

Non-Competition Near Miss / Incident Report & Investigation Form

1. Person(s) Involved or Noting Incident:

Name: _____

Contact No: _____ Class / Team / Number: _____

Team/Crew: ☐ Competitor: ☐ Volunteer: ☐ Other (Specify): _____

2. Details of near miss / incident:

Location: _____

Date: _____ Time: _____ am / pm

3. Potential of Severity:

Serious Harm ☐

Minor Harm ☐

No Harm / Near Miss ☐

4. Treatment:

Nil ☐

First Aid ☐

Doctor ☐

Hospital ☐

What treatment was given? _____

By Whom _____

5. Description of what happened or has been seen: _____

6. Describe the cause of the near miss / incident / accident: _____

7. Describe any contributing factors that may have caused of the near miss / incident / accident:

Please complete the other side of this form

If needed, please attached additional pages to this report to provide all of the information

8. Has a significant hazard been identified? Y / N

If yes, please investigate this hazard and forward this form to the Clerk of the Course.

9. Chance of the near miss, incident or accident recurring:

One off ☐ Unlikely ☐ Likely ☐ Possible ☐ Highly Likely ☐

10. Investigator's Comments:

Name: _____

Signed: _____

Date: _____

11. Corrective Action: (What will be done to *minimise the risk of this happening again*)

<u>Action</u>	<u>By Whom</u>	<u>Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: _____

Signed: _____

Position: _____

Date: _____

12. Sketch of Near Miss / Incident / Accident scene – if applicable

Please give to the Clerk of the Course or Steward

13. Near Miss / Incident / Accident reported to MotorSport New Zealand and any corrective actions completed.

Signed: _____

Date: _____