


SLSNR Accident & Incident Report					 SURF LIFE SAVING NORTHERN REGION						
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:					