Sporting Shooters' Association of Australia
Conservation & Wildlife Management (SA) Inc.
PO Box 188 Kent Town SA 5071
www.conservation-wildlife.asn.au
Branches in all States and Territories
PRESERVING AUSTRALIA'S HERITAGE

Incident or Bodily Injury Notification and Action

v05.17

Location of incident: ……

Date and time of incident: …….

Person reporting incident: ……C&WM Membership No.:……

Signature:……Date:……

Name(s) of all persons involved in the incident: ……

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If physical injury occurred, please complete page 2. The Safety Committee will review the report and complete page 3.

Incident description: ……

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Please attach additional pages if required.

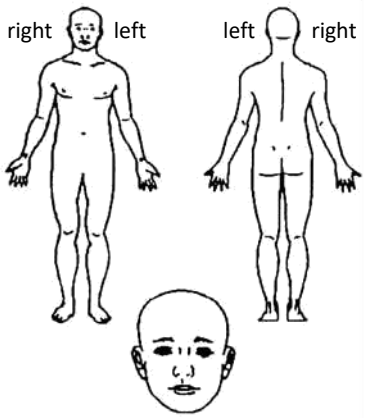
Name of person injured:	DOB: (dd/mm/yyyy) / /
Date when injury occurred: / /	Date when injury reported: / /
Injury reported to:	Gender: M F
Activity Coordinator: _____ (Name & Signature)	Witness: _____ (Name & Signature)

First aid provided by: _____ (Name & Signature)	Time of first aid: :	Initial treatment: …. No treatment required …… CPR ……. RICER …… Crutches …… Dressing …… Sling/splint …… Strapping …… Stretching …… Massage ……Other:
Nature of injury: New injury / Recurrent injury	Aggravated injury / Other:	
Where did the injury occur:		

Symptoms of injury:

... Blisters	... Inflammation/swelling	... Spinal injury
... Bleeding nose	... Cramp	... Cardiac problem
... Bruising/contusion	... Suspected bone fracture/break	... Electrical shock
... Cut	... Dislocation	... Burn
... Graze/abrasion	... Concussion/head injury	... Insect bite/sting
... Sprain	... Loss of consciousness	... Poisoning
... Strain	... Respiratory problem	... Other:

Body part injured:



How did the injury occur?

….. Collision with a fixed object ….. Overbalance

….. Fall/stumble …… Slip/trip ….. Other:

Extra detail regarding how the injury occurred:

Was appropriate protective equipment / footwear worn? … Yes … No …NA

Follow up action:

… None … Medical practitioner/physiotherapist … Hospital

… Ambulance … Other:

Person completing form: (Name & Signature)	Date: / /

Note: Refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially.

To be completed by the Safety Committee

Checklist		Comments
Was a member injured?	☐ Yes ☐ No	
If Yes, degree of injury (describe)	☐ First Aid ☐ Hospitalisation ☐ Other:	
Does SAPOL need to be notified - Firearms Act/Regs requirements?	☐ Yes ☐ No	
Does SSAA State need to be notified - State/National requirements?	☐ Yes ☐ No	
Is further investigation needed by the Safety Committee/SAPOL/SSAA?	☐ Yes ☐ No	
Was the incident avoidable?	☐ Yes ☐ No ☐ Unsure	

Factors contributing to incident		Corrective action
Behavioral	**Environmental**	**Management**
☐ Fatigue/Stress ☐ Physical Disability ☐ Culpable act ☐ Skylarking or misconduct ☐ Possible personal problems ☐ Inexperience ☐ Failure to adhere to prescribed safety procedures or equipment (PPE) ☐ Alcohol or drugs ☐ Other (specify):	☐ Ambient conditions (wind, dust, rain, etc.) ☐ Terrain ☐ Temperatures ☐ Building surface conditions (stairs, floors, etc.) ☐ Storage/stacking of material ☐ Exposure or contact with chemicals or other agents ☐ Exposure to infectious sickness/disease ☐ Visibility ☐ Other (specify):	☐ Procedures reinforced ☐ Supervision ☐ Prescribed safety equipment or clothing (PPE) ☐ Training provided ☐ Equipment maintenance ☐ Instructions or information reviewed ☐ Referred to C&WM COM ☐ Other (specify):

Action taken by/ recommendation of Safety Committee:……

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Safety Committee Member: Signature: Date:

Safety Committee Member: Signature: Date:

C&WM Council notified on:

Please attach additional pages if required.