|  |  |  |
| --- | --- | --- |
| **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.**  |
|

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| --- | --- | --- | --- | --- | --- |
| 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** |
|  |  |  |
|  |  |  |

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