



## Incident reporting for Member Injury and Equipment damage

This report is to be completed by the Surf Lifesaving Club in the event of **ANY** member injury or significant equipment damage.

This helps enable SLSNR, SLSNZ and Clubs to maintain a high standard of member health and safety and improve best practices in all aspects of operations as well as keeping records for insurance and ACC claims at SLSNR.

Forms should be completed within one (1) week of the incident occurring. Once completed, please email to [NORTHERN@SURFLIFESAVING.ORG.NZ](mailto:NORTHERN@SURFLIFESAVING.ORG.NZ)

<b>SLSNR ACCIDENT &amp; INCIDENT INVESTIGATION REPORT</b> (CLUB TO COMPLETE)		<b>Date of Incident:</b> /     /
<b>Name of Club:</b>	<b>Activity type:</b> Training / Patrol / Callout / Event / Other:	

<b>DETAILS OF INJURED PERSON / PROPERTY</b>				Was more than one person injured in this incident: YES / NO
<b>Name:</b>			<b>SLSNZ Number:</b>	
<b>Residential address:</b>				
<b>Gender(Male/Female):</b>		<b>Phone: (H)                      (W)                      (C)</b>		
<b>Date of birth:</b>		<b>Email:</b>		
<b>TYPE OF INJURY:</b>	Fracture	Swelling	Dislocation	<b>Injured part(s) of body:</b>
Abrasions	Hemorrhages	Poisoning	Suspected spinal injury	
Burns	Laceration	Crushing		
Bruising	Pain	Allergic reaction	<b>Other (specify):</b>	
<b>Property/Material damaged:</b>			<b>Nature of damage:</b>	

<b>THE INCIDENT</b>			
<b>Equipment being used:</b>	Vehicle	IRB	Other (Please specify)
Surf Boat	Ski	Board	
<b>Start time of incident:</b>	<b>Location of incident:</b>		
<b>Finish time of incident:</b>			





Risks on day: (Please tick as appropriate)	N/A	Low	Med	High		N/A	Low	Med	High
Swell size					Coastal defences				
Wave type					Other manmade structures				
Tide / current					Hazardous substances				
Time between sets					Beach / water population				
Depth of water					Activities / events				
Geography / topography					Behavioral				
Beach debris					Vulnerable groups				
Water quality					Other water users				
Wind					Other (please state)_____				
Temperature					Other (please state)_____				
Available light					Other (please state)_____				

**Description**  
Write brief description of incident

<b>Training prior to incident:</b> YES / NO	<b>Equipment checked prior to use:</b> YES / NO	<b>Emergency Comms available:</b> YES / NO	<b>First Aid equipment available:</b> YES / NO	<b>Safety cover available:</b> YES / NO
<b>Details:</b>	<b>Details:</b>	<b>Details:</b>	<b>Details:</b>	<b>Details:</b>

**Incident action plan completed and attached:** YES / NO      **Risk assessment completed and attached:** YES / NO

**Primary Cause:** \_\_\_\_\_      **Initial treatment:** \_\_\_\_\_

**Recommended actions:**

**Other agencies involved:**

**Are there likely to be claims relating to this incident (ACC, Insurance, etc.)** YES / NO

**WITNESS DETAILS**

Name	Contact phone number	Age	Injury (if injured)	Role

**INVESTIGATION NOTES**

**Incident investigated by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

