



DOGS NSW - INCIDENT REPORT FORM

This form must be completed by a representative of DOGS NSW as soon as they become aware an incident has occurred.

INCIDENT DETAILS	
Date Reported:	Time Reported:
Date Of Incident:	Time Of Incident:
Location Of Incident:	
Incident Report Completed By:	
Incident Reported To:	
Time Incident Reported To:	Inspected By:

PART 1: INJURED PERSON DETAILS		
<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (please specify):	Last Name:	
First Name (in full):	Date of Birth:	
Email:		
Address:		
Phone (H):	(B):	(M):
Other Details:	<input type="checkbox"/> Walking Stick <input type="checkbox"/> Glasses <input type="checkbox"/> Carrying Goods <input type="checkbox"/> Other Impairments:	

PART 2: WITNESS DETAILS		
<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (please specify):	Last Name:	
First Name (in full):	Date of Birth:	
Email:		
Address:		
Phone (H):	(B):	(M):
Witness Type:	<input type="checkbox"/> Eye Witness <input type="checkbox"/> Circumstantial Witness	
Relationship:	<input type="checkbox"/> Stranger <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Colleague	
<i>ATTACH STATEMENTS FOR ADDITIONAL COMMENTS AND/OR ADDITIONAL WITNESS</i>		

If another party responsible, please provide details:

PART 3A: PERSONAL INJURY DETAILS			
<input type="checkbox"/> Head & Neck	<input type="checkbox"/> Hip	<input type="checkbox"/> Hands	<input type="checkbox"/> Fingers
<input type="checkbox"/> Eyes or Face	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Knee	<input type="checkbox"/> Back & Trunk
<input type="checkbox"/> Arms & Wrist	<input type="checkbox"/> Feet & Toes		
<input type="checkbox"/> Other (please specify):			

Nature of Injury:		
<input type="checkbox"/> Multiple	<input type="checkbox"/> Minor Bruise – Not Disabling	<input type="checkbox"/> Concussion/Unconscious (Serious)
<input type="checkbox"/> Fracture	<input type="checkbox"/> Major Bruise – Disabling	<input type="checkbox"/> Burns/Scalds – Medical Attention
<input type="checkbox"/> Sprain	<input type="checkbox"/> Minor Cut/Laceration – No Stitches	<input type="checkbox"/> Superficial
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Cut/Laceration requiring Stitches	<input type="checkbox"/> No Apparent Injury
<input type="checkbox"/> Ligament Damage	<input type="checkbox"/> Minor Concussion	
<input type="checkbox"/> Other (please specify):		

Detailed Description of and the Sequence of Events Leading up to Incident:



DOGS NSW - INCIDENT REPORT FORM

Detailed Description of the Incident:

Empty text area for incident description.

Was Injured Person taken to:

- Treatment by First Aider
- Doctor/Hospital
- Ambulance

Name of First Aider/Person Attending:

Contact Number:

Other (please specify):

Was a Third Party/Contractor at Fault: Yes No

Third Party/Contractor Name:

Contact Number:

Insurance Details:

Policy Number:

Expiry Date:

PART 4: ASSOCIATED PROPERTY DAMAGE:

Details of Items Damaged:

Viewed/Inspected by Whom:

Photos Taken by Whom:

PLEASE ATTACH PHOTOS

PART 5: LOCATION OF INCIDENT

- Car Park
- Office Areas
- Elevators
- Food Areas
- Other (please specify):
- Entrance/Exit
- Escalators
- Toilet Areas
- Balcony
- Stairs
- Bar
- Children's Play Area
- Gaming Areas
- Car Park Ramps
- Internal Ramp
- Restaurants

PART 6: TYPE OF INCIDENT

Slip, Trip or Fall of Person Caused by:

- No Apparent Reason
- Uneven Floor/Ground
- Uneven Steps/Stairs
- Person was Running
- Tripped Over Object
- Rainwater on Floor
- Floor Slippery (Surface)
- Vomit/Bodily Fluids
- Food on Floor
- Beverage/Liquid on Floor
- Car Park Stops/Bollards
- Other (please specify):
- Lack of Barrier
- Barrier/Signs
- Inadequate Lighting

OR Caught in:

- Door
- Escalator/Elevator
- Machinery
- Other (please specify):

Stepping on or Striking Against:

- Display Stands
- Doors
- Escalator/Elevator
- Uneven Floor/Ground
- Sharp Edges/Protruding Objects
- Other (please specify):

Other:

- Falling Objects
- Water Damage

Please Describe:

Type of Surface:

- Marble
- Timber
- Concrete
- Tile
- Bitumen
- Other (please specify):
- Carpet
- Dirt/Grass/Garden
- Speed Hump
- Slate
- Terrazzo
- Vinyl

Was Injured Person:

- Reasonable
- Upset
- Aggressive
- Other (please specify):

PART 7: CLEANING DUTIES:

Cleaner on Duty:

Cleaning Supervisor:

Time Last Cleaned:

Time Location Last Inspected: