

## REPORT INCIDENT FORM

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### 1. INCIDENT DETAILS

*\*Required Fields*

\*Date of Incident: \_\_\_\_\_

\*Time of Incident: \_\_\_\_\_ \*Event/Activity Name: \_\_\_\_\_

\*Reported By (Name): \_\_\_\_\_

\*Role (e.g., participant, volunteer, staff): \_\_\_\_\_

\*Contact Information: \_\_\_\_\_

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### 2. INCIDENT DETAILS

**Type of Incident:**

(Please tick or specify)

- Accident
- Injury
- Near Miss
- Property Damage
- Unsafe Condition
- Other (please specify): \_\_\_\_\_

**\*Description of the Incident:**

(Please provide a detailed description of what happened. Include any contributing factors, location, or circumstances leading to the incident.)

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### 3. PERSONS INVOLVED

\*Name of Injured Person(s) (if applicable): \_\_\_\_\_

- Age (if known): \_\_\_\_\_
- Role (e.g., participant, volunteer): \_\_\_\_\_
- Contact Info: \_\_\_\_\_

**\*Witnesses (if applicable):**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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**4. INJURY DETAILS (IF APPLICABLE)**

**\*Details description:**

(Type of Injury / Body Part Injured / Treatment Provided / Was the injured person taken to hospital)

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**5. ACTION TAKEN**

**\*What actions was taken:**

(First aid, emergency service called also other follow up actions)

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**6. REPORTING & FOLLOW UP**

**\*Report Submitted To:**

(Who has the incident been reported to? e.g., Event Manager, Health & Safety Officer)

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## 6. SIGNATURES

**\*Reported By (Name and Signature):**

- Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

**\*Supervisor/Manager Review (Name and Signature):**

- Name: \_\_\_\_\_
  - Signature: \_\_\_\_\_
  - Date: \_\_\_\_\_
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