Archery Victoria Form			
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Revised Date:	30/09/2025	Replaces Version	New Form
Review Date:	30/09/2027	Pages:	1

Incident Report Form

Club Name:	

Event:		
This report is for:	❑ An Actual Incident	❑ A Potential Incident
What happened or could happen?		
How did it happen?		

This section is to be completed for Actual Incidents involving Injury				
When did the incident happen?	Date:		Time:	
Where there any injuries sustained	❑ Yes (Complete this section)		❑ No (Move on to next section)	
Full name of the person/s injured				
What action was taken? (Tick one)	❑ 1st Aid	❑ Ambulance	❑ Hospital	❑ Clinic
Injury Sustained (tick one)	❑ Minor	❑ Major	❑ Serious	
Incident reported to: (Full name)				
Incident reported by: (Full name)			Date:	
Signed:			Time:	

Action undertaken to investigate the cause: (Attach investigation report and recommendations for corrective actions)				
Reported to Committee:	Date:		Risk Management Assessment:	Date:

External Notifications				
Report made to Work Safe Victoria: (See Guidelines for Incident Notification)	❑ Yes (Attach copy of Incident notification)	❑ No	Date Reported:	
Notification made by: (Full name)			Phone:	

Send Copies of completed form along with investigation report and corrective actions and copies of WorkSafe Incident Notification (if applicable) to secretary@archeryvic.org.au with 48 hours of the incident.