



Ben Cruachan Walking Club Inc.

Inc. No. A0004849G | ABN: 66 581 863 017

Email: secbcwc@gmail.com

Website: bcwc.au

INCIDENT REPORT FORM

To be completed by the activity leader as soon as practical after the incident. This report should be kept by the club secretary as a formal club record. Complete a report even if an insurance claim is not likely to occur, or an incident is a 'near miss'.

Please email the completed form to safety@bushwalkingvictoria.org.au for our Safety Committee to evaluate the incident and extract any learnings that will be useful to the wider bushwalking community.

CONTACT DETAILS	
Club Name:	
Report prepared by: (name and club role):	
Date prepared:	
Date & time of Incident:	
Activity leader details: (full name, phone, email)	
Full Name of affected person:	
Address of affected person: (home address, email)	
Witness details: (full name, phone, email)	
Did the person sign the Club's Acknowledgement of Risk Form (as part of annual membership renewal or prior to the activity in the case of temporary members):	
Does the affected person have Ambulance Cover?	
ACTIVITY DETAILS	
Type of Event: (Day walk, base camp, multi-day walk, special event, etc.)	
Activity Location (Name of park, forest or area of the walk):	
Track Name:	
Track Conditions at the time of the activity:	
Weather Conditions at the time of the activity:	
Relevant potential hazards identified prior to the activity: (i.e. river levels, crossings, slippery rocks, roads, elevation, etc.)	

INCIDENT DETAILS (attach separate report if required)	
Location on the track where the incident occurred:	
Describe the incident and any resulting injuries, if applicable:	
Actions Taken:	
Details of emergency response teams: (Who, how long did they take to reach the affected person/s, how were they contacted)	
Post incident follow-up with affected person:	
Any suggestions on how the likelihood of such an incident might be reduced?	
SUPPLEMENTARY INFORMATION	
Please include any maps, photos, witness statements, etc.	

Privacy Note

The inclusion of the names of individuals and their contact details in this report must be done in accordance with relevant Privacy laws.

Signed: _____
Activity Leader

Signed: _____
Witness

Name: _____

Name: _____