

- 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) Code BLACK - Personal Threat
 - ☐ - 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:

06983


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		
Jino	Mathew	Male	+61 423404982	Security - Control Room		
Email Address	Guard Months or Years on Site	Security License	(No. & State)	Your Callsign	Notified By	Billing
j@j.com	< 3 Months	No: AAAA	NSW	G2	AMSEC	OPI Holdings

Incident Date / Location:

Date / Time of Incident or Patrol Onsite	Date / Time of Report or Patrol Offsite	Do you seek financial reimbursement?
22 Jul 2023 @ 06:27 hrs	22 Jul 2023 @ 18:23 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: TTT	External <input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/>	Client Type: Automotive & Carparks
Time: n/a	GPS Data: -----	Client Site: Motorserve - Epping
Trav: Dura: 716		Incident Address: 2/9 Lydia Court, Epping VIC 3076, Australia
		Area / Ward: OC1
		State: VIC

Situation / Incident Report or Feedback:

Serial Numbers of any Linked IR's: Test

I started my shift @ 00:00 hrs on DD-MMM-YYYY. At approx 00:00 hrs a code BLACK (Personal Threat) situation occurred.

I Remained calm and removed myself from danger (If possible)

Obey instructions

Raise alarm if possible call 3333 state "CODE BLACK, Location" or press duress alarm

Prevent unauthorized access to affected area

Complete Personal Threat Checklist

I then returned to my normal duties by 00:00 hrs.

I have attached photos of event as additional supporting information.

Supervisor or person you reported this to and/or emailed: Jino Mathew

This form should be completed online via the Citywatch webform portal: www.cws-ir.com

When 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: