##

**Accident and Incident Report Form**

\*\*NAME of Organisation\*\* Incident Report Form

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| --- |
|  |
| Date |  |
| Name of Person Completing report |  |
| Role/Position |  |
| Contact Details |  |
| Witness Name |  |
| Witness Contact Details |  |

|  |
| --- |
| Incident Details |
| Date & Time of Incident |  |
| Location of Incident |  |
| Description of Incident |  |
| What immediate actions were taken? |  |
| Was there an injury as a result of this incident?Name of Injured PersonAddress/Contact Details of person injured  |  |
| What first aid/medical care was provided (if any)? |  |
| Was there property damage as a result of this incident? Yes/No, If YES: |  |
| Was there vehicle damage as a result of this incident? Yes/No, If YES:Registration NumberDetails of Damage |  |

|  |
| --- |
| Submission:  |
| Signature of person submitting report |  | Date |  |

|  |
| --- |
| Follow Up:  |
| Follow Up Action required |  |
| Person responsible for Follow Up |  |
| Program area |  | Date Due |  |
| Follow up completed |  | Date |  |

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Safe Community Resources can also provide customisation services to your organisation in the area of implementation of the **Safe Community Framework** for your organisation.

**Disclaimer**: This publication is not legal advice. The ideas and procedures herein are based on nationally recognised good practice advice and have been written with due regard to Australian legislation March 2020.
Legal advice may need to be sought when responding to individual incidents.