



Incident Report Form

All Industries - Equine, Leisure, and Adventure



PROVIDERS (BUSINESS) DETAILS:

| | | | | | |
|------------------------------------|---------|----------------|--------|---------------|------------|
| Providers Business Name: | | | | | |
| Providers Business Address: | Suburb: | | State: | | Post Code: |
| Business Phone | | Mobile: | | Email: | |
| Person reporting: | | | | Role: | |

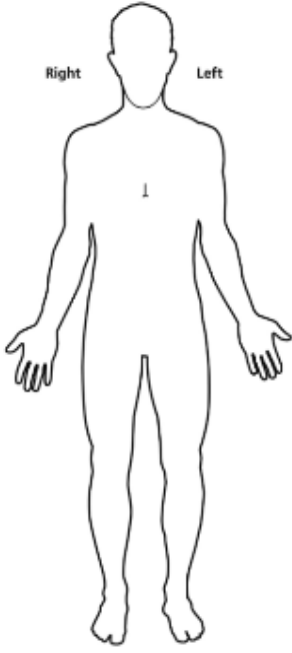
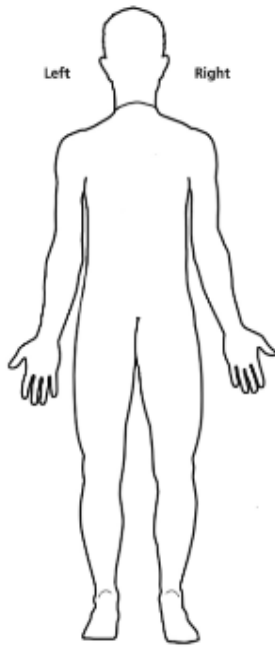
INCIDENT DETAILS:

| | | | | | | |
|--|--|---|---|---|---|--------------------------------------|
| Full address or location of the incident: | | | | | | Others land <input type="checkbox"/> |
| | | | | | | Own land <input type="checkbox"/> |
| | | | | | | Public land <input type="checkbox"/> |
| Date of incident: | DD/MONTH/YYYY | Day of Incident: | | Time of Incident: | | am/pm |
| Describe the <u>type</u> of <u>activity</u>: | <i>E.g. mounting horse, rock climbing, trampolining, trail bike riding, BBQing, bushwalking, camping, jumping in arena</i> | | | | | |
| <input type="checkbox"/> Bodily or trauma injury (non-hospital'n) | <input type="checkbox"/> Bodily or trauma Hospitalisation | <input type="checkbox"/> Equipment or property threat or damage | <input type="checkbox"/> Media involvement (actual or likely) | <input type="checkbox"/> Insurance claim likely | <input type="checkbox"/> Worksafe or police investigation | |
| Describe <u>what</u> happened during the <u>activity</u>. The incident occurred while.... | | | | | | |
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| Person in charge of event: | | | Person supervising the injured's activity: | | | Numbers under supervision |
| Weather conditions: | | | | | | |

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INCIDENT RESPONSE AND FOLLOW UP:

| | |
|--|--|
| Injured Persons | Name: _____ |
| Organisation: | <input type="checkbox"/> Staff Member: <input type="checkbox"/> Provider's contractor: <input type="checkbox"/> Participant's customer: |
| | <input type="checkbox"/> Other (describe) _____ |
| Injuries and Treatment Given: <i>Injury severity and treatment</i> | <i>Number the injury/s on the diagram and by those number/s describe the injuries on the lines below</i> |
| <i>Times, names contact information of those involved in all stages of treatment</i> | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>FRONT VIEW</p>  </div> <div style="text-align: center;"> <p>REAR VIEW</p>  </div> </div> |
| <i>Names & contact information of responders & witnesses</i> | |
| Follow Up: | <i>When & what information has been provided to the injured's emergency contact person (if applicable): -</i> |
| Equipment Used: <i>What PPE equipment, vehicles etc were involved at the time of the incident?</i> | |
| Attachments: | <i>Note: Only attach public information (discoverable information). Do not attach personal notes, sketches. If in doubt seek advice.</i> |
| <i>Tick and or list attachments</i> | <input type="checkbox"/> Signed waiver/s <input type="checkbox"/> Photo's taken <input type="checkbox"/> Supporting documents <input type="checkbox"/> Other – list here |
| SIGNED BY PERSON REPORTING | <i>Sign here:</i> _____ Date (DD/MONTH/YY): _____ |
| | <i>Print name here:</i> _____ |

Incident Report Form Guide

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(Use this Guide when using the Incident Report Form)



INTRODUCTION:

The purpose of this Incident Report Guide is to assist you the provider in the timely reporting of incidents and thereby facilitating the processing of any claims arising from the incident.

Incident reporting is an element of AIB's good practice model, Pillar 4 - Emergency Response and Incident Reporting.

Guidance Notes for Providers

Who are providers and participants?

A '**provider**' is the business or organisation that provides services to their participants (customers).

A '**participant**' is a customer who receives a provider's services on or at the providers place of business.

A '**severe incident**' is a bodily injury requiring hospitalisation, the likelihood of an insurance claim or media involvement due to an unscheduled event or threat.

FREQUENTLY ASKED QUESTIONS:

Q1. What is an incident?

An incident is where bodily injury, property damage or media involvement, Worksafe investigation has or may have occurred. If in doubt, contact your Affinity in office.

Q2. When is an incident reported to AffinityIB?

ALL severe incidents MUST be reported to AffinityIB.

Q3. When is the AIB Incident Report Form used?

It MUST be completed for ALL incidents and retained by the provider for analysis and improvement (if needed).

It MUST be submitted, as soon as practicable to AffinityIB for ALL SEVERE incidents. A delay in submitting the AIB Incident Report Form is likely to delay the processing of claims (if applicable).

Q4. Who completes the AIB Incident Report Form?

Ideally this will be the staff member in charge at the incident site.

Q5. Is verbal reporting sufficient?

Verbally notifying or requesting advice from the AffinityIB office SHOULD BE made as soon as practicable. Especially when emergency services, work safe and or media reporting is involved or anytime you are uncertain about Incident Reporting.

AffinityIB contact: (03) 8587 7777

Pre - Event Checklist for Providers

- Populate Incident Report Form with the providers business name and contact information on page 1. Ensure that the correct company/business name is used to identify the provider. Have sufficient pre-populated copies in store.

Event Checklist for Providers

- For ALL incidents ensure that an Incident Report Form is completed and filed. Assist inexperienced staff who were in charge at the time of the incident to complete the Form. Ensure ONLY THE FACTS are used in the report. DO NOT speculate or make assumptions.
- Ensure that a separate Incident Report Form is completed for EACH injured person. **Be aware that other injured may involve those who were not physically injured by traumatized by the incident.**
- Check that attachments are included with Incident Report. DO NOT include personal notes you or others may have made.
- Check that the Form is signed and dated.
- For SEVERE INCIDENTS send a copy of the completed Form to the AffinityIB office and follow up to ensure they received the incident report and any additional information that they may require. This assists in processing your insurance claim (if applicable).
- File a copy of ALL INCIDENT REPORTS after addressing remediations or lessons learned are actioned.