter text. | **Location of Event/Race**  Click here to enter text. | **Safety Officer:**  Click here to enter text. |
| **Place of Occurrence:**  Click here to enter text. | **Place of Occurrence:**  Click here to enter text. | **Name/s of those involved in the incident and Contact details:**  Click here to enter text. |
| **Outcome / Injury / Damage:**  Click here to enter text. | **Emergency Service involved?**  Check if “ Yes”  Police  Ambulance  Fire  Other (Specify):  Click here to enter text. | **Names and contact details of witnesses (if applicable):**  Click here to enter text. |
| **Brief description of Incident & Action Taken:**  Click here to enter text. | | |

**Comments:**

|  |  |
| --- | --- |
| **Contributing Factors:**  Click here to enter text. | **Rescuer Equipment / Procedures:**  Click here to enter text. |
| **Safety Management Plans:**  Click here to enter text. | |
| **Recommend:**  Click here to enter text. | |

**Report Declaration:**

|  |
| --- |
| I declare that all information contained in this accident / incident report to QC to be true and accurate to the best of my knowledge at the time of submission and that I shall notify QC in the event of change of information. |
| **Name:** Click here to enter text.  **Involvement:** Click here to enter text.  **Qualifications:** Click here to enter text.  **Contact details:** Click here to enter text.  **Postal address:** Click here to enter text. |
| **Signature: Date:** Click here to enter text. |