**COMMERCIAL OPERATOR INCIDENT REPORT FORM**

**INFORMATION FOR APPLICANTS**

This form is to be completed by the Operator in the event of any incident on CALM Act land involving the Operator, the Operator’s employees or passengers where:

* a fatality occurs;
* an injury occurs to any person that requires medical attention from a doctor or hospital;
* the safety of any passenger/s or employees was at risk;
* damage to departmental property has occurred.

The Operator must complete a copy of this Incident Report and submit it to the nearest office of the Department of Biodiversity Conservation and Attractions (DBCA) within 48 hours of the incident occurring.

If the Operator was not present at the time of the incident, the Operator 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 Operator shall submit these supporting Incident Reports along with his own Incident Report to the nearest DBCA office within 48 hours of the incident occurring.

**DETAILS OF INCIDENT**

**Incident involves a passenger**

**Incident involves property**

**Company Name:**

**Commercial Operations Licence Number:**

**Date of Incident:**       **Time of Incident:**

**Location** **of Incident:**

**Map Reference/GPS Coordinates:**

**Name of skipper, driver or person in charge of tour:**

**Name of dive master or group leader:**

**PERSONAL DETAILS OF INJURED OR DECEASED PERSON/S**

**Person 1. (if more than two persons involved complete extra report forms)**

**Family or Surname:**

**Given Names:**

**Date of Birth:**

**Residential Address:**

**Postal Address:**

**Next of Kin:**       **Relationship:**

**Phone No.**       **Email Address:**

**Person 2.**

**Family or Surname:**

**Given Names:**

**Date of Birth:**

**Residential Address:**

**Postal Address:**

**Next of Kin:**       **Relationship:**

**Phone No. (**     )       **Email Address:**

**ACTIVITY ENGAGED IN AT TIME OF INCIDENT**

*(Tick relevant activity)*

Swimming  Skin diving/Snorkeling  Travelling by boat

Travelling by vehicle  Walking/Hiking  Climbing  Abseiling

Parasailing  Travelling by aircraft  Other\*

\*If other please list activity

**MODE OF TRANSPORT AT TIME OF INCIDENT**

*(Tick relevant)*

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

**Make and Type:**

**Registration:**

**Name (vessel):**

**PREVAILING WEATHER CONDITIONS AT TIME OF INCIDENT**

**Temperature:**

**Prevailing Winds:**

**\*Water temperature:**

**\*Swell:**

**Visibility:**

*(\* applicable to marine operations)*

**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 snorkelling or diving gear, abseiling or climbing gear and any safety equipment such as floatation vests.

**NAMES AND ADDRESSES OF ALL EYE WITNESSES**

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

**DETAILS OF ANY RESCUE ATTEMPTS MADE AND TREATMENT PROVIDED**

**If rescue attempt made, name of rescuer/s:**

**Was rescue successful:** Yes  No

**What was condition of person after rescue:**

**Was CPR administered:** Yes  No

**Was oxygen administered:** Yes  No

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

**Was person evacuated to hospital for further treatment:** Yes  No

**Mode of evacuation transport used**:

**Name of hospital or treating facility if known:**

**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 taken, or a map or diagram if this helps to explain the situation.

**DETAILS OF PERSON COMPLETING THIS INCIDENT REPORT**

**Full name:**

**Residential address:**

**City/Town**       **State/Province**

**Country**        **Post Code**

**Home Phone (**     )       **Business Phone** (     )

**Mobile:**      

**Email**

**What was your role at the time of the incident:**

**Details of any relevant qualifications held by you:**

(e.g. vessel operating qualifications, diving qualifications, rescue/first aid qualifications)

**Signature of person completing Incident Report**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: