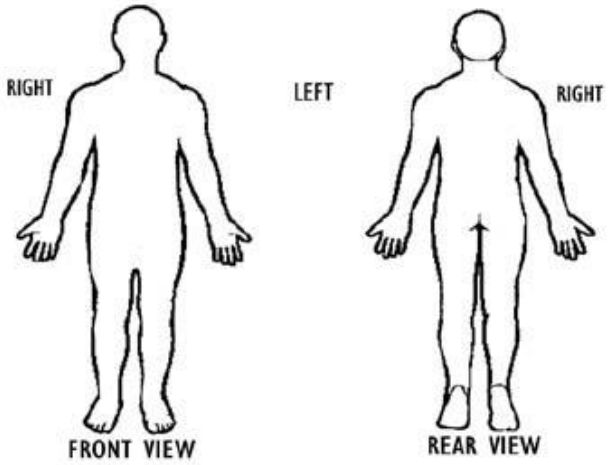
Royal Yacht Club of Victoria

RYCV INCIDENT AND INJURY REPORT

Details of incident			
Date of incident			
Time of incident			
Nature of incident	☐ Near miss ☐ First aid ☐ Medical treatment/doctor		
Name of injured person			
Address			
Occupation			
Date of birth			
Telephone			
Employee/contractor/ Volunteer/visitor			
Activity in which the person was engaged at the time of injury			
Exact site location where injury occurred			
Nature of injury – eg fracture, burn, sprain, foreign body in eye			
Body location of injury (indicate location of injury on the diagram)			
Treatment given on site		Name of treating person	
Referral for further treatment? Yes ☐ No ☐	Name of doctor or hospital	WorkCover medical certificate received? Yes ☐ No ☐	Attach copies
Injury management required? Yes ☐ No☐	Notify return to work coordinator	Name of return to work Coordinator	
Witness to incident (each witness may need to provide an account of what happened)			
Witness name		Witness contact	

Details of incident (eg property, plant or environmental damage)		
Date of incident	Time of incident	☐ am ☐ pm
Location of incident		
Details of damage to Equipment or property		
Name of person who Received the report	Telephone	

Witness name		Witness contact	

Description of incident

Immediate response actions (eg barricades, isolation of power) to stabilise the situation

Reported to	
Reported to General Manager? Yes ☐ No ☐	Provide details (when, reported to and reported by):
Reported to OH&S Chair? Yes ☐ No ☐	Provide details (when, reported to and reported by):
Reported to Work Cover 13 10 50 Yes ☐ No ☐	Provide details (when, reported to and reported by):
Reported to workers compensation insurer? Yes ☐ No ☐	Provide details (when, reported to and reported by):

Completed by			
Name		Position	
Signature		Date	