



## Goodwood Roos INCIDENT REPORT FORM

The reason for reporting and investigating an incident is to determine: the cause or causes of the incident; to identify any risks, hazards, systems or procedures that contributed to the incident; and to recommend corrective action to prevent similar incidents.

Incidents should be assessed and when indicated, investigated by people knowledgeable about the context involved at the time of the incident. Relevant witnesses should also be involved in the investigation.

An incident report should facilitate any investigation and provide answers to the WHO, WHERE, WHEN, WHAT, WHY and HOW questions with regard to an incident.

This form is to be completed asap or within 72 hours of the injury/incident by an affected person, witness, a Team Manager or Captain, in consultation with the person who is affected by the injury/incident.

Once completed, this form must be and lodged with either Secretary or Risk Officer in either hard copy or email.

Name of person reporting completing this form: \_\_\_\_\_

Position within Goodwood Cricket Club: \_\_\_\_\_

Contact number: \_\_\_\_\_

Reporting Details			
Date of Incident:		Time of Incident:	
Reported by:		Reported to:	
Location:		Area:	
Witness(es):		Witness Contact:	
Witness role eg another player		Date report completed	
Name of person(s) conducting assessment and investigation		Contact number	
		Club role (if relevant)	

Details of injured person/subject of incident	
Category of Individual:	<input type="checkbox"/> Employee/Worker <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Player

Full name:	
Address:	
Contact Details:	Home:                      Mobile:                      Email:

Incident/Injury Details	
Type of incident/injury:	<input type="checkbox"/> Lost Time Injury <input type="checkbox"/> Violence <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> First Aid <input type="checkbox"/> Behaviour <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Harassment <input type="checkbox"/> Near Miss <input type="checkbox"/> Discrimination <input type="checkbox"/> Workers Comp Claim <input type="checkbox"/> Poor Leadership or Modelling <input type="checkbox"/> Playing Issue <input type="checkbox"/> Notification Only
Location where Incident/Injury occurred:	
Exact location on club facilities or oval:	
What were you doing when the incident/injury occurred?	
Describe the incident/injury that occurred:	
Did injury occur as a result of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of injury?	<input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Other (explain)
What was the nature of the injury?	<i>(e.g. fracture, dislocation, sprain, cut, burn, electrocution, critical incident stress etc...)</i>
What was the body location of the injury?	<i>(e.g. eye, face, neck, back, internal organs etc...)</i>

What was the cause of the injury?	<i>(e.g. hit, contact made, fallen downstairs, restraint etc...)</i>
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Details of Treatment			
Was first aid applied and if so what was provided?		If yes, details of first aider:	Name:  Phone: Address:
Was medical treatment sought?		If yes, details of doctor/hospital:	Name: Phone: Address:
What treatment was given?	<i>(including medications)</i>		

Remedial Actions	
Describe what actions have been taken to resolve and report the incident/injury?	<i>(e.g. have an appropriate reporting body been notified or have staff appropriately educated on how to report abuse/neglect etc...)</i>
What is the chance of the injury/incident occurring again and what could be done to prevent a similar injury/incident occurring in the future:	
How much experience did the employee or player have in the task(s) that were being performed when the injury/incident occurred? What training had been provided?	
What action did their supervisor or captain / team manager take?	

Committee Review (to be completed in consultation with the Supervisor / Captain / Team Manager and the affected persons)			
Actions to be Taken	Due Date	Responsible Person	Completion date

**Attachments: e.g. photos, instructions**

Signature of Person Making Report: \_\_\_\_\_

Name of Person Making Report: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Risk Officer/Secretary: \_\_\_\_\_

Name of Risk Officer/Secretary: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*By signing above, all relevant personnel agree that the above actions will be completed within the specified timeframes, and all reasonable efforts will be taken to resolve the issue arising from the incident/injury in accordance with Club policies as well as practice standards and legislative mandates.*