



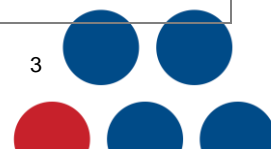
DOCUMENT TO BE COMPLETED & SUBMITTED ON THE SAME DAY OF INCIDENT.

NAME OF PERSON REPORTING INCIDENT

Name:			
Signature			
Telephone:		Email:	
Reporting on behalf of: <i>I.e., Club/Sporting Organisation</i>			

INCIDENT DETAILS

Incident Type:	<input type="checkbox"/> Incident	<input type="checkbox"/> Hazard	<input type="checkbox"/> Injury	<input type="checkbox"/> Near Miss
Date of Incident:				
Name of Person Affected/Injured:				
Telephone:		Email:		
Is the individual Under 18: <i>If so, please provide a Parent or Guardians information</i>				
Time of Incident:				
Venue Name: <i>I.e., SA Athletics Stadium</i>				
Specific Location: <i>e.g. stairs, track, gym, etc</i>				
Incident Description <i>Please provide a detailed description of the incident</i>	<p style="text-align: right;"><i>If applicable, please circle location of injury on the diagram below.</i></p>			





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IMMEDIATE ACTIONS TAKEN:

Was first aid administered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail of first aid administered:		
First aid administered by:	Name:	Contact:
Was the Individual sent to a hospital or a medical clinic and is so, where?		
Witness(s): <i>A witness is a person or persons who visible saw the incident, hazard or near miss.</i>	<input type="checkbox"/> Yes If yes, list name(s) and contact details below.	<input type="checkbox"/> No / Uncertain

CORRECTIVE ACTIONS:





What immediate actions taken to control the Incident/hazard?		
Corrective actions taken or recommended to prevent future incidents from occurring?		
Was an ORSR Operations Officer advised of the incident <i>I.e., After Hours: 0423 784 383 notified?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ONCE THIS DOCUMENT IS COMPLETE PLEASE FORWARD TO BELOW RESPECTIVE EMAIL FOR VENUES:

WOMENS MEMORIAL PLAYING FIELD	ORSR.WMPF@SA.GOV.AU
STATE SHOOTING PARK	ORSR.STATESHOOTINGPARK@SA.GOV.AU
EAGLE MOUNTAIN BIKE PARK	ORSR.EAGLEMOUNTAINBIKEPARK@SA.GOV.AU
ADELAIDE SUPER-DROME	ORSR.ADELAIDESUPER-DROME@SA.GOV.AU
SA ATHLETICS STADIUM	ORSR.SAATHLETICSSTADIUM@SA.GOV.AU
ALL OTHER VENUES	ORSR.FACILITIES@SA.GOV.AU

ORSR USE ONLY: VENUE STAFF TO COMPLETE

Follow Up Notes	
When was follow up completed?	Date:



Who was contacted/what number:	
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ORSR USE ONLY: VENUE STAFF TO COMPLETE

Operations Officer sighted and review	<input type="checkbox"/>	Date:	Name of Operations Officer:
Upload to Objective and add to Incident Reporting Register (B1355884)	<input type="checkbox"/>	Date:	Objective Folder Reference:
Designated Manager sighted/ review	<input type="checkbox"/>	Date:	Name of Designated Manger:
Internal Process Completed by Operations Officer	<input type="checkbox"/>	Date:	
Operations and Facility Officer Final Review	<input type="checkbox"/>	Date:	
OH&S Sub-committee Advised	<input type="checkbox"/>	Date:	

