Accident/Incident Report
Details of Person(s) involved in Incident
NameGender
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 IncidentDate 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

Was First Aid given and who was it given by? Provide details refer to First Aid Report
Was medical attention sought as a result of the incident? (provide details if known)
Was there any damage to equipment and or buildings/property due to the incident?
Has Maintenance/Safety Representatives been informed to ensure site is made safe and repairs conducted if applicable?
Has the issue been escalated (where required)?
Is the incident a 'Serious Event' notifiable to WorkSafe?
Guidelines in Relation to use of this form Site specific comments
Other Details