|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SLSNR Accident & Incident Report** | | | | | | | | | | | J:\Strengthen SLSNR\Business Development\Marketing\Other Marketing\Logos\SLSNR-SLSNZ Logos\SLS NR Logo Suite\SLS NR Flat Logo\JEPGS\SLS NR Flat colour logo.jpg | | | | | | | | | | |
| Complete in the event of ANY member injury or significant equipment damage. Return to SLSNR within one week of incident occurring | | | | | | | | | | |
| Club |  | | | | | | | | | | Start time of incident | | | |  | | | | | | |
| Incident Date |  | | | | | | | | | | Finish time of incident | | | |  | | | | | | |
| Incident Location |  | | | | | | | | | |  | | | | | | | | | | |
| **Patient Details:** | | | | | | | | | | |  | | | | | | | | | | |
| Name |  | | | | | | | | | | Address | | | |  | | | | | | |
| Gender |  | | | | | | | | | | Phone (home) | | | |  | | | | | | |
| Date of Birth |  | | | | | | | | | | Phone (cell phone) | | | |  | | | | | | |
| SLSNZ Number |  | | | | | | | | | | Email | | | |  | | | | | | |
| **Activity Type:** | | | | | | | | | | | **Type of Injury:** | | | | | | | | | | |
| Training | | | Patrol | | | | | | | | Abrasion | | | | | Haemorrhages | | | | | |
| Callout | | | Event | | | | | | | | Burn | | | | | Laceration | | | | | |
| Other (specify): | | |  | | | | | | | | Bruising | | | | | Allergic reaction | | | | | |
| **Equipment used:** | | | | | | | | | | | Fracture | | | | | Dislocation | | | | | |
| Vehicle | | | IRB | | | | | | | | Pain | | | | | Suspected Spinal Injury | | | | | |
| Surf Boat | | | Ski | | | | | | | | Poisoning | | | | | Crush | | | | | |
| Board | | |  | | | | | | | | Other (specify): | | | | |  | | | | | |
| Other (specify): | | |  | | | | | | | |  | | | | |  | | | | | |
| **Property/Material damaged:** | | | | | | | | | | | **Nature of damage:** | | | | | | | | | | |
| **Injured part(s) of body:** | | | | | | | | | | | **Other Information:** | | | | | | | | | | |
| **Risks on day:** (Please tick as appropriate) | | | | **N/A** | | **Low** | | **Med** | | **High** |  | | | | | **N/A** | | **Low** | **Med** | | **High** |
| Swell size | | | |  | |  | |  | |  | Coastal defences | | | | |  | |  |  | |  |
| Wave type | | | |  | |  | |  | |  | Other manmade structures | | | | |  | |  |  | |  |
| Tide / current | | | |  | |  | |  | |  | Hazardous substances | | | | |  | |  |  | |  |
| Time between sets | | | |  | |  | |  | |  | Beach / water population | | | | |  | |  |  | |  |
| Depth of water | | | |  | |  | |  | |  | Activities / events | | | | |  | |  |  | |  |
| Geography / topography | | | |  | |  | |  | |  | Behavioural | | | | |  | |  |  | |  |
| Beach debris | | | |  | |  | |  | |  | Vulnerable groups | | | | |  | |  |  | |  |
| Water quality | | | |  | |  | |  | |  | Other water users | | | | |  | |  |  | |  |
| Wind | | | |  | |  | |  | |  | Available light | | | | |  | |  |  | |  |
| Temperature | | | |  | |  | |  | |  | Other (please state) | | | | |  | |  |  | |  |
| **Description:** | | | | | | | | | | | **Primary cause:** | | | | | | | | | | |
| **Initial treatment:** | | | | | | | | | | | **Recommended action:** | | | | | | | | | | |
| **Incident action plan attached** | | | | | | | Yes | | | No | **Risk assessment completed and attached** | | | | | | | | Yes | | No |
| Other agencies involved: | | | | | | | | | | |  | | | | | | | | | | |
| Are there likely to be claims relating to this incident (ACC, insurance etc) | | | | | | | | | | | | | | | | | Yes | | | No | |
| Training prior to incident | | | | | Yes | | | | No | | Details: | | | | | | | | | | |
| Equipment checked prior to use | | | | | Yes | | | | No | | Details: | | | | | | | | | | |
| Emergency comms available | | | | | Yes | | | | No | | Details: | | | | | | | | | | |
| First aid equipment available | | | | | Yes | | | | No | | Details: | | | | | | | | | | |
| Safety cover available | | | | | Yes | | | | No | | Details: | | | | | | | | | | |
| **Witness details:** | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | **Contact phone details** | | | | | | | | | | | **Age** | **Injury (if injured)** | | | | **Role** | | | |
|  | |  | | | | | | | | | | |  |  | | | |  | | | |
|  | |  | | | | | | | | | | |  |  | | | |  | | | |
|  | |  | | | | | | | | | | |  |  | | | |  | | | |
| **Investigation Notes** | | | | | | | | | | | | | | | | | | | | | |
| Incident investigated by: | | | | | | | | | | | | Date: | | | | | | | | | |