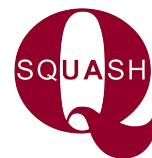


Incident/Accident Report



Sect.A, Incident/Accident Report | Sect.B, Investigation Report

Answer these questions before continuing with this form.

- | | | |
|---|--|--------------------------------|
| 1. Did the incident only require use of a Band Aid or Ice? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, record information. |
| 2. Did the incident happen to a child of School Age? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, complete sections A, B |
| 3. Did the incident involve a head/neck injury? (even if ice given) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, complete sections A, B |
| 4. Did any <u>other</u> incident happen to any person? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, complete sections A, B |

Section B, must be completed by supervisor within 48 hours and submitted by email to info@qsquash.org

Section A- Incident/Accident Report

Centre Name		Location		
Date of Incident:		Time of Incident:		
Details of person injured or involved in the incident / accident				
Family / Surname (please print)				<input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name				DOB:
Address	Street Address:			
	City/Suburb:		State:	Postcode:
Primary Phone no.	Secondary Phone no.			
Position if Staff : (Coach, childcare worker, etc)				
<input type="checkbox"/> Staff <input type="checkbox"/> Registers Player # _____ <input type="checkbox"/> Social Player <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____				
Parent / Guardian Details (if person is under 18)				
Family / Surname (please print)	Given Name			
Relationship to Child	Signature	Date:		
Name and contact details of person completing form				
Family / Surname (please print)				
Given Name/s				
Primary Phone no.	Secondary Phone no.			
<input type="checkbox"/> Staff <input type="checkbox"/> Registers Player # _____ <input type="checkbox"/> Social Player <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____				
Witness names and contact details				
Family / Surname (please print)	Family / Surname (please print)			
Given Name	Given Name			
Phone no.	Phone no.			

Section A (cont.) - Incident/Accident Report

Incident / event details: (please print)

Type of Activity (Please tick any box that applies)

Squash Staff Work Other _____

Mechanism of Injury

(how did the injury/illness/incident happen – eg: Slip / trip / fall, hit by object, hit by person, faulty/damaged equipment, heat or cold, electricity, vehicle accident, hazardous substance, etc - (please print)

Initial treatment (please tick)

None First Aid Ambulance Paramedic Doctor
 Physio Hospital Casualty Hospital stay Other _____

Date incident reported:

To whom was it reported:

Name. (please print)

Phone no.

Where did the incident occur (please tick boxes):

Inside Centre Outside Centre Journey to or from Centre
 Traffic accident while working Other _____

STAFF USE ONLY - Incident / Accident Investigation

Investigation must be conducted by Supervisor or Health & Safety Rep. within 48 hours.

Section B - Incident/Accident/ Investigation
This Section is Mandatory for all incidents

Name of investigating person:

Family / Surname (please print)			
Given Name			
Position / Title: (Manager, Supervisor, etc)			
Phone no.		Phone no. (Mobile)	

Staff Registers Player # _____ Social Player Visitor Other _____

Describe the incident, problem or event - This Section is Mandatory for all incidents

(state the facts only, established after investigation) Do not state opinions:

--	--	--	--

Equipment involved (if any + details):			
Substances involved (if any + details):			
Environment (indoor, outdoor, wet, dry, etc):			
Signature of Investigator		Date:	

Acknowledgement – Mandatory for all incidents

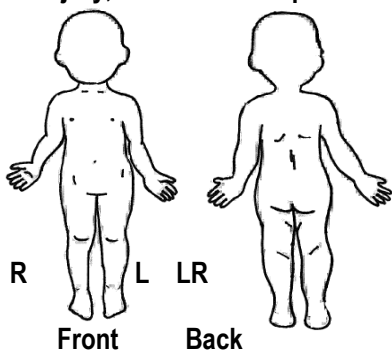
Print name of Manager / Supervisor of the work area involved, confirming receipt of report.			
Position / Title.			
Phone no. (Work)		Phone no. (Mobile)	
Signature.		Date:	

Emergency and Action Notification Details

First Aid Administered	<input type="checkbox"/> YES <input type="checkbox"/> NO
	First Aid Administered by:
	Expiry Date of First Aid Certificate: ____./____./____
Briefly describe First Aid Administered	
Administration of Medication	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Name of Medication:
	Dosage of Medication given:
	Time Medication administered:
Doctor Notified <input type="checkbox"/> YES <input type="checkbox"/> NO	(Name of Doctor) Ph:
Ambulance Notified <input type="checkbox"/> YES <input type="checkbox"/> NO	(Time notified)
Other person Notified <input type="checkbox"/> YES <input type="checkbox"/> NO	(Name of person) Ph:

Injury Details

If an injury, indicate below position of injury



Nature of injury sustained

<input type="checkbox"/> Abrasion or Scrape	<input type="checkbox"/> Cut
<input type="checkbox"/> Bite (Human)	<input type="checkbox"/> Bite (Insect/Animal)
<input type="checkbox"/> Broken/Fractured Bone	<input type="checkbox"/> Sprain
<input type="checkbox"/> Bruise	<input type="checkbox"/> Swelling
<input type="checkbox"/> Burn	<input type="checkbox"/> Concussion
<input type="checkbox"/> Other	

As a benefit of their registration to Q Squash Affiliated Members and Centre's receive access to Squash Australia's national insurance cover for squash-related activities. This is service facilitated through Marsh Advantage Insurance.

Further information, including details on how to make a claim, is available below or should the online service be unavailable please contact Marsh Sports Department on telephone 1300 306 383.

For more information on Insurance please contact membership@squash.org.au
or visit <http://www.squash.org.au/w/membership/insurance>

HOW TO MAKE A CLAIM

IF YOU HAVE A CLAIM, PLEASE FOLLOW THIS PROCESS SO IT CAN BE SORTED OUT QUICKLY AND EASILY

STEP ONE: GET YOUR PERSONAL ACCIDENT CLAIM FORM

You will need to let Sportscover know about the incident within 30 days of it happening. You can do this by requesting the form online or by calling the Sportscover hotline on:

1300 134 956 - Australia only

Filling out this online form:

www.sportscover.com/claim_request.asp

STEP TWO: FILL IT OUT AND SEND IT BACK

Fill out the claim form with your details, and provide as much information as you can about the incident. Make sure you give Sportscover copies of all relevant documents, including:

- Medical evidence
- Proof of age
- Proof of occupation
- Employee certificates
- Related receipts
- Any other documents you think may be required by Sportscover.

Send all the information by post back to Sportscover:

Sportscover Claims Department

Locked Bag 6003

Wheelers Hill, Victoria, 3150

STEP THREE: YOUR CLAIM NUMBER AND PIN

After you have sent them the claim form and all the relevant information, Sportscover will provide you with a claim number and Internet Access PIN.

You need to enter this claim number on all future paperwork to Sportscover during this claims process.

If you want to monitor the claim process, or if you have found any problems that you need to change, log on to **www.sportscover.com/claims.asp** by entering your claim number and Internet Access PIN given to you.

COMBINED LIABILITY POLICY

Claims made against you by members of the general public for personal injury or damage to their property arising from the conduct of your business are regarded by insurance companies as extremely serious.

It is essential that **under no circumstances** should any admission of liability or offer to pay an amount be given to the person concerned and that you notify Sportscover or Marsh Advantage Insurance immediately on the below details to ensure that your interests are fully protected.

SPORTSCOVER

Locked Bag 6003

Wheelers Hill, Victoria 3150

Phone: 1300 134 956

Fax: 03 8562 9111

www.sportscover.com/claims.asp

MARSH ADVANTAGE INSURANCE

Phone: 1300 306 383

Email: sport@marshadvantage.com