



## 15.2 Incident, Accident, Near Miss Form (print version)

Only use this print version when on-line reporting via the Scouts web site is not feasible eg school groups, guests, remote events. Forms that are completed on paper must then be re-submitted on-line ASAP by Scouts personnel. This FORM is **CONFIDENTIAL** when COMPLETED.

### Instructions

**Forms that are completed on paper must then be re-submitted on-line ASAP by Scouts personnel.**

#### Notifiable Incidents

Notifiable Incidents and Preservation of the Incident Site:

A "notifiable incident" is outlined in the WHS Act (2011) as being:

- the death of a person
- a 'serious injury or illness'
- a 'dangerous incident'
- arising out of work carried out by a business or undertaking or a workplace.

'Notifiable incidents' may relate to any person – whether an employee, contractor or member of the public. Only the most serious safety incidents are intended to be notifiable, and they trigger requirements to preserve the incident site pending further direction from the regulator. Only work-related incidents are notifiable.

Most Volunteer Scouting Activities are classified as Recreational Activity and are not Work. Scouting Activities that may be considered as work are Working Bees, Adult Leader Training Courses or SIS-10 Training, Performing Arts and Activities undertaken at Activities Centres with employed staff leading the activity.

Sometimes incidents occur at a workplace (or in the vicinity of a workplace) that do not arise out of work, or the way work is carried out or the workplace itself. These kinds of incidents that are unrelated to work or a workplace are not notifiable.

For example:

- a worker or another person suffers a heart attack while at work which is unrelated to work or the workplace
- a Youth Member or Leader is injured while on a Scouting activity and requires immediate medical treatment (this is not work)
- a person driving to work is injured in a car accident (where driving is not part of their work)
- a person with a known history of epilepsy has a seizure at work.

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### Injured Person's Details

Injured Person's Full Name

Injured Person's Date Of Birth (if known)

Injured Person's Membership No. (NA if not a member)

Injured Person's Appointment

Injured Person's Group

Injured Person's Region

Injured Person's School or Group

### Injured Person's Contact Details

Injured Person's Address:

City:

Postcode:

Injured Person's Phone (if known)

Injured Person's Email Address (if known)

### Your Details (Person Making this Report)

Your Full Name

Your Phone Number

Your Email Address

Your Appointment

