

Incident report form

Please print clearly and tick the correct box

Status:	<input type="checkbox"/> Participate	<input type="checkbox"/> Coach	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Parent
	<input type="checkbox"/> Sibling	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other_____	
Outcome:	<input type="checkbox"/> Hazard only	<input type="checkbox"/> Incident with no injury/illness	<input type="checkbox"/> Injury	<input type="checkbox"/> Illness
	<input type="checkbox"/> Damage	<input type="checkbox"/> Other_____		

1. DETAILS OF PERSON INVOLVED

Name: _____ Phone: (H) _____ (W) _____

Address: _____ Sex: ☐ M ☐ F

_____ Date of birth: _____

_____ Position: _____

Experience in role: _____ (years/months)

Arrival time: _____ ☐ am ☐ pm

2. DETAILS OF INCIDENT

Date: _____ Time: _____

Location: _____

Describe what happened and how. Please include as much information as possible: _____

3. DETAILS OF WITNESSES

Name: _____ Phone: (H) _____ (W) _____

Address: _____

4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) _____

Cause of injury (eg fall, grabbed by person) _____

Location on body (eg back, left forearm) _____

Agency (eg lounge chair, another person, hot water) _____

5. TREATMENT ADMINISTERED

First Aid given ☐ Yes ☐ No

First Aider name: _____

Treatment: _____

Referred to: _____

SECTION 6-9 MUST BE COMPLETED BY CLUB OFFICIAL

6. DID THE INJURED PERSON STOP ACTIVITY?

☐ Yes ☐ No If yes, state date: _____ Time: _____

Outcome:

☐ Treated by doctor ☐ Hospitalised
☐ Returned to normal activity ☐ Alternative activity ☐ Rehabilitation

7. INCIDENT INVESTIGATION (comments to include causal factors):

8. RISK ASSESSMENT

Likelihood of recurrence: _____

Severity of outcome: _____

Level of risk: _____

9. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed

10. ACTIONS COMPLETED

Signed (Club Official): _____ Title: _____
Date: _____

☐ Feedback to person involved

Signed (person involved): _____ Date: _____

11. REVIEW COMMENTS

Committee meeting: _____

Reviewed by Member Group Chairperson or Member Group Head Coach

(signed): _____ Date: _____