

INCIDENT REPORT FORM
PLEASE COMPLETE ALL FIELDS IN BLOCK CAPITALS

SECTION 1 – To be completed by Injured Party or their representative

WHAT ARE YOU REPORTING? (Please circle)

Accident / Violence / Near Miss / Ill Health Condition / Dangerous Occurrence

Mr / Mrs / Miss / Ms / Dr

Age: _____

Last Name: _____

First Name: _____

Home Tel. No: _____

Mobile. No: _____

Home Address: _____

DETAILS OF WHERE THE INCIDENT OCCURRED

Date of Incident: _____ **Time of Incident:** _____

Event / Building: _____

Exact Location: _____

DETAILS OF HOW THE INCIDENT OCCURRED (please give as much detail as possible)

INJURIES (Please give details of nature of any injuries sustained as a result of the incident, what was the injury e.g. fracture, laceration, what part of the body was affected?)

Part of the body affected (tick all that apply)

| | Eye | Hand | Wrist | Arm/Shoulder | Leg | Knee | Ankle | Foot | Hip | Head | Chest | Abdomen/lower body |
|-------|-----|------|-------|--------------|-----|------|-------|------|-----|------|-------|--------------------|
| Left | | | | | | | | | | | | |
| Right | | | | | | | | | | | | |

CONTINUED OVER

TREATMENT

What treatment was given at the scene? (Describe) _____

Was the injured person sent: Home / to Hospital / to GP (please circle)

Name of First Aider dealing with incident: _____

Type of First Aider: Security / Caretaker / Other (please circle)

Witness Details (if applicable)

Name: _____ Telephone No: _____

Address _____

SECTION 2 – To be completed by the Supervisor or Person in charge of the Activity

Name of Supervisor or Person in charge of Activity: _____

Society Role: _____

Telephone number: _____

Date form completed: _____

Was the incident due to possible defects in premises, equipment, tools and/or systems of work? (If yes, please give details below)

What immediate action has been taken to prevent a re-occurrence of the incident?

Society Incident Closure information

What action has been taken to close this incident formally