

## Event management application form

Please complete this form if you are planning to hold an event on Council owned or managed property in the Swan Hill municipality. You MUST refer to Council's Event Management publication prior to completing this application form. This guide will advise you of event requirements which MUST be provided to Council along with this application form at least four weeks prior to the event.

Once Council has processed your application, you will be notified in writing of the outcome within 10 working days.

Section 1: Event details	
Name of event	
Proposed date/s of event	
Proposed event location	
Proposed start time/s (public)	
Proposed finish time/s (public)	

Section 2: Event organiser details	
Event organisers name (Individual, club or group organising event)	
Contact name	
ABN/CAN	
Postal address	
Telephone	
Email	
Are you a charity or non-profit organisation?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please attach copy of proof e.g. Consumer Affairs certificate)

Section 3: Event overview			
Briefly describe your event			
Event set up date and time	Date:	Event pack up date and time	Date:
	Time:		Time:
Expected number of participants (at any one time)	<input type="checkbox"/> <100 <input type="checkbox"/> 100-500 <input type="checkbox"/> 500-1,000 <input type="checkbox"/> 1,000-2,000 <input type="checkbox"/> >2,000 <input type="checkbox"/> >5,000		
Has this event been held before?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify the year it was held: _____		
Do you intend on holding the event again?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure		
Cost for entry to event?	<input type="checkbox"/> Free <input type="checkbox"/> Gold coin, compulsory <input type="checkbox"/> Gold coin, voluntary <input type="checkbox"/> \$_____ cost per person		

**Section 4: Insurance** (refer to section five of the Event Management Guidelines)

*It is a requirement of Council that event organisers MUST hold public liability insurance of at least \$20million for the event. This policy must be extended to specifically cover the event, if it does not already do so. All events staged on Council owned or managed property must note Swan Hill Rural City Council as an interested party on this policy.*

**Do you have public/product liability insurance of at least \$20 million**

☐ No ☐ Yes (please attach copy)

**If no, have you purchased Council's Casual Hirer's Public Liability insurance?**

☐ No ☐ Yes (please attach casual hirer's booking form)

**Will you be using volunteers at your event?**

☐ No ☐ Yes (please attach copy of volunteers insurance)

**Section 5: Food and drinks** (refer to section five of the Event Management Guidelines)

**Will food or drinks be sold at your event?**

☐ No ☐ Yes

If yes, please list of proposed food and drink vendors below (if more room is needed, please attach an additional page to your application).

It is your responsibility to collect a copy of their public liability insurance and FoodTrader Statement Of Trade  
<https://foodtrader.vic.gov.au/>

**Business name**

**Food/drinks**

**Contact details**

**Public liability**


**Will drinking water be available on site?**

☐ No ☐ Yes

**Will alcohol be supplied or sold at your event?**

☐ No ☐ Yes

If no, skip to Section 6

If yes, please attach a copy of a valid liquor licence and red line plan from Victoria Liquor Commission  
[www.vic.gov.au/liquor-licensing](http://www.vic.gov.au/liquor-licensing)

**If alcohol is served, please indicate how it will be present**

☐ BYO ☐ Bar Other: \_\_\_\_\_

**Do you require an exemption to Council's Local Law for the consumption of alcohol?**

☐ No ☐ Yes

If yes, please provide details of the exemption:

\_\_\_\_\_  
\_\_\_\_\_

**Section 6: Traffic management and road closures** (refer to section five of the Event Management Guidelines)

**Will the event require road closures?**

☐

No

If no, skip to  
Section 7

☐

Yes

If yes, please complete the temporary road closure application - from page 10.

**Section 7: Fireworks** (refer to section five of the Event Management Guidelines)

**Will there be fireworks at your event?**

☐

No

☐

Yes

If yes, please provide details below

**Details of Licensed Pyrotechnician  
who will discharge fireworks.**

**Please note:** The Pyrotechnician  
must submit a WorkSafe notification  
of intent to discharge fireworks &  
copies of licences to Council.

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Section 8: Temporary structures (refer to section <u>five</u> of the Event Management Guidelines)	
Will temporary structures be used at the event?	<input type="checkbox"/> No      If no, skip to section 9 <input type="checkbox"/> Yes      If yes, please indicate below
Fencing	<input type="checkbox"/> Perimeter fencing <input type="checkbox"/> Other (please specify): _____
Marquees	Number of marquees/tents: _____      Size/s in m <sup>2</sup> : _____ _____ _____
Stage/s	Number of stages: _____      Size/s in m <sup>2</sup> : _____ _____ _____
Seats	<input type="checkbox"/> Individual <input type="checkbox"/> Seating stands <input type="checkbox"/> Number of seats: _____
Pre-fabricated buildings	Larger than 100m <sup>2</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes      Placed directly on ground? <input type="checkbox"/> No <input type="checkbox"/> Yes
Other e.g. light towers	

Section 9: Entertainment and amusement rides (refer to section <u>five</u> of the Event Management Guidelines)	
Please describe the entertainment program i.e. live music, pony rides, face painting etc.	
Will any employees/volunteers be undertaking child related work at your event? (refer to section <u>five</u> of the Event Management Guidelines, you may be required to provide a statement)	<input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, provide a statement that all employees, volunteers and vendors hold a current Working with Children's Check. You must also ensure they have a current Working With Children's Check and carry this card on them during the event
Will there be amusements rides (including jumping castles) at your event? <b>Please note:</b> copies of insurance must be provided to Council showing minimum \$20 million in public liability.	<input type="checkbox"/> No      Skip to Section 10 <input type="checkbox"/> Yes      Specify in detail below _____ _____ _____
Will you be using powered amusement rides?	<input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, please attach copy of operator/device license

Section 10: Toilets (refer to section <u>six</u> of the Event Management Guidelines)	
<i>There should be approximately one toilet to every 200 people. The number of toilets will depend on anticipated crowd numbers, patron gender and whether alcohol will be served.</i>	
Are there public toilets at the event site?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Will you provide extra temporary toilets?	<input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, how many? Female: ____ Male: ____ All accessible: ____

Section 11: Waste management (refer to section <u>six</u> of the Event Management Guidelines)	
<i>Event organisers are responsible for the waste and litter generated at their event. Waste bins are to be provided by the event organiser</i>	
How many bins will you provide?	
Name of waste company providing and collecting bins	

**Section 12: Site services** (refer to section six of the Event Management Guidelines)

Will you require access to power for the event?

☐

No

☐

Yes

Do you require access to lighting for the event?

☐

No

☐

Yes

Do you require the park/facility to turn off sprinklers for the event?

☐

No

☐

Yes

**Section 13: First Aid** (refer to section six of the Event Management Guidelines)

Will you have trained first aid staff at your event?

☐

Yes How many? \_\_\_\_\_

☐

No You will need to seek a first aid provider

Is your first aid provider a commercial operator or paid?

☐Yes If yes, provide name of first aid provider  
\_\_\_\_\_☐

I have confirmed the provider is licensed with the Department of Health

☐

No, service is being provided free/voluntarily and the first aid provider is qualified; and I have checked with the Department of Health.

Name of first aid provider: \_\_\_\_\_

Level of qualification held: \_\_\_\_\_

How many first aid posts will you have at you event?

**Section 14: Emergency response and communication** (refer to section six of the Event Management Guidelines)

Have you notified emergency services of your event?

☐

Yes

☐

No

Please note: If your event may affect the ability of emergency services to access an emergency, **you must** inform Ambulance Victoria, CFA, SES and Victoria Police.

Do you have an Emergency and Communication Response Plan and Site Map for the event?

☐

Yes

If yes, please attach copies

☐

No

If no, please complete sections 14A and 14B

**Section 14A – Emergency contact details**

Title/organisation

Contact person

Phone number

Event Manager

Safety Manager

Council Contact

First Aid

Hospital

Victoria Police – local station

Ambulance

CFA

SES

VicRoads (if applicable)

Security (if applicable)

Taxi (if applicable)

Electrician (if applicable)

Other

## Section 14B – Emergency Response and Communications

Have all officials/volunteers been instructed on their role/responsibilities?

☐

Yes

☐

No

Describe the communication system between organisers/staff /volunteers.

Describe the communication system for the general public.

Describe the lost person procedure.

Is there a designated pickup/drop-off point for taxis/buses?

☐

Yes

☐

No

Is there car parking for emergency vehicles and disabled patrons?

☐

Yes

☐

No

Describe provisions for parking and public transport at the site.

Will security/crowd control be used at the event?  
Please describe.

How will volunteers/marshals be identified?

Site map

*You must attach a detailed site map that includes emergency assembly area, first aid, entry & exits, information/admin tent, parking, toilets, stalls/marquees, activities, temporary structures - e.g fencing, light towers etc. (at minimum).*

**Have you completed a Risk Assessment for your event?**

Yes

No If no, please complete table below

[illegible]

**Section 16: Place of Public Entertainment (POPE) Checklist** (refer to section five of the Event Management Guidelines)

**Determination for Occupancy Permits under Section 49 of the Building Act (Checklist for Applicant or Events Coordination Group)**

Please complete the following questions on this form to assist in confirming if the proposed event is or is not a place of public entertainment as defined under the Building Act. .

<b>Location of Event</b>		
<b>Date/s of Event</b>		
<b>Type of Event</b>		
• Will the event be enclosed or substantially enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Will admission to the event be gained by payment of money or the giving of other consideration, and which is used for the purpose of public entertainment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Is the event held in a class 9b (public building) that has a floor area greater the 500m <sup>2</sup> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Is the event being held in a place (other than a building) having an area greater than 500m <sup>2</sup> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Will there be any tents, marquees or booths with a floor area greater than 100m <sup>2</sup> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Will there be any seating stands for more than 20 people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Will there be any stages or platforms (including sky borders and stage wings) exceeding 150m <sup>2</sup> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Prefabricated buildings exceeding 100m <sup>2</sup> other than ones placed on the ground surface?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Name</b>		
<b>Date</b>		
<b>Signature</b>		
If yes has been indicated on any of the above questions, the Event Applicant will need to contact the Swan Hill Rural City Council, Building Department on 5036 2396 for further instruction.		



## Section 17: Finalising your event application

**Please ensure you have included the following attachments as part of your Event Application (please note additional information may also be required).**

- ☐ Public Liability insurance
- ☐ List of proposed food vendors
- ☐ Emergency and Communication Response Plan
- ☐ Site map
- ☐ Risk Assessment
- ☐ POPE Checklist

## Declaration

I have read and completed my Event Management Plan Application Form in good faith and have adhered to all the requirements specified by Swan Hill Rural City Council. All details are accurate and true and my event will be organised and managed as I have described unless advised otherwise by Swan Hill Rural City Council.

I understand that completing this Application does not constitute event approval.

I also understand a Council Officer will advise me of the next steps required for my event to gain approval.

**Print name**

**Signature**

**Date**

Please send the completed form along with all attachments to:

Swan Hill Rural City Council

PO Box 488

Swan Hill VIC 3585

Or email to: [events@swanhill.vic.gov.au](mailto:events@swanhill.vic.gov.au)

Should you require any further assistance completing this form please contact Council on (03) 5036 2333.

## Temporary Road Closure Application

### Introduction

Under sections 48 and 63 and schedule 7 of the *Road Management Act 2004* (the Act), a person or organisation intending to temporarily close a road under Council's control needs to:

- ☐ notify Council of any proposed temporary road closure.
- ☐ obtain written consent from Council prior to commencing closing road.

Schedule 7 of the Act also makes such a person or organisation responsible for returning any road, pathway or infrastructure to its original condition.

Penalties may be imposed where these requirements have not been met.

### Definition of Road

"Road" means the full width of any road reserve, from property line to property line, and **includes** any road pavement, footpath, kerb, nature strip, swale, shoulder, verge, etc.

### Roads Controlled by Council

Council controls **all** roads in the municipality **except** arterial roads:

- ☐ Murray Valley Highway (including the parts named Campbell and Curlewis Streets in Swan Hill, Stradbroke Ave in Nyah, Main St in Wood Wood, and Bromley Rd in Robinvale),
- ☐ Mallee Highway (including the parts named Tooleybuc Rd east of the Murray Valley Highway, Murray St in Piangil, and Larundel St in Manangatang),
- ☐ Hattah - Robinvale Road,
- ☐ Robinvale - Sea Lake Road (including the part named Wattle St in Manangatang),
- ☐ Sea Lake - Swan Hill Road including the part named McCallum St in Swan Hill), and
- ☐ Donald - Swan Hill Road (including part formerly known as Lalbert Rd).

These roads are controlled by Transport for Victoria / Department of Transport (DoT), all notifications and consents must be submitted at.  
<https://www.vicroads.vic.gov.au/business-and-industry/design-and-management/working-within-the-road-reserve>

### CONDITIONS OF CONSENT FOR TEMPORARY ROAD CLOSURES

- ☐ Traffic management on the site are to comply with the Road Management Act 2004 Worksite Safety – Traffic Management Code of Practice. The applicant is responsible for the provision of signage in accordance with the Code.
- ☐ In accordance with the Road Safety (Traffic Management) Regulations 2009, you are required to complete a MOA (Memorandum of Authorisation)

- ☐ Any lawful direction(s) by members of the Victoria Police, authorised local Municipal Council(s) and Head, Transport for Victoria / Department of Transport (DoT) Officers, must be complied with at all times
- ☐ It should be noted that Council does not accept any responsibility for accidents, damage or injury to property, participants or third parties for events or closures.
- ☐ A Public Liability Insurance Certificate of Currency for \$20 million.
- ☐ If the main road is under VicRoads control, approval for the closure of the road is required from VicRoads.
- ☐ Police approval is required for any event located on a road.
- ☐ At the conclusion of the event or closure, organisers shall remove all display and promotional material, rubbish and other equipment associated with the staging of the closures and leave the area in a clean and tidy condition.
- ☐ The organisers agree to reimburse Council with any cost that Council may incur if it is required to return any areas used for the staging of the event or closure to their original condition.

### NOTIFICATION & ADVERTISEMENT

Upon receipt of all required documentation Council will:

- 1 advise emergency services and relevant organisations of the intended closure/s.
- 2 advertise the road closure in the newspaper and social media.

### COMPLETING DOCUMENTS

- ☐ Please complete all sections of documentation.
- ☐ Drop down lists with responses are provided for all shaded cells

### LODGEMENT DETAILS

You can lodge the completed application by:

Email: [engineering@swanhill.vic.gov.au](mailto:engineering@swanhill.vic.gov.au)

Mail: PO Box 488, Swan Hill VIC 3585

In Person: 45 Splatt Street Swan Hill VIC 3585

Office Hours: Monday to Friday 8.30am - 5.00pm

Once application is received written confirmation will be sent in due course.

If you have any questions regarding your application, you can contact our Engineering Team on 03 5036 2324.

## Temporary Road Closure Application

### How to complete this form

- Ensure that all the fields have been filled out correctly.
- Inadequate information will delay the processing of your application.
- Form must be submitted at least **14 business days prior to the closure date.**
- Once completed, you can submit this form by mail, email or in person.

PART 1 - Applicant Details			
Name:			
Company Name (if applicable):			
Address:			
Phone Number:		Mobile Number:	
Email:			
Contact Name:			
Position:			

PART 2 - Description of Road Closure							
Street Name:							
Between Street:		and Street:					
Town:							
Start date of closure:				End date of closure:			
Start time of closure:		AM	PM	End time of closure:		AM	PM
Please describe the reason for the temporary road closure:							
Are the Works or Event on behalf of Council?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes Council Contact Person:				

PART 3 - Application Documents Submitted & Verified				
Below is a list of documentation that <b>must</b> be provided at the time of the application, please tick to indicate you have attached each required document with your application			YES	N/A
1	Traffic Management Plan (TMP) & Traffic Guidance Scheme (TGS)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Memorandum of Authorisation (attached to application)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Public Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
4	Head, Transport for Victoria / Department of Transport (DoT) Approval	<input type="checkbox"/>	<input type="checkbox"/>	
5	Police Approval – EVENTS ONLY	<input type="checkbox"/>	<input type="checkbox"/>	

PART 4 - Applicant declaration			
I declare that the information I have provided is true and correct and that I have read and understood the Conditions of Consent attached to this application and agree to comply with them.			
Company Name:			
Applicant Name:		Title:	
Applicant Signature:		Date:	

OFFICE USE ONLY. TO BE COMPLETED BY THE ENGINEERING DEPARTMENT			
Request accepted:	Yes	No	Acceptance letter sent: Yes No
Name of Officer:	Signature:		
Officer Title:			



## SWAN HILL RURAL CITY COUNCIL

MEMORANDUM OF AUTHORISATION - MOA  
TO ERECT, DISPLAY, PLACE, REMOVE OR ALTER TRAFFIC CONTROL DEVICES

## APPLICATION

Pursuant to Regulations under Part 2 - Installation of Traffic Control Devices - of the Road Safety (Traffic Management) Regulations 2019, I/we hereby apply for authorisation to erect, display, place, remove or alter (as the cause may be) the Traffic Control Device(s) as specified herein.

I/We also agree and acknowledge that:

- The Traffic Control Devices will be removed before the "Expiry (Removal) Date" unless a further authorisation has been granted
- Accurate records of actual usage will be kept in a recoverable document (i.e. diary).
- The attached plans are a true and accurate reflection of the base information and proposed treatment(s).
- The treatment(s) as shown on the plan(s) are in accordance with the Road Management Act 2004 Code of Practice Worksite Safety - Traffic Management, and
- This application has been prepared and submitted by a VicRoads prequalified Traffic Management company for works on SHRCC controlled roads (where applicable)

1. APPLICATION DATE:		SHRCC CONTACT DETAILS			
APPLICANT DETAILS		8. ARE THESE WORKS ON BEHALF OF SHRCC			
2. NAME:		9. IF YES, WHAT CATEGORY DO THE WORKS COME UNDER?			
3. COMPANY:		10. IF YES, WHO IS THE COUNCIL CONTRACT?			
4. PHONE NUMBER		WORKS MANAGER DETAILS			
5. MOBILE NUMBER		11. COMPANY NAME:			
6. EMAIL:		12. ON SITE CONTACT NAME:			
7. SIGNATURE:		13. ON SITE CONTACT MOBILE:			
<p>Please <b>do not</b> alter the format of the MoA Application form;</p> <p><b>ALL</b> fields must be accurately completed in order for your MoA application to proceed</p>		TRAFFIC MANAGEMENT COMPANY DETAILS (FOR IMPLEMENTATION)			
		14. COMPANY NAME:			
		15. ON SITE CONTACT NAME:			
		16. ON SITE CONTACT MOBILE:			
17. HAVE THE FOLLOWING BEEN APPLIED FOR AND APPROVED?					
PROVIDED, APPLIED FOR		Consent / App Number		PROVIDED, APPLIED FOR	
Consent / App Number				Consent / App Number	
PLANNING PERMIT				PROPOSED WORKS (SHRCC)	
NOTIFICATION OF PROPOSED WORKS				CONSENT FOR WORKS	
DESCRIPTION OF WORK / EVENT					
18. TYPE OF WORK / EVENT					
19. SCOPE OF WORK / EVENT (IN DETAIL):					
20. LANE CLOSURE DETAILS:		21. NUMBER OF LANES CLOSED:			
22. EXISTING SPEED LIMIT (KM/H):		23. TIME DELAY:			
24. PROPOSED TEMPORARY ROADWORKS SPEED LIMIT (KM/H):		25. TRAFFIC MANAGEMENT PLAN REFERENCE NUMBER(S):			
26. CLEARANCE TO TRAFFIC (i.e.. Workers/operating plant)		27. LENGTH OF WORKSITE (M): (i.e. distance from first sign to the last sign)			
28. MAJOR TRAFFIC CONTROL DEVICE(S):					
29. MINOR TRAFFIC CONTROL DEVICE(S):					
30. MAJOR TRAFFIC CONTROL DEVICE(S) FOR AFTERCARE:					
31. MINOR TRAFFIC CONTROL DEVICE(S) FOR AFTERCARE:					
32. IS THIS APPLICATION A REPEAT OF ONE PREVIOUSLY AUTHORISED?		33. IF YES, THE COUNCIL REFERENCE NUMBER IS/WAS:			
LOCATION DETAILS					
34. AREA / TOWN / SUBURB:		35. MUNICIPALITY:		SWAN HILL RURAL CITY COUNCIL	
36. DECLARED / LOCAL ROAD NAME:		37. MELWAY REF.		VCSD REF.	
38. NEAREST INTERSECTING ROAD OR CHAINAGE:					
EXPECTED DISPLAY DATES / TIMES					
39. DAYS:		Period 1 (Insert setup type if more than one)		Period 2 (Insert setup type if more than one)	
40. ERECTION DATE: (i.e.. Day, Month, Year)					
41. EXPIRY (REMOVAL) DATE: (i.e.. Day, Month, Year)					
42. DAILY DISPLAY TIME (WEEKDAYS): (e.g. 9:30am to 3:30pm)					
43. DAILY DISPLAY TIME (WEEKENDS): (e.g. 9:30am to 3:30pm)					
44. AFTERCARE DISPLAY TIME: (e.g. 3:30pm to 9:30am)					
45. ADDITIONAL INFORMATION: (e.g. 3:30pm to 9:30am)					
46. PERMANENT DEVICES TO BE CHANGED OR COVERED:					
AUTHORISATION <i>(Swan Hill Rural City Council Internal Use Only)</i>					
As a Swan Hill Rural City Council Authorised officer with the delegated power, I hereby grant authority to the use of Traffic Control Devices as specified above:				Authorised copies to:	
Name				1. Contractor / Applicant	
Title				2. Emergency Services	
Signature					
Date: .....					

## Facility inspection form

The facility should be checked prior to the event to ensure that it is in a safe / suitable condition for use, that all equipment to be used is stored correctly, and is available for use.

After the event the facility should be checked again to verify compliance with the conditions of use and to compile a record of the condition of the premises.

### Pre-Event Inspection

Check List	Yes	No	Comments (if required)
Facility Clean			
Utilities available / working			
Equipment stored correctly			
Emergency exit door clear			
Fire Fighting equipment in place			
Safety instructions provided			
Structural damage			
Equipment loss or damage			
Grounds tidy / clean and safe			

**Date Inspected:**     /     /     **Inspected by:**

### Post-Event Inspection

Check List	Yes	No	Comments (if required)
Facility Clean			
Utilities available / working			
Equipment stored correctly			
Emergency exit door clear			
Fire Fighting equipment in place			
Safety instructions provided			
Structural damage			
Equipment loss or damage			
Grounds tidy / clean and safe			

**Date Inspected:**     /     /     **Inspected by:**

## Incident report form (example)

<b>INJURED PERSONS DETAILS</b>			
Name	<hr/>		
Address	<hr/>		
Phone number	<hr/>		
<b>INJURY DETAILS</b>			
Event			
Attending:			
Location of			
Event:			
Date of Incident:	<hr/> / <hr/> / <hr/>		
<b>Nature and extent of injury</b>			
Part of body injured	<input type="checkbox"/> Head	<input type="checkbox"/> Trunk	<input type="checkbox"/> Multiple
	<input type="checkbox"/> Eyes	<input type="checkbox"/> Arm	<input type="checkbox"/> General
	<input type="checkbox"/> Neck	<input type="checkbox"/> Leg	<input type="checkbox"/> Unspecified
Nature of injury	<input type="checkbox"/> Sprain	<input type="checkbox"/> Laceration	<input type="checkbox"/> Burn
	<input type="checkbox"/> Fracture	<input type="checkbox"/> Concussion	<input type="checkbox"/> Superficial
	<input type="checkbox"/> Multiple	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Amputation
	<input type="checkbox"/> Contusion	<input type="checkbox"/> Other	
Type of incident	<input type="checkbox"/> Flying object	<input type="checkbox"/> Manual handling	<input type="checkbox"/> Electricity
	<input type="checkbox"/> Struck by	<input type="checkbox"/> Poisons	<input type="checkbox"/> Fall
	<input type="checkbox"/> Caught in	<input type="checkbox"/> Temperature	<input type="checkbox"/> Other

**How did the incident happen?**

**Incident Investigation – Event Manager’s Report**

**Witness Details**

What caused the incident?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Ineffective guarding | <input type="checkbox"/> Lack of protective equipment | <input type="checkbox"/> Lack of training                             |
| <input type="checkbox"/> Lack of maintenance  | <input type="checkbox"/> Safety rules not followed    | <input type="checkbox"/> Inexperience                                 |
| <input type="checkbox"/> Unsafe work methods  | <input type="checkbox"/> Misconduct                   | <input type="checkbox"/> Workplace design (equipment, design, layout) |
| <input type="checkbox"/> Weather              | <input type="checkbox"/> Poor housekeeping            |   |

**Explain**

**How can a recurrence be prevented?**

Event Managers Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_