



Incident Report

ABN 55 670 450 108

PO Box 6234 O'Connor ACT 2602

<http://www.cccsc.au>

This Incident Report form is to be filled in by the tour leader or person providing feedback and submitted to a Committee member or info@cccsc.asn.au where:

- an injury requiring (or likely to require) medical attention occurs during the tour; or
- a significant incident occurs during the tour. (A significant incident is one in which there was a need to involve outside authorities; an unanticipated and serious threat to the safety of the party; a lengthy and unexpected delay to the progress of the party; major damage to property; or any other unforeseen event about which the next group skiing in the area should be forewarned.)

Leader	
tour	
Date	
Location of event	
Name of person affected	
Address of person affected	
Phone of person affected	
Names of those present when the incident occurred	Addresses
Leader's report on the nature and extent of the incident:	
<i>If available attach the information recorded on the Emergency Procedures form during the event.</i>	
Details of any injury /loss:	
I understand a copy of the Incident Report related to an injury requiring (or likely to require) medical attention may be provided to others in accordance with the requirements of the Club's Insurer. Additional information may also need to be provided to Club's insurer by the leader, the injured person or by other members of the party.	
Signature	Date
Person providing feedback	Tour Leader