



Alps 2 Ocean Cycle Trail Incident Report Form

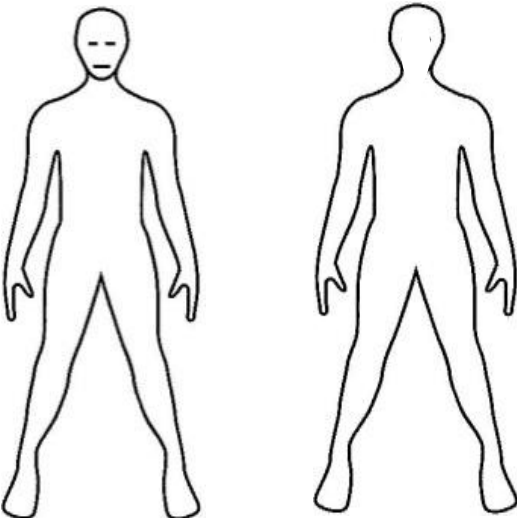
Please email completed forms to Alps 2 Ocean Cycle Trail Manager at:

lwhite@waitaki.govt.nz

Incident Time: _____ AM/PM		Date of incident: ____ / ____ / ____
PERSON FILING REPORT:		PH: _____ E: _____
Name of injured person:		Phone number:
Home Address:		Email:
Other:		DOB/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 (<i>Describe what happened and activity at the time</i>)		
How it happened (<i>Describe how this may have happened - inattention, tiredness, Trail and weather conditions etc.</i>)		

Immediate actions taken (Treatment. Steps taken at the time (if any) to prevent this happening again)

<p>Incident types</p> <ul style="list-style-type: none"> <input type="checkbox"/> Near miss <input type="checkbox"/> Incident only <input type="checkbox"/> Environmental <input type="checkbox"/> Personal- injury/illness <input type="checkbox"/> Property-theft/loss/damage <input type="checkbox"/> Wet rescue <input type="checkbox"/> Serious harm/notifiable event 	<p>Incident involved</p> <ul style="list-style-type: none"> <input type="checkbox"/> Treatment-First aid <input type="checkbox"/> Treatment- Medical –Doctors <input type="checkbox"/> Treatment- Hospital-Outpatient <input type="checkbox"/> Treatment-Hospital-Inpatient <input type="checkbox"/> Police <input type="checkbox"/> Abuse <input type="checkbox"/> Lost work time
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<p>Body part affected</p> 	<p>Nature of injury</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bruising or crushing <input type="checkbox"/> Cut <input type="checkbox"/> Graze <input type="checkbox"/> Puncture wound <input type="checkbox"/> Sprain or strain <input type="checkbox"/> Burn/chemical burn <input type="checkbox"/> Superficial injury <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Poisoning or toxic effects/inhalation <input type="checkbox"/> Amputation <input type="checkbox"/> Nerves or spinal chord <input type="checkbox"/> Disease <input type="checkbox"/> Mental disorder <input type="checkbox"/> Abuse-verbal <input type="checkbox"/> Abuse-physical <input type="checkbox"/> Abuse-written <input type="checkbox"/> Eye damage <input type="checkbox"/> Other – please specify
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Any other comments:

<p>The person reporting is a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manager <input type="checkbox"/> Employee <input type="checkbox"/> Principal <input type="checkbox"/> H&S Representative 	<ul style="list-style-type: none"> <input type="checkbox"/> Family Member <input type="checkbox"/> Group / Party Member <input type="checkbox"/> Tour Operator <input type="checkbox"/> Accommodation / Hospitality Provider <input type="checkbox"/> Other... (please detail)... <p>.....</p>	<p>Supervisor or Tour Guide present? Name:</p> <p>Witnesses if any? Names:</p>
		<p>Police involvement</p> <p><input type="checkbox"/></p>

Date: _____ **Signed:** _____

INCIDENT INVESTIGATION RECORD (OFFICE USE ONLY)

Investigation needed: Y/N		
Amendments made to hazard register needed Y/N	What:	Date

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 assigned	
By:	
Due date:	
Completed:	Date: BY: Signed: