# INCIDENT REPORT FORM

Wv1.29.0.0 - Kv 3.0-20230629 - Tv1.11.0.0

Event Type(s):

- HR related; Staff Sick ; Staff Late ; Shift Swaps ; Extra Guard Requests ; Overtime
- OH&S matters; including "near misses" ; onsite injuries; First Aid ; Inclimate Weather; Patrol KPI Issues
- Security / Site Policy Breach; Physical Break in's / Theft; Suspect Arrest; Assault; Key Lock / Access issues
- Equipment damage or loss; Maintenance Issues, Missing Items (not Theft); Uniform Request;
- CCTV related OR Thermal Temperature Variations   (mention the dropbox *.jpg / *.mp4 file names)
- Emergency Services on Site; inc Police, other LEA engagement, Ambulance or Fire Fighting Responses;
- Site COLOUR Code Alert (Code Blue, Code Grey, Code Yellow, etc)
- Department of Health - Restraints or Seclusion / Isolation / SASH Watch
- General Security Patrol / Site "Lock-up" / Site "Unlock"   (Checking Status of Client Site or Home)
- Alarm is Active   (Security Alarm Panel, Fire Panel, VESDA, Duress, or other equipment)
- Alarm is Disabled   (Late to Close / Site not sealed)
- Client or Authorised person was still onsite   (ie: not an intruder; person on site details obtained)
- Were you carrying a Batton &/or Handcuffs &/or Firearm, or wearing a Ballistic Vest?
- Other Categories, including Feedback, Suggestions, Compliments, and Complaints

S/No:
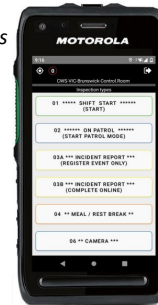
Was Smart WAND used to Create (3B) **or** *Register* (3A) this IR?

YES (3a)
IR REGISTERED

YES (3b)
IR CREATED

NO (n/a)

Does the BodyCamera, DashCAM, or other Video footage form part of this IR?

YES   **NO** (n/a)

Primary Witness or Officer details who is completing this form:

First Name	Last Name	Gender	Mobile or Landline No.	Your Position

Email Address	Guard Months or Years on Site	Security License (No. & State) No:	Your Callsign	Notified By	Billing

Incident Date / Location:

Date / Time of Incident **or** Patrol Onsite	Date / Time of Report **or** Patrol Offsite	Do you seek financial reimbursement?
@ hrs	@ hrs	NO (n/a) YES (& Receipt Attached)

JOB No. & Times:	Patrol Location:	Which site did the incident occur at?	
Job:	External Internal	Client Type:	Area / Ward:
Time:		Client Site:	
Trav: Dura:	GPS Data:	Incident Address	State:

Situation / Incident Report or Feedback:

	Plates Loaded into KV? **YES** **NO** (n/a)	Serial Numbers of any Linked IR's:

Supervisor or person you reported this to **and/or** emailed:

This form is optional, and is designed for Management to record and report if the outcome of the initially reported issue or incidents is now CLOSED. It should not be completed by the original IR author (ie: the guard who raised the IR).

As a general rule the original is created as "v1.0", and this page below is left BLANK as Manager input is optional and not always needed. Anyone who does complete this form below will need to save document with a higher version number than v1.0 **AND** also replace the original with this update on the file server (*for those who have access to it*):

Security Guard / FSO / Supervisor / Manager

First Name	Last Name	Position of person closing the IR	Mobile

Email Address	

Update or Feedback to the Incident Report:

	YES	NO	(n/a)
- **SOP's:** Were Client Site and/or Citywatch SOP's correctly followed?	YES	NO	(n/a)
- **SOP's:** Do existing SOP's need refinement or adjustments (ie: lessons learned)?	YES	NO	
- **Communication:** Control Room (CWS-ACOST) informed?	YES	NO	(n/a)
- **Communication:** Monitoring Centre (CWS-SAMS) informed?	YES	NO	(n/a)
- **Communication:** Site (The Client) Management and/or stakeholders informed?	YES	NO	(n/a)
- **Communication:** Security Management (CWS-HQ) informed?	YES	NO	(n/a)
- **External Parties:** Are Emergency Services, LEA, or Counseling Services Required?	YES	NO	
- **Patrol Cars ONLY:** Did mobile car respond _within_ acceptable time frame?	YES	NO	(n/a)
- **Close:** To the best of your knowledge, is the matter now closed?	YES	NO	
- **Close:** Was original "v1.0" (or last version) on file server replaced by this PDF?	YES		(n/a)

Additional Notes:

HASH:	DATE INCIDENT CLOSED: