



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 racetrack 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

<u>Incident type:</u> Injury <input type="checkbox"/> Hazard <input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage <input type="checkbox"/> Horse Incident <input type="checkbox"/> <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:
<u>Name/s of injured person/s or person/s involved:</u> _____ _____ _____	
<u>Contact details of person/s involved:</u> _____ _____ _____ _____ _____	
<u>Description of incident:</u> _____ _____ _____ _____ _____	

Reported to: Tasracing <input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> Fire Brigade <input type="checkbox"/> Steward <input type="checkbox"/> <input type="checkbox"/> Workplace Standards Tasmania (where hospitalisation required) <input type="checkbox"/>



Incident Report Form

If injury what treatment was sought:		
First Aid <input type="checkbox"/>	Medical Treatment/Ambulance <input type="checkbox"/>	Hospitalisation <input type="checkbox"/>
<i>**If you feel there could be an injury from a fall or dislodgement ask if they require an ambulance or medical attention.</i>		

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"/>