INCIDENT/ACCIDENT REPORT FORM

This form is to enable the registering of incidents and compilation of information and statistics about incidents involving orienteering that result in: persons lost/missing, serious injury and/or death and loss/damage to property. (Please include incidents which have the potential to do so)

Please complete the form to the best of your ability, making enquiries and investigations if necessary. Include more information in writing if possible, with maps and diagrams.

Please send this form to Orienteering SA – secretary@sa.orienteering.asn.au

Outline of Incident

Date ___ / ___ / ___ Time ________

Outcome:
Lost / Missing  Serious Injury  CPR used  Hospitalisation  Death

Organisations involved:
Club   School   Park Rangers   Police   SES   Ambulance
Other ________________________

Brief Description of the Incident:

Procedures carried out if any: __________________________________________________________

Treatment carried out by: ______________________________________________________________

Number of people at event/activity ______

Name of Orienteering Official in charge: ________________________________________________

Signature:

Date:
Details of the incident/accident

Tick all appropriate items

Nature of event/activity
School
Tertiary
Teachers Professional Development
Training
Corporate
Club Event
Minor Event
Major Event
National Event
International Event

Perceived contributing factors
Poor planning of activity
Lack of instructions
Lack of understanding of danger areas
Inadequate skills
Weather conditions
Poor judgement
Inadequate equipment
In appropriate clothing
Health problems
Inexperience
Hypothermia
Hyperthermia

Nature of Incident
Unable to relocate and wandered off map
Injured self due to fall
Injured self due to object contacting victim
Injured self due to other people
Other

Safety Equipment
Items yes no
First Aid Kit
Warm clothing
Water
Food
Torch
Radios
Mobile phone
Vehicles
Cars
4WD
Bikes

Details of Affected Person

Name
Address

Age Gender

Physical condition: fit unfit
Orienteering Club member Yes No

Name of O club

Name of partner or next of kin

Area Information

Location
Map

Weather conditions –
hot, warm, mild, cold, very cold, snowing,
windy, still, dry, wet

Person completing form

Name:
Address:
Telephone w l h
Email
Organisational Position

Involvement with the incident:

Any other comments:

Updated
March 2015