



# Event (Incident/Accident) Report & Investigation Form

This form must be completed with corrective actions and Shoot Manager's comments before returning it to The Club President or Club Nominee within 24 hours.

**1. Persons Involved:**

Name:

Contact Details:

NZTCA Member    Competitor    Visitor    Contractor    Other (Specify):

**2. Details of Event (incident/accident)**

Location:

Date:

Time:  
am/pm

**3. Severity:**

Notifiable Event    Accident    Incident    Injury

**4. Treatment:**

Nil    First Aid    Ambulance    Doctor    Hospital

What treatment was given:

By Whom:

**5. Description of what happened:**

**6. Describe the cause of the event (incident/accident):**

**Contributory Factors (refer to these when identifying the cause of the event)**

**Immediate Causes**

- Environmental Conditions
- Defective firearm or equipment
- Hazardous arrangements
- Unsafe conditions
- Unsafe design/guarding
- Housekeeping
- Other:

**Substandard Acts**

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non-use of Personal Protective Equipment
- Non-compliance with NZCTA/Club Rules
- Unsafe positioning/distraction
- Other:

7. Has a significant hazard been identified  YES  NO

If yes, please investigate this hazard accordingly

8. Risk of the event occurring again?

Rare  Unlikely  Possible  Probable  Almost Certain

9. Risk Management: (What will be done to eliminate/minimise the risk of this happening again)

<u>Action</u>	<u>By Whom</u>	<u>Completed</u>
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Club Committee:

Name:

Signed:

Position:

10. The Club President and Club Committee comments:


Name:

Signed:

Position:

Date:

11. NZCTA Executive Committee - Comments/Recommendations


Is post event testing required  YES  NO

If yes, advise NZCTA Executive Committee  YES  NO Date:

12. Event recorded on register and all corrective actions completed.

Signed:

Date:

Retain a copy on file at the club

Send completed original to Secretary

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