# Incident Report Form

To be completed by the activity leader/s as soon as practical after the incident. This report should be kept by the club secretary as a formal club record. Complete a report even if an insurance claim is not likely to occur, or an incident is a ‘near miss’.

Please email the completed form to **safety@bushwalkingvictoria.org.au** for our Safety Committee to evaluate the incident and extract any learnings that will be useful to the wider bushwalking community.

|  |  |  |
| --- | --- | --- |
| **CONTACT DETAILS** | | |
| **Club Name:** |  | |
| **Report prepared by:**  (name and club role): |  | |
| **Date prepared:** |  | |
| **Date & time of Incident:** |  | |
| **Activity leader details:**  (full name, phone, email) |  | |
| **Full Name of affected person:** |  | |
| **Address of affected person:**  (home address, email) |  | |
| **Witness details:**  (full name, phone, email) |  | |
| **Did the person sign the Club’s Acknowledgement of Risk Form**  (as part of annual membership renewal or prior to the activity in the case of temporary members): | |  |
| **Does the affected person have Ambulance Cover?** | |  |
| **ACTIVITY DETAILS** | | |
| **Type of Event:** (Day walk, base camp, multi-day walk, special event, etc.) |  | |
| **Activity Location**  (Name of park, forest or area of the walk): |  | |
| **Track Name:** |  | |
| **Track Conditions at the time of the activity:** |  | |
| **Weather Conditions at the time of the activity:** |  | |
| **Relevant potential hazards identified prior to the activity:** (i.e. river levels, crossings, slippery rocks, roads, elevation, etc.) |  | |
| **INCIDENT DETAILS**  **(attach separate report if required)** | | |
| **Location on the track where the incident occurred:** |  | |
| **Describe the incident and any resulting injuries, if applicable:** |  | |
| **Actions Taken:** |  | |
| **Details of emergency response teams:**  (Who, how long did they take to reach the affected person/s, how were they contacted) |  | |
| **Post incident follow-up with affected person/s:** |  | |
| **Any suggestions on how the likelihood of such an incident might be reduced?** |  | |
| **SUPPLEMENTARY INFORMATION** | | |
| **Please include any maps, photos, witness statements, etc.** | | |

### 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.*

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| --- | --- | --- | --- | --- |
| Signed: |  |  | Signed: |  |
|  | Activity Leader |  |  | Witness |
| Name: |  |  | Name: |  |