

## Alps 2 Ocean Cycle Trail Incident Report Form

Please email completed forms to Alps 2 Ocean Cycle Trail Manager at a2otrailmanager@waitaki.govt.nz

Incident Time:	AM/PM	Date of incident:	_!!	
Person filing report: Name PH: Email:				
Name of injured person:		Pl	hone number:	
Home Address:		E	mail:	
Other:		D	OB/Age:	
Activity at time:				
Location of incident				
*Include exact location, trail section and any infrastructure if possible				
Type of bike?	(Mountain, road, e-bike etc)			
Own bike or hire bike?				
What type of trip?	(Fully guided, supported/self-guided, FIT, day trip/local)			
What happened (Describe what happened and activity at the time)				
Immediate actions t	aken (Treatment. Steps taken at the i	ime (if any) to prevent	this happening again)	

Incident types  Near miss Incident only Environmental Personal- injury/illne Property-theft/loss/o	damage	☐ Tre ☐ Tre ☐ Tre ☐ Pol ☐ Abu	eatment-First aid eatment- Medical –Doctors eatment- Hospital-Outpatient eatment-Hospital-Inpatient lice
Body part affected		Nature o	of injury
		Bruising or crushing Cut Graze Puncture wound Sprain or strain Burn/chemical burn Superficial injury Dislocation Fracture Poisoning or toxic effects/inhalation Amputation Nerves or spinal chord Disease Mental disorder Abuse-verbal Abuse-physical Abuse-written Eye damage Other – please specify	
Any other comments:			
The person reporting is a:	<ul> <li>□ Family Member</li> <li>□ Group / Party Member</li> <li>□ Tour Operator</li> <li>□ Accommodation / Hospitality Provider</li> <li>□ Other (please detail)</li> </ul>		Supervisor or Tour Guide present? Name: Witnesses if any? Names: Police involvement
Date:	Signed	:	

## **INCIDENT INVESTIGATION RECORD (OFFICE USE ONLY)**

Investigation needed: Y/N						
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Amendments made to the hazard register needed Y/N	What:	Date:				
Was the incident on DoC controlled	land? □ Yes	□ No				
Serious Harm? □ Yes □ No						
Who should the results of this investigation be communicated to?						
Waitaki District Council Mackenzie District Council DOC		Police/SARS Worksafe				
Investigator:						
Results of investigation:						
	CORRECTIVE	ACTION(S)				
Corrective						
action(s) to be						
taken						
By:						
Due Date: Completed						
(sign and date)						
Office use only:						
Entered into Sitesafe	Y/N	Incident No:				
Entered in A2O Incident Register: Serious harm notification sent to D	Y/N OC Y/N					
Date	Signe	ed				