



COMMERCIAL OPERATOR INCIDENT REPORT FORM

INFORMATION FOR APPLICANTS

This form is to be completed by the Operator in the event of any incident on CALM Act land involving the Operator, the Operator's employees or passengers where:

- a fatality occurs;
- an injury occurs to any person that requires medical attention from a doctor or hospital;
- the safety of any passenger/s or employees was at risk;
- damage to departmental property has occurred.

The Operator must complete a copy of this Incident Report and submit it to the nearest office of the Department of Biodiversity Conservation and Attractions (DBCA) within 48 hours of the incident occurring.

If the Operator was not present at the time of the incident, the Operator shall require each of its employees who were involved in or observed the incident to provide supporting Incident Reports (using this form) regarding the incident. The Operator shall submit these supporting Incident Reports along with his own Incident Report to the nearest DBCA office within 48 hours of the incident occurring.

Privacy Notice

The Department of Biodiversity, Conservation and Attractions (DBCA) collects the personal information requested in this incident report form to assess, investigate and manage incidents associated with commercial operations authorised under the *Conservation and Land Management Act 1984* and Conservation and Land Management Regulations 2002.

DBCA may share this information with relevant government agencies, emergency services and other parties involved in investigating or responding to the incident, where authorised or required by law.

Providing this information is a requirement for commercial operators reporting incidents under the conditions of their licence. If you choose not to provide the requested personal information, you may be unable to comply with your incident reporting obligations.

For further details on how DBCA manage your personal information, you can read our [Privacy Policy](#). If you have any questions about how your personal information will be handled, or if you would like to access your personal information, please contact privacy@dbca.wa.gov.au.



DETAILS OF INCIDENT

☐ Incident involves a passenger

☐ Incident involves property

Company Name: _____

Commercial Operations Licence Number: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident:

Map Reference/GPS Coordinates:

Name of skipper, driver or person in charge of tour:

Name of dive master or group leader:

PERSONAL DETAILS OF INJURED OR DECEASED PERSON/S

Person 1. (if more than two persons involved complete extra report forms)

Family or Surname: _____

Given Names: _____

Date of Birth: _____

Residential Address: _____

Postal Address: _____

Next of Kin: _____ Relationship: _____

Phone No. _____ Email Address: _____

Person 2.

Family or Surname: _____

Given Names: _____

Date of Birth: _____

Residential Address: _____

Postal Address: _____

Next of Kin: _____ Relationship: _____

Phone No. (_____) _____ Email Address: _____

**ACTIVITY ENGAGED IN AT TIME OF INCIDENT***(Tick relevant activity)*

Swimming ☐ Skin diving/Snorkeling ☐ Travelling by boat ☐
 Travelling by vehicle ☐ Walking/Hiking ☐ Climbing ☐ Abseiling ☐
 Parasailing ☐ Travelling by aircraft ☐ Other* ☐

*If other please list activity _____

MODE OF TRANSPORT AT TIME OF INCIDENT*(Tick relevant)*
☐ Vessel ☐ Aircraft ☐ Vehicle

Make and Type: _____

Registration: _____

Name (vessel): _____

PREVAILING WEATHER CONDITIONS AT TIME OF INCIDENT

Temperature: _____

Prevailing Winds: _____

*Water temperature: _____

*Swell: _____

Visibility: _____

(applicable to marine operations)***EQUIPMENT USED AT TIME OF INCIDENT**

Please specify any items of equipment being used by the injured/deceased at the time of the incident, including snorkelling or diving gear, abseiling or climbing gear and any safety equipment such as floatation vests.

NAMES AND ADDRESSES OF ALL EYE WITNESSES

Please include temporary addresses of witnesses in Australia if from overseas, mobile phone numbers & email addresses.

DETAILS OF ANY RESCUE ATTEMPTS MADE AND TREATMENT PROVIDED

If rescue attempt made, name of rescuer/s: _____

Was rescue successful: Yes ☐ No ☐

What was condition of person after rescue: _____

Was CPR administered: Yes ☐ No ☐Was oxygen administered: Yes ☐ No ☐Was other First Aid treatment administered: Yes ☐ No ☐Was person evacuated to hospital for further treatment: Yes ☐ No ☐



Mode of evacuation transport used: _____

Name of hospital or treating facility if known: _____

DESCRIPTION OF INCIDENT

Please describe in detail what happened leading up to the incident, including what you saw, heard or were doing, how you first became aware of the incident and what happened from that point onwards. If necessary, attach additional pages to complete your description of the incident. Include any photographs or video footage taken, or a map or diagram if this helps to explain the situation.

DETAILS OF PERSON COMPLETING THIS INCIDENT REPORT

Full name: _____

Residential address: _____

City/Town _____ **State/Province** _____

Country _____ **Post Code** _____

Home Phone (_____) _____ **Business Phone** (_____) _____

Mobile: _____

Email _____

What was your role at the time of the incident: _____

Details of any relevant qualifications held by you:

(e.g. vessel operating qualifications, diving qualifications, rescue/first aid qualifications)

Signature of person completing Incident Report: _____

Date: _____