

Harm Minimisation Incident & Intervention Record

Staff Name: Date: / / Time:

Name / Description:

General Signs	Tick
Length of Play	
Gambles for long periods (three or more hours) without taking a break	<input type="checkbox"/>
Gambles most days	<input type="checkbox"/>
Finds it difficult to stop at closing time	<input type="checkbox"/>
Social Behaviour	
Becomes angry at or stands over other players	<input type="checkbox"/>
Is rude to other gamblers or staff	<input type="checkbox"/>
Complains to staff about losing	<input type="checkbox"/>
Money	
Puts large wins straight back into the machine	<input type="checkbox"/>
Tries to withdraw money two or more times	<input type="checkbox"/>
EFTPOS repeatedly declined	<input type="checkbox"/>
Leaves venue to find more money to gamble	<input type="checkbox"/>
Behaviour during play	
Tries to play two or more machines	<input type="checkbox"/>
Plays intensely without reacting to what's going on around them	<input type="checkbox"/>
Plays very fast (high spend per line)	<input type="checkbox"/>
Shows frustration (grunting/groaning, playing roughly)	<input type="checkbox"/>
Shows some signs of distress (looks depressed, sweating, nervous/edgy)	<input type="checkbox"/>
Has gambling rituals or superstitions (rubbing, talking to machine)	<input type="checkbox"/>

Action Taken	Tick
Asked if the person was OK	<input type="checkbox"/>
Questioned whether it was a good idea to continue playing	<input type="checkbox"/>
Suggested the person take a break	<input type="checkbox"/>
Suggested the person leave the venue for the day	<input type="checkbox"/>
Asked the person about their gambling	<input type="checkbox"/>
Made a note to continue to monitor the person	<input type="checkbox"/>
Provided the person with the problem gambling letter	<input type="checkbox"/>
Provided the person with the Health Promotion Agency leaflet	<input type="checkbox"/>
Explained the self-exclusion procedure	<input type="checkbox"/>
Issued exclusion order	<input type="checkbox"/>
Provided person with harm minimisation information envelope pack	<input type="checkbox"/>

Other comments:

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Strong Signs	Tick
Gambler tells staff that gambling is causing them problems	<input type="checkbox"/>
Shows obvious signs of distress (crying, holding head in hands, shaking)	<input type="checkbox"/>
Has an angry outburst towards staff, customer or machine (shouting/swearing, kicking/hitting machine)	<input type="checkbox"/>
Appearance or personal hygiene deteriorates significantly	<input type="checkbox"/>
Tries to borrow money from customers or staff	<input type="checkbox"/>
Gambles from opening to closing	<input type="checkbox"/>
Friends or family raise concerns about the gambler	<input type="checkbox"/>
Goes out of their way to avoid being seen at the venue (including asking staff to not let others know they are there)	<input type="checkbox"/>

SIGNED:

REVIEWED BY:

(venue manager)

Diligent use of this form is important as it demonstrates a culture of care

