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.
All incidents must be reported to DOGS NSW within 48 hours. Please email to info@dogsnsw.org.au

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		
☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other (please specify):	Last Name:	
First Name (in full):	Date of Birth:	
Email:		
Address:		
Phone (H):	(B):	(M):
Other Details:	☐ Walking Stick ☐ Glasses ☐ Carrying Goods ☐ Other Impairments:	

PART 2: WITNESS DETAILS		
☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other (please specify):	Last Name:	
First Name (in full):	Date of Birth:	
Email:		
Address:		
Phone (H):	(B):	(M):
Witness Type:	☐ Eye Witness ☐ Circumstantial Witness	
Relationship:	☐ Stranger ☐ Friend ☐ Relative ☐ Colleague	

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS AND/OR ADDITIONAL WITNESS

If another party responsible, please provide details:

PART 3A: PERSONAL INJURY DETAILS

☐ Head & Neck	☐ Hip	☐ Hands	☐ Fingers
☐ Eyes or Face	☐ Shoulder	☐ Knee	☐ Back & Trunk
☐ Arms & Wrist	☐ Feet & Toes		
☐ Other (please specify):			

Nature of Injury:

☐ Multiple	☐ Minor Bruise – Not Disabling	☐ Concussion/Unconscious (Serious)
☐ Fracture	☐ Major Bruise – Disabling	☐ Burns/Scalds – Medical Attention
☐ Sprain	☐ Minor Cut/Laceration – No Stitches	☐ Superficial
☐ Dislocation	☐ Cut/Laceration requiring Stitches	☐ No Apparent Injury
☐ Ligament Damage	☐ Minor Concussion	
☐ Other (please specify):		

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

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Detailed Description of the Incident:

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

PART 6: TYPE OF INCIDENT

Slip, Trip or Fall of Person Caused by:

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

OR Caught in:

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

Stepping on or Striking Against:

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

Other:

☐ Falling Objects ☐ Water Damage

Please Describe:

Type of Surface:

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

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:	