

Incident report form

Name and role of person completing this form:
Contact details:
Signature:
Witnesses (include contact details):
Date:

Incident details

Location:
Date and time:
Name of person/s involved:
Description of incident:
The incident resulted in: <input type="checkbox"/> A near miss <input type="checkbox"/> Injury to an individual <input type="checkbox"/> Damage to property/environment

How was the incident managed? *(What was done to help the person or keep the area safe?)*

Injury (if applicable)

Describe the injury. *(include part/side of the body affected)*

Reporting of the incident

The incident was reported to:

- U3A Healesville
- Other venue manager
- Emergency services
- Other

Reported to:

Name:

Contact details:

How? *(such as email, phone; attach copies of any correspondence)*

Date:

Follow up action

What other actions must be taken following this incident?