INCIDENT REPORT FORM

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CLUB: _____

DATE REPORTED: _____ TIME REPORTED: _____

EXACT LOCATION: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ DAY OF WEEK: _____

INCIDENT REPORT COMPLETED BY _____ INCIDENT REPORTED TO: _____

TIME INCIDENT LOCATION INSPECTED: _____ INSPECTED BY: _____

PART 1: INJURED PERSON DETAILS

NAME: _____
(Surname) (Given Names)

ADDRESS: _____

TELEPHONE NO: (Home)_____ (Business) _____ (Mobile) _____

DATE OF BIRTH: _____ (approx or guess if unknown) MALE ☐ FEMALE ☐

WALKING STICK ☐ GLASSES ☐ CARRYING GOODS ☐ OTHER IMPAIRMENTS ☐

PART 2: WITNESS * DETAILS

* Eyewitnesses witnessed the incident; circumstantial witnesses witnessed the events leading up to or following the incident. Additional witnesses' details should be provided on attachment.

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS

NAME OF WITNESS TO ACCIDENT: _____
(Surname) (Given Names)

ADDRESS OF WITNESS: _____

TELEPHONE NO: (Home) _____ (Business) _____ (Mobile) _____

TYPE OF WITNESS: EYE WITNESS ☐ CIRCUMSTANTIAL WITNESS ☐

RELATIONSHIP TO INJURED PERSON: _____

(If more than one witness, please provide details) _____

IF ANOTHER PARTY RESPONSIBLE, PLEASE PROVIDE DETAILS: _____

_____

PART 3: PERSONAL INJURY DETAILS

PART OF BODY INJURED (Place tick in appropriate box)

Head & Neck	☐	Hip	☐	Hands/ Fingers	☐
Eyes or Face	☐	Shoulder	☐	Knee	☐
Back & Trunk	☐	Arms / Wrists	☐	Feet and toes	☐

If Other, or multiple, please describe: _____

NATURE OF INJURY (Place tick in appropriate box)

Multiple	☐	Minor Bruise - Not Disabling	☐	Concussion/Unconscious (Serious)	☐
Fracture	☐	Major Bruising - Disabling	☐	Burns/Scalds – requiring medical attention	☐
Sprain	☐	Minor Cut/Laceration - No Stitches	☐	Superficial	☐
Dislocation	☐	Cut/Laceration requiring Stitches	☐	No Apparent Injury	☐
Ligament Damage	☐	Minor Concussion	☐		

If Other, describe: _____

DESCRIPTION OF and SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT (as described by injured party)

_____

_____

DESCRIPTION OF INCIDENT (by you or independent witness)

_____

_____

WAS INJURED PERSON TAKEN TO: TREATMENT BY FIRST AIDER ☐ DOCTOR/HOSPITAL ☐ AMBULANCE ☐

NAME OF FIRST AIDER/ PERSON ATTENDING: _____ CONTACT NO: _____

☐ OTHER (Please describe): _____

IF THIRD PARTY/CONTRACTOR AT FAULT: THIRD PARTY/CONTRACTOR'S NAME: _____

THIRD PARTY/CONTRACTOR'S INSURANCE DETAILS _____

_____

PART 4: PROPERTY DAMAGE (complete if there is property damage)

ITEM DAMAGED: _____

DETAILS: _____

IF VIEWED AND BY WHOM: _____

PHOTOS TAKEN AND BY WHOM: _____

PART 5: LOCATION OF INCIDENT (Please tick in appropriate box)

Car Park	☐	Entrance/Exit	☐	Stairs	☐
Car Park Ramps	☐	Office Areas	☐	Escalators	☐
Bar	☐	Internal Ramp	☐	Elevators	☐
Toilet Areas	☐	Children's Play Area	☐	Restaurants	☐
Food areas	☐	Balcony	☐	Gaming areas	☐

If Other, describe: _____

PART 6: TYPE OF INCIDENT (Please tick in appropriate box)

Slip and Fall of Person: Cause

Chips	☐	Lack of Barrier	☐	Uneven Floor	☐
Ice Cream	☐	Rainwater on floor	☐	Tripped over Object	☐
Beverage	☐	Barrier/Signs	☐	Steps/Stairs	☐
Floor Slippery (Surface)	☐	Vegetable/Fruit items	☐	Car Park Stops/Bollards	☐
Inadequate Lighting	☐	Other Food	☐	No apparent Reason	☐
Person running	☐	Vomit	☐		

If Other, describe: _____

OR Caught in:

Door	☐	Escalator/Elevator	☐
Machinery	☐	Other	☐

If Other, describe: _____

Stepping on or Striking Against:

Display Stands	☐	Escalator/Elevator	☐	Other	☐
Sharp Edges/Protruding Objects	☐	Doors	☐		

If Other, describe: _____

Other

Falling Objects ☐ If Falling objects, please describe: _____

Water Damage ☐

Type of surface

Marble	☐	Tile	☐	Carpet	☐	Speed hump	☐
Terrazzo	☐	Timber	☐	Bitumen	☐	Dirt/grass/garden	☐
Slate	☐	Vinyl	☐	Concrete	☐	Other	☐

If Other, describe: _____

WAS INJURED PERSON Reasonable ☐ Upset ☐ Aggressive ☐ Add relevant comments

CLEANER ON DUTY: _____ CLEANING SUPERVISOR: _____

TIME LOCATION LAST INSPECTED: _____ TIME LAST CLEANED: _____

PLEASE ATTACH WRITTEN STATEMENT FROM CLEANER (If appropriate)

_____

RECORD OF INCIDENT Video/closed circuit ☐ Photo ☐ None ☐