



Event (Incident/Accident) Report & Investigation Form

This form must be completed with corrective actions and Shoot Manager's comments before returning it to The Club President or Club Nominee within 24 hours.

1. Persons Involved:

Name:

Contact Details:

NZTCA Member Competitor Visitor Contractor Other (Specify):

2. Details of Event (incident/accident)

Location:

Date:

Time:
am/pm

3. Severity:

Notifiable Event Accident Incident Injury

4. Treatment:

Nil First Aid Ambulance Doctor Hospital

What treatment was given:

By Whom:

5. Description of what happened:

6. Describe the cause of the event (incident/accident):

Contributory Factors (refer to these when identifying the cause of the event)

Immediate Causes

- Environmental Conditions
- Defective firearm or equipment
- Hazardous arrangements
- Unsafe conditions
- Unsafe design/guarding
- Housekeeping
- Other:

Substandard Acts

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non-use of Personal Protective Equipment
- Non-compliance with NZCTA/Club Rules
- Unsafe positioning/distraction
- Other:

7. Has a significant hazard been identified YES NO

If yes, please investigate this hazard accordingly

8. Risk of the event occurring again?

Rare Unlikely Possible Probable Almost Certain

9. Risk Management: (What will be done to eliminate/minimise the risk of this happening again)

<u>Action</u>	<u>By Whom</u>	<u>Completed</u>
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Club Committee:

Name:

Signed:

Position:

10. The Club President and Club Committee comments:

Name:

Signed:

Position:

Date:

11. NZCTA Executive Committee - Comments/Recommendations

Is post event testing required YES NO

If yes, advise NZCTA Executive Committee YES NO Date:

12. Event recorded on register and all corrective actions completed.

Signed:

Date:

Retain a copy on file at the club

Send completed original to Secretary

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