**DATE:** Friday, 25th February 2022

**TITLE:** Incident Report Form

**AREA:** Pathways

Please complete the Incident Report Form and send to [eo.qld@paddle.org.au](mailto:eo.qld@paddle.org.au) within 5 days of the event.

|  |  |  |  |
| --- | --- | --- | --- |
| **Event Date:** |  | **Event Discipline:** |  |
| **Event Name:** |  | **Event Host:** |  |
| **Event Location:** |  | | |
| **Event Contact:** |  | **Position:** |  |
| **Phone:** |  | **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **REPORT DETAILS** | | |
| **Name of person preparing the report:** | |  |
| **Place of Incident:** | |  |
| **PERSONS INVOLVED** | | |
| **Name / P / E:** |  | |
| **Name / P / E:** |  | |
| **Name / P / E:** |  | |
| **Outcome of Incident:** | | |
|  | | |
| **Emergency Services Involved:** | | **YES / NO** |
| **WITNESSES** | | |
| **Name / P / E:** |  | |
| **Name / P / E:** |  | |
| **Name / P / E:** |  | |

|  |
| --- |
| **OVERVIEW OF INCIDENT AND ACTIONS TAKEN** |
|  |
| **ACTIONS TAKEN:** |
|  |
| **CONTRIBUTING FACTORS:** |
|  |
| **RESCURER PROCEDURES AND EQUIPMENT USED:** |
|  |
| **SAFETY MANAGEMENT PLANS:** |
|  |
| **RECOMMENDATIONS:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **REPORT DECLARATION:** | | | |
| I declare that all information contained in this Incident Report Form to Paddle Queensland Inc. to be true and accurate to the best of my knowledge at the time of submission and that I shall notify Paddle Queensland Inc. in the event of any change of information: | | | |
| **Name:** |  | | |
| **Involvement:** |  | | |
| **Qualifications:** |  | | |
| **Phone:** |  | **Email:** |  |
| **Address:** |  | | |
| **Date:** |  | **Signature:** |  |