DOCUMENT REFERENCE: NPC-IRF-001 | APPROVED AND CURRENT - REVIEW/UPDATE SCHEDULED (NOT FOR WITHDRAWAL) | CL4 — RESTRICTED SENSITIVE ON FIRST ENTRY

NEWTEC PISTOL CLUB

NEWTEC PISTOL CLUB INCORPORATED

INCIDENT, INJURY & DANGEROUS OCCURRENCE REPORT

Shooting Range • Clubhouse • Grounds • Events • Travel and Club Activities

Document ID	NPC-IRF-001	**Version**	1.0
Owner	Public Officer/Secretary	**Public Officer/Secretary**	Public Officer/Secretary
Review	Annual or on legal/approval change	**Classification**	CLUB IN CONFIDENCE
Incident no.	_____	**Register ref.**	_____

IMPORTANT PURPOSE AND USE

Use this form for every injury, illness, firearm-related event, unsafe occurrence, near miss, property/environmental damage, security breach, complaint involving safety, or other event that may expose the Club, a person or the public to risk. Complete facts only. Do not assign blame, speculate, conceal information or delay an external notification while waiting for this form to be completed.

EMERGENCY: STOP SHOOTING • MAKE FIREARMS SAFE • CALL 000 • GIVE FIRST AID • CONTROL ACCESS

If a WHS notifiable incident may have occurred, notify SafeWork NSW immediately on 13 10 50 and preserve the site except to help an injured person, remove a deceased person, make the site safe, comply with an inspector request, or assist a police investigation as directed.

Privacy and legal status

This form contains sensitive personal, health, licence, firearm and legal information. Access is limited to authorised club officers and persons who require it for safety, governance, insurance, legal advice, investigation or mandatory reporting. It is an internal evidence and notification record; it does not replace any statutory form, the Club's Range Approval, emergency plan, insurer condition or direction from Police, the Firearms Registry, SafeWork NSW or another authority. Legal advice should be obtained for serious events.

Form issued blank by: _____ **Date:** ____ / ____ / _____ **Controlled copy no.:** _____

1 IMMEDIATE RESPONSE AND NOTIFICATION TRIAGE

Complete this page immediately. Tick, record times and retain all reference numbers.

☐ Shooting ceased ☐ CEASE FIRE called ☐ All firearms made safe ☐ Range closed/isolated

☐ 000 called ☐ First aid provided ☐ Ambulance attended ☐ Police attended ☐ Fire/Rescue attended

Incident discovered by	_____
Person in control / RSO	_____
Date and exact time	____ / ____ / _____ _____ hrs
Exact location / range	_____
Emergency event no.	_____

Mandatory escalation decision

Trigger	Required action	Due	Done / ref.
Immediate threat, death, serious injury, firearm discharge causing harm, crime, missing firearm/ammunition or urgent public risk	Call 000. For non-urgent Police assistance use 131 444.	Immediately	☐ Time: _____ Ref: _____
Any incident involving a firearm on the range that results in injury	Range/club official to notify the Commissioner (through NSW Police Firearms Registry) with incident details.	Within 48 hours	☐ Time: _____ Ref: _____
Death, serious injury/illness or dangerous incident arising from the Club as a PCBU/workplace	Notify SafeWork NSW on 13 10 50 by fastest possible means; preserve the site.	Immediately	☐ Time: _____ Ref: _____
Firearm lost or stolen	Registered owner reports to Police immediately and gives the Commissioner written particulars.	Police immediately; Registry within 7 days	☐ Time: _____ Ref: _____
Worker injury / potential claim	Enter register of injuries and notify workers compensation insurer/claims provider.	Insurer within 48 hours	☐ Time: _____ Ref: _____
Potential civil claim, major property loss, member/public injury or liability event	Notify Club insurer/broker under policy conditions; do not admit liability.	As soon as practicable	☐ Time: _____ Ref: _____

Decision: ☐ External notification required ☐ Advice sought ☐ Not required on known facts ☐ Pending assessment

Decision made by: _____ Role: _____ Date/time: _____ Signature: _____

2 INCIDENT IDENTIFICATION AND CLASSIFICATION

Incident number	NPC-IR-_____
Date / time occurred	____ / ____ / _____ _____ hrs
Date / time reported	____ / ____ / _____ _____ hrs
Exact place	Range no./bay/firing point/clubhouse/grounds: _____
Activity underway	Match / practice / training / maintenance / working bee / other: _____
Weather / visibility	_____
RSO / official in control	Name: _____ Licence no.: _____

Incident type — tick all that apply

☐ Injury/illness ☐ Near miss ☐ Dangerous occurrence ☐ Death ☐ Medical emergency

☐ Unintended discharge ☐ Suspected projectile escape ☐ Ricochet ☐ Misfire/hangfire ☐ Squib/obstruction

☐ Firearm/ammunition defect ☐ Unsafe handling ☐ Rule breach ☐ Range approval/condition issue

☐ Lost/stolen firearm ☐ Lost/stolen ammunition ☐ Security/storage breach ☐ Police matter

☐ Property damage ☐ Fire ☐ Environmental event ☐ Aggression/threat ☐ Safeguarding concern

☐ Member ☐ Visitor ☐ Volunteer ☐ Worker/contractor ☐ Spectator ☐ Public/third party

Initial severity

☐ Critical ☐ Major ☐ Moderate ☐ Minor ☐ Near miss only ☐ Not yet known

Potential maximum consequence if circumstances were slightly different

☐ Fatality ☐ Permanent injury ☐ Hospitalisation ☐ Minor injury ☐ Major property/public risk ☐ Other

Brief factual summary (who, what, when and where — no opinions)

_____

_____

_____

_____

_____

3 INJURED, AFFECTED OR INVOLVED PERSON

Complete one copy of this page per person if more than one person is involved.

Full legal name	_____
Date of birth	____ / ____ / _____
Address	_____
Phone / email	_____
Status	APPROVED AND CURRENT - REVIEW/UPDATE SCHEDULED (NOT FOR WITHDRAWAL)
Member no.	_____
Firearms licence/permit	No.: _____ Category: _____ Expiry: ____ / ____ / _____
Emergency contact	Name: _____ Phone: _____

Injury / exposure details

☐ No injury ☐ First aid only ☐ Medical treatment ☐ Ambulance ☐ Hospital ☐ Fatality

Nature of injury/illness	_____
Body part(s)	_____
Treatment at scene	_____
First aider	Name: _____ Qualification: _____
Ambulance / hospital	Service/facility: _____ Ref.: _____
Work-related?	☐ Yes ☐ No ☐ Unclear Register of injuries entry: _____

Person's own account (use their words where practicable; attach signed statement if needed)

_____

_____

_____

_____

_____

_____

Consent to contact (not a condition of mandatory reporting): ☐ Yes ☐ No Signature: _____ Date: _____

4 DETAILED SEQUENCE OF EVENTS

Record events chronologically. Identify sources. Distinguish what was directly observed from what was later reported.

Conditions before event	Range status, commands, positions, supervision and relevant activity: _____
Last confirmed normal state	_____

Detailed factual narrative

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Diagram / photo index: _____

Continuation attached: ☐ No ☐ Yes, pages _____ to _____

5 FIREARM, AMMUNITION AND EQUIPMENT DETAILS

Do not handle, clear, test, alter or disassemble evidentiary items unless necessary for immediate safety or directed by Police/RSO.

Firearm owner / custodian	_____
Firearm type / category	_____
Make / model	_____
Calibre	_____
Serial / registration no.	_____
Licence / permit authority	_____
Condition when secured	☐ Loaded ☐ Unloaded ☐ Action open ☐ Magazine removed ☐ Unknown
Safety action taken	_____
Secured by / location	Name: _____ Location: _____
Police seizure / exhibit no.	_____

Ammunition / component details

Manufacturer / brand	_____
Calibre / load / batch	_____
Factory / reload	☐ Factory ☐ Commercial reload ☐ Private reload ☐ Unknown
Quantity involved/recovered	_____
Cartridge/case/projectile location	_____

Other equipment and PPE

Holster / bench / target system	_____
Hearing protection	☐ Worn ☐ Not worn ☐ Unknown Type: _____
Eye protection	☐ Worn ☐ Not worn ☐ Unknown Type: _____
Defect / maintenance issue	_____

Technical observations (do not state a cause unless established by competent examination)

_____

_____

_____

_____

6 WITNESSES AND STATEMENTS

Separate witnesses promptly where appropriate. Do not coach or circulate accounts before statements are obtained.

Name	Contact	Member/licence no.	Where positioned / what observed	Statement attached

Witness statement guidance

☐ Record the witness's full name, contact details, date/time and exact location.

☐ Ask for a first-person account of what they personally saw, heard or did, in chronological order.

☐ Record relevant range commands, firearm condition, persons and distances; avoid leading questions.

☐ Have each statement read, corrected if necessary, page-numbered, initialled and signed/dated by the witness and statement taker.

☐ Preserve original notes and electronic messages; do not amend an original statement after signature—use a supplementary statement.

Statement-taker notes / further witnesses to contact

7 SCENE PRESERVATION, EVIDENCE AND RECORDS

For a possible WHS notifiable incident, do not disturb the site until an inspector arrives or directs otherwise. Permitted action includes helping an injured person, removing a deceased person, making the site safe, complying with an inspector request, or assisting a police investigation as directed. Record every change made and why.

Area isolated at	Time: _____ hrs By: _____ Method: _____
Range status	☐ Closed ☐ Restricted ☐ Reopened under authority
Person controlling access	_____
Police/SafeWork direction	_____
Time scene released	_____ hrs By/authority: _____ Ref.: _____

Evidence and record checklist

☐ Photographs/video ☐ CCTV preserved ☐ Range register/sign-in ☐ Match sheets

☐ RSO log ☐ Range approval/conditions ☐ Standing orders ☐ Training/competency records

☐ P650/visitor documents ☐ Licence verification ☐ Maintenance/inspection logs ☐ Weather records

☐ Firearm/ammunition secured ☐ Cases/projectiles marked ☐ Measurements/diagram ☐ Digital records

Item / file	Found where	Collected by / time	Storage / exhibit ref.	Transfer / chain of custody

Changes made to scene before release (what, by whom, when and safety reason)

_____

_____

_____

_____

8 NOTIFICATION AND COMMUNICATION REGISTER

Record actual notification—not merely an intention to notify. Attach emails, portal receipts and reference numbers.

Authority / person	Trigger / reason	By whom	Date	Time	Method / contact	Reference / direction
000 / emergency services						
NSW Police / 131 444						
Firearms Registry / Commissioner						
SafeWork NSW / 13 10 50						
Club President/Secretary						
Range Approval holder						
Insurer / broker / claims provider						
Landowner / council (if applicable)						
NSWAPA / Shooting Australia (if required)						
Affected person / next of kin (authorised)						
Legal adviser						
Other						

Key contacts current at issue date: Emergency 000 • Police Assistance 131 444 • SafeWork NSW 13 10 50 • Firearms Registry 1300 362 562 • Range Unit: frranges@police.nsw.gov.au. Verify current details before use where time permits.

Media / social media: Do not publish names, images, licence/firearm details, allegations or incident commentary. Refer enquiries to the authorised Club spokesperson. This does not prevent lawful reporting to authorities, seeking legal/medical support or exercising protected workplace rights.

9 INVESTIGATION AND CAUSAL ANALYSIS

The objective is prevention and compliance. Consider system, environment, supervision, equipment and human factors; avoid unsupported blame.

Immediate cause(s) supported by evidence

_____

_____

_____

_____

_____

Contributing factors (range design/condition, procedure, commands, competence, supervision, fatigue, weather, equipment, communication)

_____

_____

_____

_____

_____

Underlying system or governance factors

_____

_____

_____

_____

_____

Controls in place before incident

_____

_____

_____

_____

Were standing orders, range approval conditions and match rules followed?

☐ Yes ☐ No ☐ Partly ☐ Unable to determine

Evidence for conclusion / identified deviations

_____

_____

_____

Investigator: _____ **Role/competence:** _____ **Date:** _____

External investigator / privilege direction (if any): _____

10 RISK ASSESSMENT, CORRECTIVE ACTION AND REOPENING AUTHORITY

Residual risk before reopening

Hazard / unwanted event	_____
Persons exposed	_____
Likelihood	☐ Rare ☐ Unlikely ☐ Possible ☐ Likely ☐ Almost certain
Consequence	☐ Insignificant ☐ Minor ☐ Moderate ☐ Major ☐ Catastrophic
Risk rating	☐ Low ☐ Medium ☐ High ☐ Extreme
Interim controls	_____

Action / control	Hierarchy level	Owner	Due	Status	Evidence of completion	Verified by/date

Hierarchy: eliminate → substitute → isolate → engineering → administrative → PPE. Select the highest reasonably practicable control.

Reopening / resumption decision

☐ Remain closed ☐ Restricted operation ☐ Approved to reopen ☐ Police/SafeWork/Registry clearance required

Conditions of reopening	_____
Approval holder / delegate	Name: _____ Role: _____
Authority / reference	_____
Signature / date / time	_____ ____ / ____ / _____ _____ hrs

11 MANAGEMENT REVIEW, LIABILITY CONTROLS AND CLOSURE

Liability and conduct controls

☐ Provide care and factual assistance. Do not admit fault, promise payment, waive rights, settle a claim or speculate about legal responsibility.

☐ Do not destroy, alter, backdate or conceal any record. Apply a legal hold if litigation, prosecution, insurance investigation or regulator action is reasonably anticipated.

☐ Notify the insurer/broker promptly and comply with policy conditions. An internal report is not a substitute for a claim notification.

☐ Cooperate with lawful regulator and Police directions. Obtain legal advice before providing privileged legal analysis or where serious injury, fatality, prosecution or substantial liability is possible.

☐ Use personal information only for the purpose collected or another authorised/lawful purpose; restrict access and securely retain/dispose of records under the Club privacy and records controls.

Committee / executive review date	____ / ____ / _____
Minutes reference	_____
Insurer claim number	_____
Police event number	_____
Firearms Registry reference	_____
SafeWork reference	_____
Legal file / privilege status	_____
Lessons communicated	Audience/date/method: _____
Policies / standing orders updated	☐ No ☐ Yes — documents/version: _____
Range approval change required?	☐ No ☐ Advice sought ☐ Application/approval required before alteration

Final classification

☐ Substantiated ☐ Partly substantiated ☐ Not substantiated ☐ Unable to determine ☐ Referred externally

Management findings and reasons

_____

_____

_____

Closure certification

I confirm required notifications and actions have been checked, supporting records are attached or referenced, outstanding risks are assigned, and closure does not prevent reopening if new evidence arises.

Lead investigator	Name/signature: _____ Date: _____
Secretary / record controller	Name/signature: _____ Date: _____
President / approval holder	Name/signature: _____ Date: _____
Closed on	____ / ____ / _____ Next review (if any): ____ / ____ / _____

GUIDANCE NSW REPORTING DECISION AID AND SOURCE NOTES

This summary supports triage. The current law, the Club's actual Range Approval and directions from authorities prevail.

SafeWork NSW — when to notify

Under Part 3 of the Work Health and Safety Act 2011 (NSW), a PCBU must notify the regulator immediately after becoming aware of a work-related death, serious injury or illness, or dangerous incident. Serious injury/illness includes specified immediate hospital or medical treatment. A dangerous incident is an immediate or imminent exposure to a serious risk from specified events such as uncontrolled explosion/fire, electric shock, structural collapse or other prescribed events. If uncertain, call SafeWork NSW on 13 10 50. Keep the notification record for at least five years under s 38(7). Preserve the incident site under s 39, subject to the permitted exceptions stated in this form.

NSW Police Firearms Registry — range and firearm events

The NSW Police Firearms Registry's general legislative requirements for shooting range approvals require the range or club official to notify the Commissioner within 48 hours when an incident involving a firearm on the range results in injury. Range activities must remain under the control of an authorised range officer or suitably licensed person, and all approval conditions continue to apply. A registered owner must immediately notify Police if a firearm is lost or stolen and provide the Commissioner written particulars within seven days. Report suspected crime, immediate danger and serious firearm events to Police without delay; follow any additional condition in Newtec's current Range Approval.

Club, insurer and governance obligations

Record and escalate all incidents even when no statutory notification threshold is met. Committee officers must act with care and diligence, protect safety, manage conflicts, preserve evidence, notify insurers and other bodies when required by policy/affiliation, and ensure corrective actions are completed. The form supports—rather than determines—liability. Liability depends on the evidence, applicable duties, approvals, contracts and insurance policy.

Authoritative sources checked for version 1.0

☐ Work Health and Safety Act 2011 (NSW), ss 35–39 — current NSW legislation.

☐ SafeWork NSW, Incident notification — immediate notification, site preservation, register of injuries and insurer guidance.

☐ Firearms Act 1996 (NSW), including s 37 — registered firearm loss/theft reporting.

☐ Firearms Regulation 2017 (NSW), including range approvals and prescribed particulars.

☐ NSW Police Firearms Registry, General Legislative Requirements — Shooting Range Approval (updated July 2021), especially requirement 14.

☐ NSW Police Firearms Registry, Ranges / Range Users Guide and the Club's current Range Approval and conditions.

Version-control warning

Legislation, regulator contacts, affiliation rules, insurance conditions and the Club's Range Approval may change. The Secretary or approval holder must verify this form at each annual review and after any serious event, regulator direction or approval change. Suggested review date: 19 July 2027.

12 CONTINUATION SHEET / ADDITIONAL EVIDENCE

Copy this controlled page as required. Mark every attachment with the incident number.

Incident number	NPC-IR-_____
Continuation of section	_____
Prepared by	_____
Date / time	____ / ____ / _____ _____ hrs
Attachment / page	Page _____ of _____

Additional factual information

Prepared by signature: _____ **Date:** ____ / ____ / _____

Received into controlled file by: _____ **Date/time:** _____

AUTHORITATIVE DOCUMENT CONTROL RECORD

Document reference	NPC-IRF-001
Adopted	24/06/2026
Enacted / effective	24/07/2026
Minute reference	july26meeting
Owner	Public Officer/Secretary
Next review	01/10/2027
Status	APPROVED AND CURRENT - REVIEW/UPDATE SCHEDULED (NOT FOR WITHDRAWAL)

Control note: This authoritative record replaces all earlier non-current control labels in this file. The document is approved and current, and is scheduled for review and updating, not withdrawal.

AUTHORITATIVE DOCUMENT CONTROL RECORD

Document reference	NPC-IRF-001
Adopted	24/06/2026
Enacted / effective	24/07/2026
Minute reference	july26meeting
Owner	Public Officer/Secretary
Next review	01/10/2027
Status	APPROVED AND CURRENT - REVIEW/UPDATE SCHEDULED (NOT FOR WITHDRAWAL)

Control note: This authoritative record replaces all earlier non-current control labels in this file. The document is approved and current, and is scheduled for review and updating, not withdrawal.

AUTHORITATIVE DOCUMENT CONTROL RECORD

Document reference	NPC-IRF-001
Adopted	24/06/2026
Enacted / effective	24/07/2026
Minute reference	july26meeting
Owner	Public Officer/Secretary
Next review	01/10/2027 - review and update
Status	APPROVED AND CURRENT - REVIEW/UPDATE SCHEDULED (NOT FOR WITHDRAWAL)

Control note: This authoritative record replaces all earlier non-current control labels in this file. The document is approved and current, and is scheduled for review and updating, not withdrawal.