

CITYWATCH
SECURITY

INCIDENT REPORT FORM

Wv1.16.2.0 - Kv2.7.0-20221130-2 - Tv1.6.3.0

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; Lock / Access issues; Theft; Suspect Arrest; Assault
- 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 Baton &/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 REGISTEREDYES (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 <u>or</u> Patrol Onsite @ hrs		Date / Time of Report <u>or</u> Patrol Offsite @ hrs		Do you seek financial reimbursement? NO (n/a) YES (& Receipt Attached)	
JOB No. & Times:	Patrol Location: External Internal	Which site did the incident occur at?			
Job:	GPS Data:	Client Type:		Area / Ward:	
Time:		Client Site:			
Trav: Dura:		Incident Address		State:	

Situation / Incident Report or Feedback:

Serial Numbers of any Linked IR's:

Supervisor or person you reported this to and/or emailed:This form should be completed online via the Citywatch webform portal: www.cws-ir.comWhen you click send, it will automatically email CWS-HQ & Client & dump into DropBox Monthly folder - available to read during shift handover
A completed IR as a PDF (offline) OR updates to original IR can also be manually emailed to: cws-ir@citywatchsecurity.com.au

This form is **optional**, and is designed for the original reporting Security Guard Operator, another guard, or a Supervisor / Manager, to record and report if the outcome of the initially reported issue or incidents is now CLOSED. As a general rule the original is created as "v1.0", and this page below is BLANK as supervisor or 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 **AND** also replace the original with this update on the file server (*for those who have access to it*) **and/or** send back to original authors email:

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:

- | | | | |
|--|-----|----|-------|
| - 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 <u>within</u> 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: