

Incident Report Form



This report is to be completed within 24 hours of a safety incident or near miss involving any participant of a CTC training session, race, or event.

Name of Person completing this form:	Date Report Completed: / /
Contact phone number:	Date incident occurred: / /

Witnesses list any witnesses to the incident

Witness 1:	Contact #1
Witness 2:	Contact #2

Details of Incident

Event/Location:	Time:
Were any person(s) injured?: YES NO if YES the separate injury Report Form needs to be completed.	
Injured Person 1:	Nature of Injury:
Injured Person 2:	Nature of Injury:
Injured Person 3:	Nature of Injury:

What Happened? list, in order of occurrence, what happened (DO NOT GIVE AN OPINION)

Time	Details

Why did it happen? list, in your opinion, the reason why the incident (or Near miss occurred)

No.	Reason

RECOMMENDATIONS? list in your opinion, any recommendations arising from the incident (or near miss)

No.	Recommendations
1	
2	
3	

This form should be forwarded as soon as practicable to the Club President or emailed to train@cronullatriathlonclub.com.au

-----The following Section is to be completed by the CTC Executive-----

AGREED CONTROL MEASURES TO BE IMPLEMENTED BY CTC

No.	Control Measure	Resp	Target Date
1			___/___/___
2			___/___/___
3			___/___/___
Executive Signature:		Date: / /	