



Incident Report Form

Personal Information		
Staff <input type="checkbox"/>	Student <input type="checkbox"/>	Visitor <input type="checkbox"/>
Name of Person Involved:		
Student Only	Grade:	Age:
If Student, Parents Name:		Contact Number:
Occupation (staff only):		Experience (years):
Incident Information		
Type of Incident: <input type="checkbox"/> Lost Time Accident <input type="checkbox"/> Medical Aid <input type="checkbox"/> First Aid <input type="checkbox"/> Near Miss <input type="checkbox"/> Other		
Date/Time of Incident:		Date Reported:
Senior Person on Site/Supervising Teacher:		Incident Reported to:
Location of Incident:		
Description of Incident/Near Miss (what happened, how it happened, factors leading to the event, description of equipment or area involved). Be as specific as possible (attach additional sheets as necessary).		
Was there any witnesses (have witnesses complete a witness statement).		
What caused the incident?		

Damage

Describe any damage to property:

Emergency Support Contact

Ambulance: Yes No

Police: Yes No

Fire Dept.: Yes No

OHS: Yes No

Time Called:

OHS Insp. Name:

Describe the Emergency Support response.

First Aid

Were there any injuries Yes (Attach First Aid Report) No

For Students – what procedure was followed? I.e. was parent called, sent to the doctor, student rested or sent back to class? If the student was transported for treatment, who was the student released to, along with the location and time.

Actions

What actions will be taken to eliminate any future repeats of the incident (include timelines for completion and who is responsible).

Management/OHS Comments

Review Summary

Report Completed by:

Date:

Signature:

Phone Number:

School/Location: