



Incident Report Form

Particulars of incident:		
Date:	Time:	Location:
Type of incident (please circle below):		
Injury	Illness	Environmental
Notifiable event	Other:	
Reported by:	Phone:	
Role in the event:	Email:	
The injured person:		
Name:	Address:	
Age:	Phone:	
Witness(s):		
Name:	Phone:	
Name:	Phone:	
Name:	Phone:	
Describe the incident: <i>(space overleaf for diagram if needed)</i>		
Describe any illness or injury: <i>What part of the body is affected and how?</i>		
Describe any property damage: <i>What damage was caused and how?</i>		
Analysis: <i>What do you think caused or contributed to the incident?</i>		
Prevention: <i>What action has been taken to prevent a reoccurrence?</i>		
Have all preventative actions been reviewed by the Management Committee, and implemented?		
Yes		No
Management Committee Signature:	Date completed:	
Treatment:		
Hospital:	Doctor:	
Type of treatment provided:		