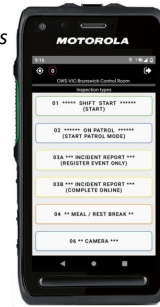


- Event Type(s):
- ☒ - HR related; Staff Sick ; Staff Late ; Shift Swaps ; Extra Guard Requests ; Overtime
 - ☐ - OH&S matters; including "near misses" ; onsite injuries; First Aid ; Inclimate Weather; Patrol KPI Issues
 - ☐ - Security / Site Policy Breach; Physical Break in's / Theft; Suspect Arrest; 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 Baton &/or Handcuffs &/or Firearm, or wearing a Ballistic Vest?
 - ☐ - Other Categories, including Feedback, Suggestions, Compliments, and Complaints

S/No: **08590**


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 | | |
| | | | +61 4 | | | |
| Email Address | Guard Months or Years on Site | Security License (No. & State) | Your Callsign | Notified By | Billing | |
| | < 3 Months | No: | n/a | | n/a | |

Incident Date / Location:

| | | |
|---|---|--|
| Date / Time of Incident <u>or</u> Patrol Onsite | Date / Time of Report <u>or</u> Patrol Offsite | Do you seek financial reimbursement? |
| n/a @ n/a hrs | 11 Oct 2023 @ 12:48 hrs | NO (n/a) <input checked="" type="checkbox"/> YES (& Receipt Attached) <input type="checkbox"/> |
| JOB No. & Times: | Patrol Location: | Which site did the incident occur at? |
| Job: n/a | External <input type="checkbox"/> Internal <input type="checkbox"/> | Client Type: Corporate Offices & Real Estate |
| Time: n/a | GPS Data: ----- | Client Site: 100 Collins Street (The Owners Corporation) |
| Trav: Dura: | | Incident Address: 100 Collins Street, Melbourne VIC, Australia |
| | | Area / Ward: n/a |
| | | State: VIC |

Situation / Incident Report or Feedback:

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

Supervisor or person you reported this to and/or emailed: NAME (& their position or title)

This form was completed online via the Citywatch C4i System portal: www.cws-ir.com

When you click send, it will automatically dump into **DropBox** Monthly folder to read during shift handover first, then auto email CWS-HQ & Client
Please email any Manually completed IR (offline PDF) **OR** updates to original IR, to: cws-ir@citywatchsecurity.com.au

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: | | | |
|--|-----|-----------------------|-------|
| - 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: | |