Venue – Property Damage Report

What incidents must be reported?

*Any occurrence that affects property, equipment or building involved with the event.*

*Any work related occurrence that affects the Safety of any person involved with the venue.*

RECEIVED:

Date:

Time:

Initials (Venue Manager):

**Show**: ……………………..…………………………………………………………….…..

Date: …………….……… Time: ………………..

WHO WAS INVOLVED

Persons Name: ……………..………………………………………………………………..

Male / Female …………………….............…………………………………………………

Persons Name: ……………..………………………………………...………….……….....

First Language ………………………………………..……………………………………..

Nationality…………………………………………….……………………………………….

**Contact Details:**

Address: ………………………………………………………………………………….….

Telephone: …………………………………………………………………………………..

Closest Relative: …………………………………………………………………………....

Relationship: …………………………………………………………………………………

Telephone: ……………………………………………………………………………………

**Treatment** (see Incident Report sheet):

………………………………………………………………………………………………….

………………………………………………………………………………………………….

DAMAGE DETAILS

Reporters Name: …………………………………………………………………………….

Date of Incident: ……………………………………………………………………………..

Time of Incident: ………………………...Time of Writing Report: ………………………

Location where damage occurred (see Site Map):

………………………………………………………………………………………………….

WHAT WAS DAMAGED

Nature of Damage:

………………………………………………………………………………………………….

………………………………………………………………………………………………….

Treatment – What was done to control the damage:

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Treatment – What was done to secure the area:

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Treatment – What was done to remove the damage:

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………………………………………………………………………………………………….

Was time lost?

🞎 no

🞎 yes

How Long (be specific): ……………………………………………………………………..

INVESTIGATION

Damage Reported to: …………………………… Time of Reporting: …………………..

Witness Details: ……………………………………………………………………………...

Name: …………………………………………………………………………………………

Telephone: ……………………………………………………………………………………

**Statement (Describe the Damage / Incident clearly):**

………………………………………………………………………………………………….

………………………………………………………………………………………………….

TYPE OF DAMAGE

🞎 Plant / machinery 🞎 Environment 🞎 Hazardous substance

🞎 Hand tools 🞎 Live animals 🞎 Structure

Define: ………………………………………………………………………………………..

………………………………………………………………………………………………….

………………………………………………………………………………………………….

PREVENTION

What has been done to eliminate or control the Risk associated with the Damage.

🞎 Eliminate source of hazard 🞎 Physical barrier in place

🞎 Supply personal protection 🞎 Remove damaged materials

🞎 Enhance training / instruction 🞎 Other - Preventative action:

………………………………………………………………………………………………….

………………………………………………………………………………………………….

Has a Hazard Report been done: 🞎 yes 🞎 no

Has Workcover been informed: 🞎 yes 🞎 no

Has an Incident Report Sheet been completed 🞎 yes 🞎 no

**Objective Description of Damage / Incident (extra space):**

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Your Name: ……………………………………………………………..……………………

Signed : ………………………………………………….. Date: ………………………...…