

CLUBS CUSTOMER INCIDENT REPORT FORM



- This form must be completed by Customer Service staff to report any customer workplace accident or incident which results in an injury
- In the case of fatalities, a serious injury or dangerous occurrence, please phone UQ Security on 3365 3333 and the Operations Manager of UQ Sport on 3345 6040.
- Return completed form to your supervisor

1. DETAILS OF PERSON INJURED OR INVOLVED (to be filled out by the person injured/involved if possible)

Name of person injured:

Date of birth:

/ /

Contact phone number:

Address:

2. INCIDENT DETAILS

Date of incident:

/ /

Time of incident:

AM / PM

Place of the incident:

Description of the incident (What was being done when the incident occurred?):

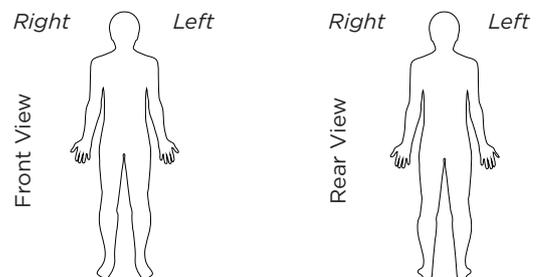
3. INJURY DETAILS

Description of injury/illness:

Indicate bodily location of injury

Did you require any medical attention for your injury?
(please circle)

- Nil
- Ambulance
- Other
- First Aid Only
- Hospital



4. EQUIPMENT BEING USED (if involved in incident)

Type of equipment:

Was the equipment in good working order? Yes No

If No, details:

5. INJURED PERSONS DECLARATION - I declare the above information is correct and not misleading

Name:

Signature:

Date:

/ /

6. TO BE COMPLETED BY ATTENDING STAFF MEMBER

Name of staff member attending incident:

7. INCIDENT INVESTIGATION (to be completed by the Manager)

What were the main contributing factors?

Risk Assessment	Likelihood	Risk Score From Risk Priority Chart
	1. Rare 2. Unlikely 3. Possible 4. Likely 5. Almost Certain	
	Consequences	<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>
	1. Insignificant 2. Minor 3. Moderate 4. Major 5. Catastrophic	

Type of incident (please circle)

- | | | |
|------------------------------------|-----------------------|---------------------|
| • Slips/trips/falls | • Abrasion/bruise | • Repetitive action |
| • Hitting an object | • Extreme temperature | • Cuts/sharps |
| • Manual handling (body stressing) | • Mental stress | • Other _____ |

Agency of injury (please circle)

- | | | |
|-------------------|------------------------|------------------------------------|
| • Equipment/plant | • Hazardous substances | • Static equipment (e.g. computer) |
| • Vehicle | • Live animals | • Environment |
| • Hand tools | • Bodily fluids | • Other _____ |

8. CORRECTIVE/PREVENTATIVE ACTIONS

Proposed	Responsibility	Proposed Date	Actual Date

9. COMMENTS (on implementing the corrective / preventative actions recommended above)

10. VALIDATION - The undersigned have reviewed this incident and do state this information is the best available information according to the known facts.

Business Unit Manager (Name): _____ Signature: _____ Date: / /

Divisional Manager (Name): _____ Signature: _____ Date: / /

FORWARD THIS FORM TO THE UQ SPORT OFFICE COORDINATOR FOR DATA ENTRY AND FILING.