

Hazard & Incident Report Form –St Lucia Bowls Club Inc (the Club)

This form must be completed as soon as possible after an accident, incident or ‘near miss’ occurs.

The form should then be forwarded to the Secretary and Facilities Director. The Secretary shall notify the Club’s Workers Compensation Insurer where an employee is injured or the Club’s Public Liability Insurer via it’s Insurance Broker. The Facilities Director shall be responsible for ensuring the WHS committee undertakes a hazard assessment to determine if any corrective action is necessary.

If the injury is serious, please email or call the Secretary **immediately**.

Name of Injured Person		Date of Incident	
Is Injured Person a:		Time of Incident	
➢ Bowler			
➢ Volunteer			
➢ Employee or			
➢ Contractor			
Name of Person completing this form		Date of this report	

Details of the incident:

Was this a ‘near miss’? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where did the incident occur? (give details of the precise location)	
How did the incident occur? (describe what you were doing – e.g. slipped while walking down stairs)	
Reasons given for cause of incident: (e.g. wet step)	
Names and contacts of any witnesses:	

Details of the injury:

Describe the injury or condition: (e.g. laceration, pain, swelling or bleeding)
Which body parts were affected? (e.g. left upper arm, right knee)
Was First Aid treatment given? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of treatment and name of person providing First Aid:
Has the injury caused any time lost or medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where the person injured is an employee the employee agrees that the Club will disclose their personal information for the purpose of notifying the Club’s Workers Compensation Insurer of the incident details above:
Employee Signature _____
Person undertaking Signature _____