**Outline of the Incident:**

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| --- | --- | --- |
| **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:**

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| --- |
| 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. |