DOGS VICTORIA– INCIDENT REPORT FORM

This form must be completed by a representative of DOGS VICTORIA as soon as they become aware an incident has occurred.
All incidents must be reported to DOGS VICTORIA within 48 hours. Please email to office@dogsvictoria.org.au

INCIDENT DETAILS

Date Reported:	Time Reported:
Date Of Incident:	Time Of Incident:
Name of Affiliate / Club Name:	
Location Of Incident:	
Incident Report Completed By:	
Incident Reported To:	
Time Incident Reported To:	Inspected By:

PART 1: INJURED PERSON DETAILS

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other (please specify):		Last Name:
First Name (in full):		Date of Birth:
Email:		
Address:		
Phone (H):	(B):	(M):
Other Details:	☐ Walking Stick ☐ Glasses ☐ Carrying Goods ☐ Other Impairments:	

PART 2: WITNESS DETAILS

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other (please specify):		Last Name:
First Name (in full):		Date of Birth:
Email:		
Address:		
Phone (H):	(B):	(M):
Witness Type:	☐ Eyewitness ☐ Circumstantial Witness	
Relationship:	☐ Stranger ☐ Friend ☐ Relative ☐ Colleague	

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS AND/OR ADDITIONAL WITNESS

If another party responsible, please provide details:

PART 3: PERSONAL INJURY DETAILS

Injury location:

☐ Head & Neck	☐ Hip	☐ Hands	☐ Fingers
☐ Eyes or Face	☐ Shoulder	☐ Knee	☐ Back & Trunk
☐ Arms & Wrist	☐ Feet & Toes		
☐ Other (please specify):			

Nature of Injury:

☐ Multiple	☐ Minor Bruise – Not Disabling	☐ Concussion / Unconscious (Serious)
☐ Fracture	☐ Major Bruise – Disabling	☐ Burns / Scalds – Medical Attention
☐ Sprain	☐ Minor Cut/Laceration – No Stitches	☐ Superficial
☐ Dislocation	☐ Cut / Laceration requiring Stitches	☐ No Apparent Injury
☐ Ligament Damage	☐ Minor Concussion	☐ Other (please specify):

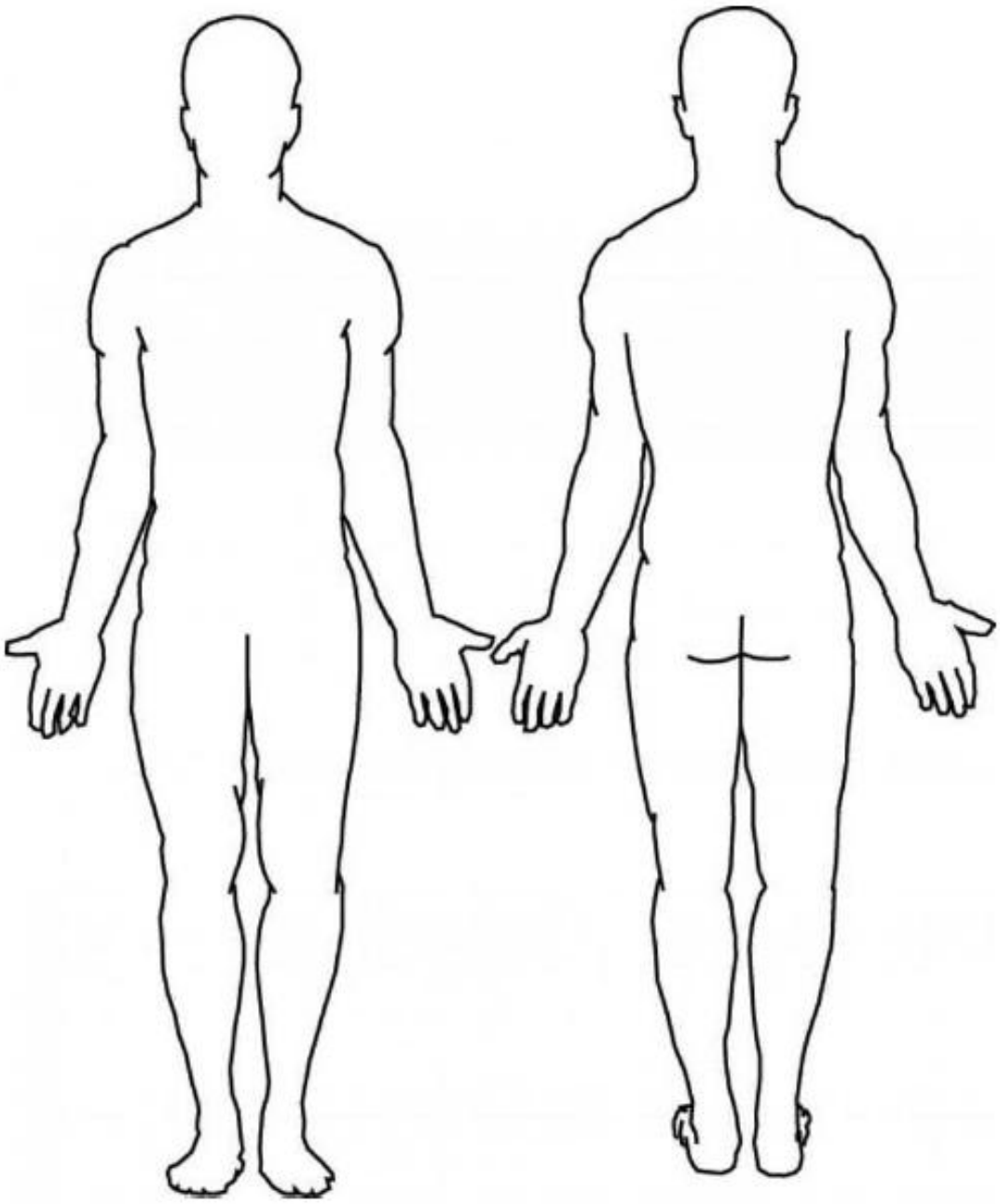
Was Injured Person taken to:		
☐ Treatment by First Aider	☐ Doctor / Hospital	☐ Ambulance

Name of First Aider/Person Attending:
Contact Number:
Other (please specify):
Medical Centre / Hospital:

Was Injured Person:	☐ Reasonable	☐ Upset	☐ Aggressive	☐ Other (please specify):

PART 4: PART OF INJURED BODY

Please indicate on the diagram below what part of the body that sustained the injury.



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PART 5: ASSOCIATED PROPERTY DAMAGE:

Details of Items Damaged:	
Viewed/Inspected by Whom:	
Photos Taken by Whom:	

PLEASE ATTACH PHOTOS

PART 6: LOCATION OF INCIDENT

- ☐ Car Park
- ☐ Entrance/Exit
- ☐ Stairs
- ☐ Car Park Ramps
- ☐ Office Areas
- ☐ Escalators
- ☐ Bar
- ☐ Internal Ramp
- ☐ Elevators
- ☐ Toilet Areas
- ☐ Children's Play Area
- ☐ Race Track
- ☐ Food Areas
- ☐ Balcony
- ☐ Footpath
- ☐ Show Ring
- ☐ Other (please specify):

_____

_____

PART 7: TYPE OF INCIDENT

Slip, Trip or Fall of Person Caused by:

- ☐ No Apparent Reason
- ☐ Tripped Over Object
- ☐ Food on Floor
- ☐ Lack of Barrier
- ☐ Uneven Floor/Ground
- ☐ Rainwater on Floor
- ☐ Beverage/Liquid on Floor
- ☐ Barrier/Signs
- ☐ Uneven Steps/Stairs
- ☐ Floor Slippery (Surface)
- ☐ Car Park Stops/Bollards
- ☐ Inadequate Lighting
- ☐ Person was Running
- ☐ Vomit/Bodily Fluids
- ☐ Other (please specify):

_____

_____

OR Caught in:

- ☐ Door
- ☐ Escalator/Elevator
- ☐ Machinery
- ☐ Other (please specify):

Stepping on or Striking Against:

- ☐ Display Stands
- ☐ Escalator/Elevator
- ☐ Sharp Edges/Protruding Objects
- ☐ Doors
- ☐ Uneven Floor/Ground
- ☐ Other (please specify):

_____

_____

Other:

- ☐ Falling Objects
- ☐ Water Damage

Please Describe: _____

_____

_____

Type of Surface:

- ☐ Marble
- ☐ Tile
- ☐ Carpet
- ☐ Speed Hump
- ☐ Terrazzo
- ☐ Timber
- ☐ Bitumen
- ☐ Dirt/Grass/Garden
- ☐ Slate
- ☐ Vinyl
- ☐ Concrete
- ☐ Other (please specify): _____

PART 8: THIRD PARTY / CONTRACTOR

Was a Third Party / Contractor at Fault: ☐ Yes ☐ No	
Third Party / Contractor Name:	
Contact Number:	
Insurance Details:	
Policy Number:	Expiry Date:

PART 9: DETAILED DESCRIPTION OF, AND THE SEQUENCE OF EVENTS LEADING UP TO INCIDENT:

PART 10: CONTRIBUTING FACTORS	
☐ Lack of or inadequate plant or equipment	☐ Inappropriate actions and / or behaviour
☐ Lack of or inadequate procedures / instructions	☐ Inappropriate footwear
☐ Lack of or inadequate training	☐ Lack of or inadequate management system
☐ Lack of or inadequate management / supervision	☐ Inadequate inspection prior to the event
☐ Inappropriate or inadequate environment	☐ Other (please specify): _____

_____

_____

PART 11: INCIDENT REPORT LODGEMENT DETAILS TO DOGS VICTORIA	
Date Report Sent to DOGS VIC:	Time Report Sent:
Sent to:	
Incident Reported To:	

PARTS 12 & 13: DOGS VICTORIA - OFFICE USE ONLY

PART 12: WHAT ACTIONS HAVE BEEN TAKEN AND WHAT FOLLOW-UP ACTIONS WILL BE TAKEN IN RESPONSE TO THE INCIDENT?
Describe what actions have been taken to address safety risks and what will be done to prevent recurrence of the incident

PART 13: INCIDENT REPORT LODGEMENT DETAILS TO INSURER		
Date the Insurer was Notified:	Time Report Sent:	
Sent to:	Report Sent By:	Date:
Photos attached: ☐ Yes ☐ No		