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| **Incident Report** |
| **Particulars of incident:** |
| Date: | Time: | Location: |
| **Type of incident (please circle below):** |
| Injury Illness Environmental Notifiable event Other: |
| Reported by: | Phone: |
| Role in the event: | Email: |
| **The injured person:** |
| Name: | Address: |
| Age: | Phone: |  |
| **Witness(s):** |
| Name: | Phone: |
| Name: | Phone: |
| Name: | Phone: |
| **Describe the incident:** *(space overleaf for diagram if needed)* |
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| **Describe any illness or injury:***What part of the body is affected and how?* |
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| **Describe any property damage:***What damage was caused and how?* |
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| **Analysis:***What do you think caused or contributed to the incident?* |
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| **Prevention:***What action has been taken to prevent a reoccurrence?* |
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| **Have all preventative actions been reviewed by the Event Management Committee, and implemented? Yes No** |
| <Event Management Committee> Signature: | Date completed: |
| **Treatment:** |
| A&EHospital: | Doctor: |
| Type of treatment provided: |
| **Notification and investigation WORKSAFE PHONE: (0800) 030-040 (24 hours)** |
| Worksafe NZ advised by: | Date: |
| Investigation conducted by: | Date: |
| Risk Register updated by: | Date: |