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: |  |

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| **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? |  |
|  |
|  |
| What were the site conditions? |  |
|  |
| Describe any obvious causes? |  |
|  |
|  |
| Describe the initial response? |  |
|  |
|  |
| Describe Any Further Actions Taken *(e.g. Ambulance, Fire & Rescue, EPA)*: |  |
|  |
| Any Further Comments: |  |
|  |
|  |
|  |
|  |
| Injured Person’s Role: | Participant |[ ]  Spectator |[ ]  Volunteer |[ ]  Event Staff |[ ]

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

|  |
| --- |
| **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: |  |