

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

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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	

