Please complete this form for all incidents rated ‘Moderate and above’ that occur either during event/s, or activities, held under permit from Forestry Corporation of NSW.

Incidents must be reported to Forestry Corporation within 3 working days (or commencement of the next business day if it is a fatality).

Please return this form to the Forestry Corporation Office that issued your permit. For contact details visit [www.forestrycorporation.com.au](http://www.forestrycorporation.com.au)

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| **GENERAL DETAILS** | | | |
| Permit Number: |  | | |
| Name of Primary Contact: |  | Mobile: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INCIDENT DETAILS** | | | | | | | | | | | | | | | | | | | |
| Date of Incident: | | |  | | | | | | State Forest Name: | | | | | |  | | | | |
| Incident Location: | | |  | | | | | | | | | | | | | | | | |
| **Incident Type:** *(select multiple boxes if required, please tick)* | | | | | | | | | | | | | | | | | | | |
| Injury |  | Vehicle | | | |  | | Fire | | |  | | Other | | | | |  | |
| Spill |  | Waste (Litter) | | | |  | | Erosion | | |  | | Environmental (other) | | | | |  | |
| How did the incident occur? | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
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| What were the site conditions? | | | | |  | | | | | | | | | | | | | | |
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| Describe any obvious causes? | | | | |  | | | | | | | | | | | | | | |
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| Describe the initial response? | | | | |  | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | |
| Describe Any Further Actions Taken *(e.g. Ambulance, Fire & Rescue, EPA)*: | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Any Further Comments: | | | |  | | | | | | | | | | | | | | | |
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| Injured Person’s Role: | | | Participant | | |  | Spectator | | |  | | Volunteer | | | |  | Event Staff | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INCIDENT CONSEQUENCE** *(refer to consequence guide below)* | | | | | | | | | |
| Insignificant |  | Minor |  | Moderate |  | Major |  | Extreme |  |

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| **CONSEQUENCE CATEGORIES** | | | | | | |
|  | | **Insignificant** | **Minor** | **Moderate** | **Major** | **Extreme** |
| **Risk Type** | **Health & Safety** | No injury or illness | Minor 1st Aid | Medical treatment (< 2 months) | Medical treatment (>2 months) | Fatality or serious injury / disability |
| **Environmental** | Minimal damage. Low loss or degradation. Minimal overall impact | Short-term damage. Noticeable loss or degradation. Self-correcting in time (no rehab) | Medium-term damage. Significant loss or degradation. Rehab required | Severe long-term damage. Major loss or degradation. Major rehab required | Extreme, long-term damage. Complete & permanent loss. Not repairable |

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| **COMMENTS** |
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| SIGN-OFF *(by the person completing this form)* | | | |
| Name: |  | Mobile: |  |
| Signature: |  | Date: |  |