

QMTBC INCIDENT REPORT FORM

This form should be completed where injury, illness or property damage has been sustained by any individual or party during a recognised Queenstown Mountain Bike Club event or activity. It can also be used to report incidents that did not result in injury, illness, or damage – but had the potential to do so; in addition to general Health & Safety complaints.

The form should be completed by an appropriate person, normally the organiser of an event or activity, but may also be completed by an event or activity official or participant or a QMTBC club member.

Day & Date of Incident :		Time :	
Name & Type of Event / Activity:			
Incident Location:			
Name of Organiser:			
Name & Role of (where applicable) Other Responsible Official:			
What Hannened? (nlease prov	vide a factual account of the accident / incident /	near miss)	



Who was involved? What injuries / illness were suffered? What property was damaged? (further details can be provided on a separate sheet if necessary)

Full Name :		Involved as:		
Email / Tel :		Next of Kin :		
Injury (or illness) :		Property Damage :		
First Aid Treat	tment Provided : (state if 'none given' / 'refused')	/ Referred to	: / Recommendations :	
- !! >:				
Full Name :		Involved as:		
Email / Tel :		Next of Kin :		
Injury (or illness):		Property Dam	age:	
First Aid Treat	tment Provided : (state if 'none given' / 'refused')	/ Referred to	: / Recommendations :	



Full Name :	Involved as :
Email / Tel :	Next of Kin :
Injury (or illness) :	Property Damage :
First Aid Treatment Provided : (state if 'na	one given' / 'refused') / Referred to : / Recommendations :
, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ll witnesses. Further details can be provided on a separate sheet
if necessary)	
Full Name :	Involved as :
Address :	Postcode :
Email / Tel :	
Full Name :	Involved as :
Address :	Postcode :
Email / Tel :	
-	
Additional Information (places provide as	by further information that you feel may be useful if the incident
needs to be investigated)	ny further information that you feel may be useful if the incident



Reported by :						
Print Name :		Signed :				
Position /		Date :				
Role :						
Email / Day						
Tel. :						

This incident form should be sent to the QMTBC Health & Safety Representatives as soon as possible. Please email this form to: bikers@queenstownmtb.co.nz

For urgent contact please call the QMTBC Health & Safety Representatives:

Pete McInally (President): 027 587 6621

Bruce McLeod (Treasurer): 027 418 2104

Helen Watling (Club Secretary): 021 178 5704