

Accident/Incident Report

Details of Person(s) involved in Incident

Name _____

Address _____ Gender _____

Telephone No _____ Date of Birth _____

Student/Teacher/Contractor/Staff Member/Private Camper/ _____ (fill in blank if other)

Incident Report documented by: _____

Date Reported _____

Details of Incident

Time of Incident _____ Date of Incident _____

Location of Incident _____

Area/Activity that incident occurred _____

Description of Incident (include drawings/photographs)

Which body parts were affected by the incident?

Provide Details _____

Witness Statements

Name/Address/Telephone no. of witness – Statement

Other factors pertinent to the incident?

Weather conditions at the time of the incident?

Equipment checked and found suitable? Broken or damaged equipment retained

PPE checked and found suitable?

What instruction and training was given in relation to the activity?

What was the Root cause of the incident?

Corrective Action instigated both immediate and ongoing in relation to the incident

