

Appendix 3.

Accident/Incident or Near Miss Form

Dive activity _____

Person completing form and date _____

Person/s involved in incident / near miss

Name			
Address			
Phone	(H)	(M)	Next of kin & contact number
DOB		Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No

Incident / near miss details (circle one)

Day		Date		Time	
Incident / near miss location					
Witness					
Witness Address					
Witness Phone		(w)		Mobile	
How did the incident / near miss occur?					
Describe the injury and part(s) of the body injured if applicable	(add additional pages if required)				
Describe treatment or actions undertaken					
Name of persons providing treatment / actions		First Aid Qualified	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Advised to seek medical treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ambulance called	<input type="checkbox"/>	Yes <input type="checkbox"/> No
Police in attendance	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Was this incident or near miss covered in a risk assessment or safety procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is the person a:	<input type="checkbox"/>		<input type="checkbox"/>		

	RLSF Member	Trainee
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ACTION BY ORGANISATION

Contact person		Ph number	
Date reported		Time reported	
Corrective action/s:	Interim actions: E.g: emergency advice to volunteers to do/not do an action		
In consultation with:	Long term controls: E.g: amend procedures in Safety Manual		
Safety Committee members Date:			

Instructions

- Delegate completes all details
- Contact RLSF as soon as possible, contact:

Margo Smith (RLSF Safety Committee & Volunteer Representative): 0414 548 213, or
Toni Cooper (RLSF Programs Coordinator and RLSF Safety Committee): 0417 345 185

Or email: enquiries@reeflifesurvey.com

- Consult on corrective actions