Incident Report Form

All Industries - Equine, Leisure, and Adventure

AFFINITY RISK MANAGEMENT

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 ☐
Own land ☐
Public land ☐

Date of incident: DD/MONTH/YYYY **Day of Incident:** **Time of Incident:** ○ am / ○ pm

Describe the type of activity: *E.g. mounting horse, rock climbing, trampolining, trail bike riding, BBQing, bushwalking, camping, jumping in arena*

☐ Bodily or trauma injury (non-hospital'n)	☐ Bodily or trauma Hospitalisation	☐ Equipment or property threat or damage	☐ Media involvement (actual or likely)	☐ Insurance claim likely	☐ Worksafe or police investigation

Describe what happened during the activity. **The incident occurred while….**

Person in charge of event:		**Person supervising the injured's activity:**		**Numbers under supervision**	
Weather conditions:					

Affinity Risk Partners (Brokers) Pty Ltd t/a Affinity Insurance Brokers
ABN 15 091 944 580 as an Authorised Representative (No 1288354) of
Aon Risk Services Australia Limited ABN 17 000 434 720 AFSL 241141
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INCIDENT RESPONSE AND FOLLOW UP:

Injured Persons Name:

Organisation:

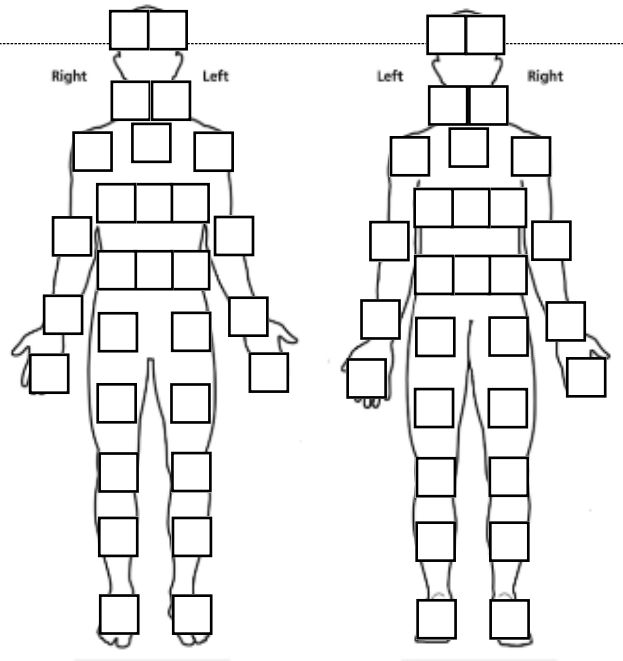
☐ Staff Member: ☐ Provider's contractor: ☐ Participant's customer:

☐ Other *(describe)*

Injuries and Treatment Given:
Injury severity and treatment

Number the injury/s on the diagram and by those number/s describe the injuries on the lines below

FRONT VIEW **REAR VIEW**



Times, names contact information of those involved in all stages of treatment

Names & contact information of responders & witnesses

Follow Up:

When & what information has been provided to the injured's emergency contact person (if applicable): -

Equipment Used:

What PPE equipment, vehicles etc were involved at the time of the incident?

Attachments:

Note: *Only attach public information (discoverable information). Do not attach personal notes, sketches. If in doubt seek advice.*

Tick and or list attachments

☐ Signed waiver/s ☐ Photo's taken ☐ Supporting documents ☐ Other – list here

SIGNED BY PERSON REPORTING

Sign here:

Date (DD/MONTH/YY):

Print name here: