INCIDENT REPORT FORM

Please **Fax** to Masters Swimming Australia **03 9682 5444** or
Email: admin@mastersswimming.org.au

INSURED DETAILS

Insured:		Contact Name:		Ph No:	
Date Reported:		Time Reported:		Exact Location:	
Date of Incident:		Time of Incident:		Day of week:	
Report Completed by:		Incident Reported to:			
Inspected By:		Time Location Inspected:			

PART 2: INJURED PERSON DETAILS

Full name:		Date of birth:		Gender:	Male ☐	Female ☐
Address:		Tel:		Mobile		
Walking Stick ☐		Glasses ☐		Carrying Goods ☐		Other Impairments ☐

PART 3: WITNESS *DETAILS

***Eyewitnesses witnessed the incident: circumstantial witnesses witnessed the events leading up to or following the incident. Additional witnesses' details should be provided in attachment.**

Witness Details						
Witness name 1:		Tel:		Address:		
Type of Witness:	Eye Witness ☐		Circumstantial Witness ☐		Relationship to Injured Person:	
Witness name 2:		Tel:		Address:		
Type of Witness:	Eye Witness ☐		Circumstantial Witness ☐		Relationship to Injured Person:	

IF ANOTHER PARTY RESPONSIBLE FOR THE INCIDENT, PLEASE PROVIDE DETAILS:

PART 4: INJURY DETAILS

Part of body injured (place tick in appropriate box)

Head & Neck	☐	Hip	☐	Hands/Fingers	☐	Eyes or Face	☐	Shoulder	☐
Knee	☐	Back and Trunk	☐	Arms/Wrists	☐	Feet/Ankles or Toes	☐	Teeth/Mouth	☐
If other please specify:									

Nature of Injury (Place tick in appropriate box)

Multiple	☐	Minor Bruise – Not disabling	☐	Concussion/Unconscious (serious)	☐	Fracture	☐	Major Bruising/Disabling	☐	No Apparent Injury	☐
Sprain	☐	Minor Cut/Laceration – No stitches	☐	Superficial	☐	Dislocation	☐	Cut/Laceration requiring stitches	☐		
Ligament Damage	☐	Minor Concussion	☐	Head/Face	☐	Knee	☐	Burns/Scalds – requiring medical attention	☐		

If other please specify:

OF and SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT (as described by injured party)

DESCRIPTION OF INCIDENT (by you or independent witness)

WAS INJURED PERSON TAKEN TO	TREATMENT BY FIRST AIDER ☐	DOCTOR/HOSPITAL ☐	AMBULANCE ☐
NAME OF FIRST AIDER/PERSON ATTENDING:		CONTACT PHONE NO:	

☐ OTHER (please describe)

Was the incident a result of the actions of another party (eg Contractor, visitor)? Yes ☐ Provide details below No ☐

Full name:		Tel:	
Address:			

Was the incident captured on CCTV/digital recording? Yes ☐ No ☐

PART 5: PROPERTY DAMAGE DETAILS (if relevant)

ITEM DAMAGED:		DETAILS:		APPROX. VALUE	$
IF VIEWED AND BY WHOM:		PHOTOS TAKEN AND BY WHOM:			

PART 6: LOCATION OF INCIDENT (Please tick in appropriate box)

Car park	☐	Entrance /Exit	☐	Stairs	☐	Ramp	☐	Children's Play Area	☐	Escalators	☐
Amusement Ride	☐	Sport Ground/Field/Stadium	☐	Elevators	☐	Toilet Areas	☐	Food Court	☐	Restaurants/Cafe/Food area	☐
Common Areas/Walkway	☐	Seats i.e In stadium	☐	Swimming Pool	☐	Animal Pen or area	☐	Show area	☐	Motor powered vehicle	☐
Slide	☐	Game	☐	Beverage Area	☐	**Turn-Stile**					

If other please specify:

PART 7: TYPE OF INCIDENT (Please tick in appropriate box)

Slip and Fall of Person: Cause

Chips	☐	Lack of Barrier	☐	Uneven Floor	☐	Ice Cream	☐	Rainwater on Floor	☐	Tripped over Object	☐
Beverage	☐	Barrier/Signs	☐	Steps/Stairs	☐	Floor Slippery (Surface)	☐	Vegetable/ Fruit Items	☐	Car Park Stops/Bollards	☐
Inadequate Lighting	☐	Other Food	☐	No apparent reason	☐	Person Running	☐	Vomit	☐		

If other please specify:

OR Caught in/hit by:											
Door	☐	Escalator/ Elevator	☐	Machinery	☐	Other	☐				
If other please specify:											
OR fell off / injured by:											
Slide	☐	Animal (describe type)	☐	Ball	☐	Amusement Ride (describe type)	☐	Another Patron	☐	Motor Powered Vehicle (describe type)	☐
If other please specify:											
Stepping on or Striking Against:											
Display Stands	☐	Escalator/Elevator	☐	Doors	☐	Sharp Edges/Protruding Objects	☐	Other	☐		
If other please specify:											
Other											
Falling objects	☐	If falling object please describe									
Water Damage	☐										
Type of Surface											
Marble	☐	Tile	☐	Carpet	☐	Speed Hump	☐	Terrazzo	☐	Timber	☐
Bitumen	☐	Dirt/Grass/Garden	☐	Slate	☐	Vinyl	☐	Concrete	☐	Other	☐
If other please specify:											

WAS INJURED PERSON	Reasonable	☐	Upset	☐	Aggressive	☐	Comments:

Cleaner on Duty: **Time location last inspected:**		**Cleaning Supervisor:** **Time Last Cleaned:**	