



TASMANIA STATE EMERGENCY SERVICE INCIDENT REPORT FORM



THE INFORMATION PROVIDED ON THIS FORM WILL ONLY BE USED FOR ESSENTIAL TASSES ADMINISTRATIVE PURPOSES
AND WILL BE MANAGED IN ACCORDANCE WITH THE INFORMATION PRIVACY ACT 2000

UNIT DETAILS	Incident No: _____ / _____	Date of incident: ____ : ____ : ____	Team Leader: _____
	Unit name: _____	Region: _____	Team Members: _____
	Time of call: ____ : ____	Call taken by: _____	Called out by: _____
	Specific request: _____	Regional Staff notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Time departed: ____ : ____	Time arrived: ____ : ____	
	Time cancelled: ____ : ____	Cancelled by: _____	Continue to scene: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Task completed: ____ : ____	Time stood down at base: ____ : ____	Total person hours: ____ : ____
	Vehicles used: _____	Total Kms travelled: _____	
	Operational debrief conducted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Conducted by: _____	
	CISM required: Yes <input type="checkbox"/> No <input type="checkbox"/>	CISM team contacted: Yes <input type="checkbox"/> No <input type="checkbox"/>	

INCIDENT DETAILS	Incident type: _____	Were you the first emergency service on scene? Yes <input type="checkbox"/> No <input type="checkbox"/> Which other agencies attended? Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> SES units (other) <input type="checkbox"/> Other services: _____
	Incident location: _____	
	Brief Description of incident: _____	
Number of casualties: Trapped ____ Injured ____ Deceased ____ Missing ____		

TASK DETAILS	<u>Tasks Undertaken</u>	<u>Incident Diagram</u>
	1. _____	
	2. _____	
	3. _____	
	4. _____	
	5. _____	

RCR DETAILS	<u>Registration</u>	<u>Vehicle Type</u>	<u>Names of Drivers (If Available)</u>
	1. _____	1. _____	1. _____
	2. _____	2. _____	2. _____
	3. _____	3. _____	3. _____
No. of vehicles involved (by type): car/s ____ truck/s ____ cyclist/s ____ motorcycle/s ____ aircraft ____ other ____		Orientation of vehicles containing casualties that required rescue: on wheels <input type="checkbox"/> side <input type="checkbox"/> roof <input type="checkbox"/> other <input type="checkbox"/> (specify) _____ Vehicle impact (if readily identifiable): head on <input type="checkbox"/> side impact <input type="checkbox"/> rollover <input type="checkbox"/> nose to tail <input type="checkbox"/> Other _____	

INJURY / DAMAGE ASSESSMENT	<u>Name</u>	<u>Injury / Near Miss / Hazard</u>	<u>Action taken</u>
	1. _____	1. _____	1. _____
	2. _____	2. _____	2. _____
	3. _____	3. _____	3. _____
	<u>Equipment</u>	<u>Damage/ Fault</u>	<u>Action taken</u>
	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	
3. _____	3. _____	3. _____	

Team Leader signature: _____	Unit Manager signature: _____
------------------------------	-------------------------------

OFFICE USE ONLY (Original (white) retained at SHQ, 1st copy (green) to RHQ, 2nd copy (blue) retained by unit.)

Regional Comments _____

Regional Staff signature: _____ Date ____/____/____ Manager Operations signature: _____ Date ____/____/____

Entered into database: Regional State MAIB payment: No Yes - Non Rescue Rescue Date ____/____/____