**Your Contact Details**

|  |  |
| --- | --- |
| Your Name |  |
| Your Address |  |
| City |  |
| State |  |
| Postcode |  |
| Email Address |  |
| Telephone |  |

**Type of Incident**

|  |  |
| --- | --- |
| Injury to Entertainer and/or Group |  |
| Injury to Venue Employee |  |
| Injury to Audience Member |  |
| Injury to Production Team Member |  |
| Injury to Producer |  |
| Injury to Stage Manager |  |
| Injury to Stage Volunteer |  |
| Damage to Venue Property |  |
| Damage to Entertainer Equipment |  |
| Damage to Audience Personal Effects |  |
| Dangerous Electrical Event |  |
| Serious Electrical Event |  |
| Dangerous Event |  |
| Other |  |

**Injured Person Contact**

|  |  |
| --- | --- |
| Injured Person Name |  |
| Injured Person Address |  |
| City |  |
| State |  |
| Postcode |  |
| Email Address |  |
| Telephone |  |

**Describe the incident or hazard, including description of injuries:**

|  |
| --- |
|  |

**Incident Details**

|  |  |
| --- | --- |
| Incident Date |  |
| Incident Time |  |
| Injured Person's age at time of incident |  |
| Injured Person's sex |  |

**Medical Treatment Administered**

|  |  |
| --- | --- |
|  | Nil |
|  | First Aid Only |
|  | Doctor |
|  | Ambulance Transport to Hospital |

**Mechanism of Injury**

|  |  |
| --- | --- |
|  | Falls, Trips, Slips |
|  | Sound and Pressure |
|  | Biological Factors |
|  | Hitting objects with part of body |
|  | Body Stressing |
|  | Mental Stress |
|  | Heat Radiation and Electricity |
|  | Chemicals and Other Substance |
|  | Other |

**Agency of Injury**

|  |  |
| --- | --- |
|  | Venue Equipment and Production |
|  | Artist Instruments, Equipment and Production |
|  | Venue Lighting |
|  | Artist Lighting |
|  | Materials and Substances |
|  | Chemicals and Chemical Products |
|  | Animal, Human and Biological Agencies |
|  | Environmental Agencies |
|  | Other and Unspecified Agencies |

**Incident Details**

|  |  |
| --- | --- |
| Date of Incident |  |
| Place Where Incident Occurred – Venue Name |  |
| Contact Details |  |
| Venue Management Name |  |
| Contact Details |  |
| Venue Duty Manager Name |  |
| Contact Details |  |
| Venue Workplace Health and Safety Office Name |  |
| Contact Details |  |
| Venue Security Company Name |  |
| Contact Details |  |
| Venue Security Guard on Duty |  |
| Contact Details |  |

**Please Sign Here**

|  |  |
| --- | --- |
| Signed by Injured Person |  |
| Signed by WHS officer |  |
| Date Signed |  |