SYDNEY TRAMWAY MUSEUM

Name: INCIDENT REPORT

Number STM 6033
Version Number: 1.1

Document Status: [ ] Working Draft

[X] Approved for Issue

[ ] Archived

Next Scheduled Review Date: _____

1. Version History:

Version Number	Date	Reason/Comments
1.0	12/03/2007	Initial draft
1.1	15/05/2008	Added Level Crossing incident reporting.

Approved by _____ **Signature & Date** _____

3. Distribution List

Position	Date	Copy Issued to (Yes/No)	Copy No.	Received
Rail Safety Manager		Y	1	

SYDNEY TRAMWAY MUSEUM

INCIDENT REPORT

Reported By: (Please print) . . . . . Membership No.: . . . . .

Signature: . . . . . Date.: . . . . . .

Please tick box **NOTE***: One incident per form only please*

☐ **TRAFFIC RELATED** *[Tramcar operations, traffic safety, etc]*

NB. If the incident is serious or injuries occur, phone the Operations Manager or a Society Director immediately

Time: . . . . . Driver's Name: . . . . . Membership No.: . . . . .

Weather: . . . . . Conductor's Name: . . . . . Membership No.: . . . . .

Were any tram services affected: . . . . . If so, which: . . . . . .

☐ **INFRASTRUCTURE RELATED** *[Track, Overhead, drains, etc]*

☐ **LEVEL CROSSING** *[Faults and failures]*

☐ **OTHER** *[Any other, Locks sticking, taps leaking, etc]*

DETAILS: ……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

Continue over the page

** Please use additional sheet if required.

Leave this report in the Traffic Office report box. Make a copy of this report for your file if required.

OFFICE USE ONLY

Report Received: . . . . . Reference No.: IR . . . . . .

SYDNEY TRAMWAY MUSEUM

INCIDENT REPORT

DETAILS CONTINUED:……. ……

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

……...

** Please use additional sheet if required.

Leave this report in the Traffic Office report box. Make a copy of this report for your file if required.

OFFICE USE ONLY

Report Received: . . . . . Reference No.: IR . . . . . .