|  |
| --- |
| **NOTE:** This Incident & Hazard Reporting Form shall be used to organise Information for the purposes of reporting to Tennis NSW.  Serious Incidents must be reported by phone immediately to the Tennis NSW Tennis Services Coordinator (0434 531 056). |

PART A - Investigation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reporter Details | | | | | | |
| Given Name: |  | | Surname: | |  | |
| Position: |  | | | | | |
| Contact Numbers | Business Hrs: |  | | Mobile: | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of Incident / Hazard | | | | | | | | | | | | | | |
|  | First Aid | |  | Hazardous Area |  | Near miss | | |  | Medical Treatment | | |  | Lost Time Injury |
|  | Damage Caused | |  | Other Type |  | | Fatality | | | |  | | | |
| Date: | | /       / | | | | | | Time: | | | |  | | |
| What were you doing at the time?  (describe the activity undertaken at the time) | | | |  | | | | | | | | | | |
| What happened unexpectedly?  (Describe the incident / hazard as it occurred) | | | |  | | | | | | | | | | |
| What did you do?  (Describe what happened next) | | | |  | | | | | | | | | | |
| What factors do you feel contributed to the incident / hazard? | | | |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Witness Details | | | | | | | |
| Were there any witnesses? | | Yes |  | No | |  | |
| Name: |  | | | | Contact Number: | |  |
| Name: |  | | | | Contact Number: | |  |

**PART B – Injured / ill Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Individual Injury / Illness Details (complete only if an Injury / Illness was sustained) | | | | | | | | | | | | | |
| Given Name: | |  | | | | | | | Surname: | |  | | |
|  | Employee | | |  | | Contractor | | | | |  | Other | |
| Sex: | | M |  | | F | |  | DOB: | | /       / | | | |
| Contact Numbers | | Business Hrs: | | |  | | | | | Mobile: | | |  |
| Describe the nature of the Injury / Illness | |  | | | | | | | | | | | |

**Part C – Corrective Actions**

|  |  |  |  |
| --- | --- | --- | --- |
| Corrective Actions (What are the suggested corrective actions to prevent reoccurrence) | | | |
| # | Action Suggested | Responsibility | Estimated Timing |
| 1 |  |  | /       / |
| 2 |  |  | /       / |
| 3 |  |  | /       / |
| 4 |  |  | /       / |