



## 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:

