



## MELBOURNE WALKING CLUB INC. INCIDENT REPORT

This form is to be completed by the activity Leader/s as soon as practical after an incident. Complete the report even if an insurance claim is not likely or an incident is a 'near miss'.

Email the completed form to **secretary@melbournewalkingclub.org** and also to Bushwalking Victoria at **safety@bushwalkingvictoria.org.au** for its Safety Committee to evaluate the incident and extract learnings that may be useful to the wider bushwalking community.

This report will be kept by the Secretary as a formal club record.

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

**INCIDENT DETAILS (attach separate report if required)**

**Location 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/s:**

**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: \_\_\_\_\_