|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INCIDENT/ACCIDENT REPORT FORM** | | | | | | | Report No: | | Refer to Incident/Accident Register | |
| Use this form to report all Incident/Accidents. Use a separate form for each Incident/Accident.  Assist if safely able to and report the action/s taken. Give this report to administration staff or Headquarters Manager. | | | | | | | | | | | |
| **1. Details of person reporting Incident/Accident.** | | | | | | | | | | |
| **Are you the Witness?** *Please circle* **YES / NO** | | | | | | | | **Date:** | |  | |
| First Name: | |  | | | Family Name: |  | | | | |
| Address: | | | | | | | | | | |
| Mobile: | |  | | | Home Ph: |  | | | | |
| **2. Details of person involved/injured in the Incident/Accident.** | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | This person is a - Registered Player |  | Visitor | Contractor | Other |  | | | | | | | | | | | | |
| First Name: | |  | | | Family Name: |  | | | | |
| Address: | | | | | | | | | | |
| Mobile: | |  | | | Home Ph: |  | | | | |
|  | | | | | | | | | | |
| **3. Identify the Incident/Accident** | | | | | | | | | | |
| Date: | | |  | Time: |  | | | | AM / PM | |
| Location of the Incident/Accident: | | | | | | | | | | |
| What were you doing at the time? *If appropriate list any tools, equipment, or chemicals that you were using.* | | | | | | | | | | |
| Were you injured? YES / NO *If yes, please describe the injury* | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **4. Immediate action taken at the time of the Incident/Accident** | | |
| **First Aid Medical Centre Ambulance Is follow up required? Yes / No** | | |
| **Actions taken** | **By Whom** | **By when** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **5. Received and entered into Incident/Accident register** | **Date: / / Signed:** |