



# Incident Report Form

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V10 - 2021

**Royal Melbourne Yacht Squadron**

1 PIER RD, ST KILDA

## Part 1 – Incident

(Mandatory)

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Incident Type:    Safety [ ]    Injury [ ]    Near Miss [ ]    Harassment [ ]  
                         Security [ ]    Environmental [ ]    Other [ ]

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 – Short Description

(Mandatory)

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# Part 3 – Incident - Person Details & Detailed Description

(Mandatory)

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## 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)

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Signed: (Person No 1)

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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)

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Signed: (Person No 2)

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

## Part 4 – Injury / Accident Information

(Complete only if required)

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Nature of Injury: \_\_\_\_\_

What tasks were occurring when the injury happened:

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

Name of supervisor / duty officer: \_\_\_\_\_

## Part 5 – Emergency Response

(Complete only if required)

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Signs and Symptoms of Injury: \_\_\_\_\_

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

Description of First Aid administered: \_\_\_\_\_

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Person who administered First Aid: \_\_\_\_\_ Date / Time: \_\_\_\_\_

## Part 6 – Incident Report Compiled By

(Mandatory)

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Name: \_\_\_\_\_

Position in Club: \_\_\_\_\_

Signed: \_\_\_\_\_

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

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

## Part 7 – Incident Resolution – Action Undertaken & Outcome

(Mandatory)

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Name: \_\_\_\_\_

Position in Club: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Describe the action taken (Add additional sheets as required)

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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.