



SPORT CLIMBING AUSTRALIA

Accident / incident report form

Personal details

Name: _____

Occupation: _____

Contact Details: _____

Accident/incident details

Time: _____

Location: _____

Participant Details

Last Name: _____

First Name: _____

Date of birth: _____

Address: _____

Contact number: _____

Email: _____

Legal guardian (if under 18)

Name: _____

Contact: _____

Full accident/incident details – what happened, or in the case of a near miss, what could have happened



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Injury – Nature of Injury

Contusion/crush	Burn	Dislocation	Foreign body
Laceration/open wound	Superficial injury	Amputation	Internal injury
Concussion	Sprain/strain	Fracture	Dermatitis

Location of Injury

Head/face	Eye	Internal organs	Other (state)
Hand/fingers	Shoulder/arms	Trunk (other than back)	
Hip/leg	Foot/toes	Back	

Damage to equipment/buildings/vehicles etc.

What was damaged?

Extent of damage?

Contributing factors

What were the contributing factors (if any)?

Signatures

Safety Officer:

Date: / /

Jury President/ Event Organiser:

Date: / /



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Participant Report

Signature:

Date:

Witness Report

Name

Signature:

Date: