# COMMERCIAL OPERATOR INCIDENT REPORT FORM

*SWAN CANNING RIVERPARK*

**INFORMATION FOR APPLICANTS**

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| --- |
| This form is to be completed by the Permit holder in the event of any incident in the Swan Canning Development Control Area involving the Permit holder, the Permit holder’s employees or patrons where:   * a fatality occurs; * an injury occurs to any person that requires medical attention from a doctor or hospital; * the safety of any patron/s or employees was at risk.   The Permit holder must complete a copy of this Incident Report and submit it to the nearest office of the Department of Biodiversity, Conservation and Attractions (DBCA) or via email to [rivers.planning@dbca.wa.gov.au](mailto:rivers.planning@dbca.wa.gov.au) within 48 hours of the incident occurring.  If the Permit holder was not present at the time of the incident, the Permit holder shall require each of its employees who were involved in or observed the incident to provide supporting Incident Reports (using this form) regarding the incident. The Permit holder shall submit these supporting Incident Reports along with their own Incident Report to the nearest office of the Department of Biodiversity, Conservation and Attractions (DBCA) or via email to [rivers.planning@dbca.wa.gov.au](mailto:rivers.planning@dbca.wa.gov.au) within 48 hours of the incident occurring. |

## DETAILS OF INCIDENT

Incident involves a patron or employee

Incident involves property

**Company name:** Click or tap here to enter text.

**Commercial activities permit number:** Click or tap here to enter text.

**Date of incident:** Click or tap here to enter text. **Time of incident:** Click or tap here to enter text.

**Location of incident:** Click or tap here to enter text.

**Map reference/GPS coordinates:** Click or tap here to enter text.

**Name of skipper or person in charge of activity:** Click or tap here to enter text.

## PERSONAL DETAILS OF INJURED OR DECEASED PERSON/S

*(If more than two people were involved, complete extra report forms)*

**Person 1.**

**Family or surname:** Click or tap here to enter text.

**Given names:** Click or tap here to enter text.

**Date of birth:** Click or tap here to enter text.

**Residential address:** Click or tap here to enter text.

**Postal address:** Click or tap here to enter text.

**Next of kin:** Click or tap here to enter text. **Relationship:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Person 2.**

**Family or surname:** Click or tap here to enter text.

**Given names:** Click or tap here to enter text.

**Date of birth:** Click or tap here to enter text.

**Residential address:** Click or tap here to enter text.

**Postal address:** Click or tap here to enter text.

**Next of kin:** Click or tap here to enter text. **Relationship:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

## ACTIVITY ENGAGED IN AT TIME OF INCIDENT

*(Tick relevant activity)*

|  |  |
| --- | --- |
| Ferry service | Commercial charter vessel |
| Guided tour | Recreational Skippers Ticket training |
| On-water vending | Jetboating activity |
| Parasailing | Water-ski/wakeboard/water tube/kneeboard or skurf board activity |
| Hire of non-motorised vessel (type of vessel: *Click or tap here to enter text.*) | |
| Lesson on how to use a vessel (type of vessel: *Click or tap here to enter text.*) | |
| Hire of motorised vessel (type of vessel: *Click or tap here to enter text.*) | |
| Other: *please list activity* | |

Note that in the above, ***vessel*** means any thing used or capable of being used to transport people or things by water (as defined in regulation 2 of the Swan and Canning Rivers Management Regulations 2007).

## MODE OF TRANSPORT AT TIME OF ACTIVITY

**Vessel**  **Aircraft**  **Vehicle**

**Make and type:** Click or tap here to enter text.

**Registration:** Click or tap here to enter text.

**Name (vessel):** Click or tap here to enter text.

## PREVAILING WEATHER CONDITIONS AT TIME OF INCIDENT

**Temperature:** Click or tap here to enter text.

**Prevailing winds:** Click or tap here to enter text.

**Other details:** Click or tap here to enter text.

## EQUIPMENT USED AT TIME OF INCIDENT

Please specify any items of equipment being used by the injured/deceased at the time of the incident, including any safety equipment.

Click or tap here to enter text.

## NAME AND ADDRESSES OF ALL EYEWITNESSES

Please include temporary addresses of witnesses in Australia if from overseas, mobile phone numbers and email addresses.

Click or tap here to enter text.

## DETAILS OF ANY RESCUE ATTEMPTS MADE AND TREATMENTS PROVIDED

**If rescue attempt made, name of rescuer/s:** Click or tap here to enter text.

**Was rescue successful?**  Yes  No

**What was the condition of the person/s after rescue?** Click or tap here to enter text.

**Was CPR administered?**  Yes  No

**Was oxygen administered?**  Yes  No

**Was other First Aid treatment administered?**  Yes  No

**Was the person evacuated to hospital for further treatment?**  Yes  No

**Mode of evacuation transport used:** Click or tap here to enter text.

**Name of hospital or treating facility if known:** Click or tap here to enter text.

## DESCRIPTION OF INCIDENT

Please describe in detail what happened leading up to the incident, including what you saw, heard or were doing, how you first became aware of the incident and what happened from that point onwards. If necessary, attach additional pages to complete your description of the incident. Include any photographs or video footage, or a map or diagram if this helps explain the situation.

Click or tap here to enter text.

## DETAILS OF PERSON COMPLETING THIS INCIDENT REPORT

**Full name:** Click or tap here to enter text.

**Residential address:** Click or tap here to enter text.

**City/Town:** Click or tap here to enter text. **State/Province:** Click or tap here to enter text.

**Country:** Click or tap here to enter text. **Post code:** Click or tap here to enter text.

**Home phone:** Click or tap here to enter text. **Business phone:** Click or tap here to enter text.

**Mobile:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**What was your role at the time of the incident:** Click or tap here to enter text.

**Details of any qualifications help by you (e.g. vessel operating qualifications, rescue/first aid qualifications, etc.):** Click or tap here to enter text.

**Signature of person completing incident report:** 

*(you can upload an electronic signature in .bmp, .jpg, or .png format, otherwise, please print and sign)*

**Date:** Click or tap here to enter text.