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incident report

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 ☐ INTOXICATED ☐ OTHER IMPAIRMENTS ☐

PART 2: WITNESS * DETAILS

* Eyewitnesses who witnessed the incident; circumstantial witnesses who 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 – including an un-biased view on whether the injured person contributed to the injury)

_____

_____

_____

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	☐
Dance Floor	☐				

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 ☐

_____