



Incident Report Form

This form is required to be completed and submitted to the Tasracing as soon as possible after any incident / accident at any race track or other workplace across Tasmania.

All sections of the Incident Report Form must be completed and signed.

Full name of person completing form:	
Position of person completing form:	
Club / Site:	
Date:	Signature:

Incident Details

Incident type: Injury <input type="checkbox"/> Hazard <input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage <input type="checkbox"/> Horse Incident <input type="checkbox"/> Security Breach <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Environmental Damage <input type="checkbox"/> Personal threat <input type="checkbox"/> Other <input type="checkbox"/>	
Date of incident:	Time of incident:
Name/s of injured person/s or person/s involved: _____ _____ _____	
Contact details of person/s involved: ----- ----- ----- ----- ----- ----- -----	
Description of incident: ----- ----- ----- ----- ----- ----- -----	

Reported to: Tasracing <input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> Fire Brigade <input type="checkbox"/> Steward <input type="checkbox"/> Workplace Standards Tasmania (where hospitalisation required) <input type="checkbox"/>
If injury what treatment was sought: First Aid <input type="checkbox"/> Medical Treatment/Ambulance <input type="checkbox"/> Hospitalisation <input type="checkbox"/> **If you feel there could be an injury from a fall or dislodgement ask if they require an ambulance or medical attention.



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Witness Details

Witness Name:
Witness Contact Details:
Witness Statement: ----- ----- ----- ----- ----- ----- ----- ----- ----- -----

Actions

What actions were taken immediately after the incident: ----- ----- ----- ----- ----- ----- ----- ----- -----
Follow up actions required: ----- ----- ----- -----

Please email to: WHS@tasracing.com.au

Head Office use only: Date Received: _____ Logged <input type="checkbox"/>
