

# DBSA INCIDENT REPORT FORM



**DragonBoat SA**  
**GPO Box 684 ADELAIDE SA 5001**  
**ABN 40 579 764 377**

## **PART A**

### **To Be Completed by Person Reporting the incident**

**Step A1:** *Please tick incident type(s)*

TYPE OF INCIDENT:

COMPLAINT / CONCERN

INJURY

HAZARD

NEAR MISS

**Step A2:** **Complete relevant information**

DATE OF INCIDENT: ...../...../..... TIME (24hr): .....

PERSON REPORTING: ..... STATUS .....

Provide details of the incident including where, what, who, how, any equipment or facilities involved:

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If St Johns or other medical personnel notified, describe the outcome:

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**Step A3:** **Document who was involved and any Witnesses**

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**Step A4:** **Immediate Action taken** (*hazard removed, ambulance called etc*):

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