

# Incident/Injury Report Form

Venue \_\_\_\_\_ Date of Incident  /  /

Reported By \_\_\_\_\_ Time of Incident

## 1. INCIDENT DETAILS

Incident Description (What Happened?) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What caused it to Happen? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What could have prevented it from happening? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Reporter: \_\_\_\_\_ Signature of Instructor in Charge: \_\_\_\_\_

## 2. ACTIONS (Taken at the time or followed up later)

Detail	By Whom	By When	Date Completed

### OFFICE USE ONLY

3. FORMAL ROOT CAUSE ANALYSIS REQUIRED : Yes / No - attach to incident report  
 (must be conducted if impact grade A, B, C)

ALL ACTIONS COMPLETED AND FILE CLOSED

Event Manager Signature : \_\_\_\_\_ Date Closed  /  /

# Incident/Injury Report Form

## 4. INJURED PERSON DETAIL (complete if an injury or theft/damage to personal property occurred)

**Given Name:**   
**Surname:**   
**Contact No:**   
**Address:**   
**Suburb:**  **Post Code:**   
**State:**  **DOB:**  /  /   
**Sex:** Male  Female  **Staff Person:** Yes / No

**Activity During Incident:**

**Was the activity:**  Senior Sport  Junior Sport  Individual  Over 50's  
**Was the activity group related?**  School  Function  Other – Specify:   
**What was the activity?** Specify:   Not Applicable

**Type Of Incident;**

**Slip/Fall:**  Uneven Floor  Floor Slippery  Lack Of Barrier  
 Tripped Over Object  Person Running  Other – Specify:   
**Caught In:**  Gym Equipment  Pool Equipment  Door  
 Other – Specify:   
 Falling Objects  Chemicals  Manual Handling  Unknown  
 Collision With Other Person  Other – Specify:

**Part Of Body Injured:**  Feet & Toes  Head & Neck  Eyes & Features  
 Arms & Wrists  Hands & Fingers  Back & Trunk  Leg & Ankle

**Location Of Incident:**  Creche  Car Park  Entrance/Exit  
 Toilet Area  Stairs  Courts  Gymnasium Area  
 Food Areas  Function Rooms  Pool Area  Aerobics Area  
 Unknown  Plant Areas  Outdoor Area - specify   
 Changing Rooms  Other – Specify  **Attach a map if it helps.**

**First Aid Treatment:** \_\_\_\_\_

**Medical Treatment (Name of Doctor/Hospital):** \_\_\_\_\_

**Signature of Reporter:** \_\_\_\_\_ **Signature of Facilitator:** \_\_\_\_\_