



RMYS INCIDENT REPORT

Allocated Reference number as per register:.....

Part 1 – Incident (Mandatory)

INCIDENT TYPE: Safety [] Injury [] Near Miss [] Harassment []
Security [] Environmental []

Date / Time: _____

Location: Club [] Yard [] Marina [] Beach [] Other []

Type of Loss / Damage: Personal Injury [] Personal Property []
RMYS Property [] Other []

Estimated value of loss (if applicable): \$ _____

Part 2 – Narrative - what occurred (Mandatory)

Part 3 - Incident - Person Details (Mandatory)

Person No. 1

Type: Injured Person [] Complainant [] Witness [] Other []

Surname: _____ First Name: _____ Title: _____

Street: _____ Suburb: _____ Postcode: _____

Phone: (H) _____ (W) _____ (M) _____

Employee [] Contractor [] Member [] Visitor [] Public []

Statement: (Add additional sheets as required)

Signed: (Person No 1) _____ Date: _____

Person No. 2

Type: Injured Person [] Complainant [] Witness [] Other []

Surname: _____ First Name: _____ Title: _____

Street: _____ Suburb: _____ Postcode: _____

Phone: (H) _____ (W) _____ (M) _____

Employee [] Contractor [] Member [] Visitor [] Public []

Statement: (Add additional sheets as required)

Signed: (Person No 2) _____ Date: _____

Part 4 – Injury / Accident Information (Complete only if required)

Nature of Injury: _____

What tasks were occurring when the injury happened: _____

Was the incident reported to a supervisor / duty officer of the day: _____

Name of supervisor / duty officer: _____

Part 5 – Emergency Response (Complete only if required)

Signs and symptoms of the injury: _____

Treatment Required: Nil [] First Aid [] Referred to Doctor / Hospital []
Taken by Ambulance [] Refused treatment []

Description of First Aid administered: _____

Person who administered First Aid: _____ Date / Time: _____

Part 6 – Incident Report Compiled By (Mandatory)

Name: _____ Position in Club: _____

Signed: _____ Date / Time: _____

Action Required Police [] Work Cover [] Insurer [] Other []

Part 7 – Incident Report Action and Concluded (Mandatory)

Action Taken

Name: _____ Position in Club: _____

Signed: _____ Date / Time: _____

Describe the action taken

Confirm IR CLOSED OFF by (Person): _____ Date: _____

All information contained in this report is subject to privacy legislation and names will not be used when gathering information for statistical purposes. Workplace injuries are documented for Work Cover purposes; failure to complete this form could delay or limit Work Cover claims or other potential compensation payments.