

QMTBC INCIDENT REPORT FORM

This form should be completed where injury, illness or property damage has been sustained by any individual or party during a recognised Queenstown Mountain Bike Club event or activity. It can also be used to report incidents that did not result in injury, illness, or damage – but had the potential to do so; in addition to general Health & Safety complaints.

The form should be completed by an appropriate person, normally the organiser of an event or activity, but may also be completed by an event or activity official or participant or a QMTBC club member.

Day & Date of Incident :		Time :	
Name & Type of Event / Activity:			
Incident Location:			
Name of Organiser :			
Name & Role of (where applicable) Other Responsible Official:			
What Happened? (please prov	vide a factual account of the accident / incident / r	near miss)	



	Iness were suffered ? What property was damaged ?
(further details can be provided on a se	parate sheet if necessary)
Full Name :	Involved as :
Email / Tel :	Next of Kin :
Injury (or illness) :	Property Damage :
First Aid Treatment Provided : (state if	'none given' / 'refused') / Referred to : / Recommendations :
Full Name :	Involved as :
	Involved as : Next of Kin :
Email / Tel :	
Full Name : Email / Tel : Injury (or illness) :	Next of Kin :
Email / Tel :	Next of Kin :
Email / Tel : Injury (or illness) :	Next of Kin :
Email / Tel : Injury (or illness) :	Next of Kin : Property Damage :
Email / Tel : Injury (or illness) :	Next of Kin : Property Damage :



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Full Name :		Involved as:		
Email / Tel :		Next of Kin :		
Injury (or illne	ss):	Property Dar	Property Damage :	
First Aid Trea	ment Provided : (state if 'none given' / 'refused')	/ Referred to	o: / Recommendations:	
Witnesses (pl if necessary)	ease provide full details of all witnesses. Further o	details can be p	provided on a separate sheet	
		<u> </u>	T	
Full Name :		Involved as:		
Address :		Postcode :		
Email / Tel :				
Full Name :		Involved as:		
Address :		Postcode :		
Email / Tel :			•	
	ormation (please provide any further information	that you feel i	may be useful if the incident	
needs to be in	vestigatea)			
I				



Reported by :		
Print Name :	Signed :	
Position /	Date :	
Role :		
Email / Day		
Tel.:		
This incident form should	d be sent to the QMTBC Health & Sa	fetv
	as possible. Please email this form t	
vehieseillatives as 20011	מז איטיאווים דובמשב בווומוו נוווא וטוווו נ	U.

bikers@queenstownmtb.co.nz

For urgent contact please call the QMTBC Health & Safety Representatives:

Fraser Gordon (President): 027 648 3783

Bruce McLeod (Treasurer): 027 418 2104

Courtenay Jamieson (Club Secretary): 027 346 0478