

INCIDENT REPORT

Report #: _____

When and where

Date of incident: _____ Time of incident: _____ Date reported: _____

Place - site, room or area: _____ Task in progress: _____

People involved

Name	Role (staff / visitor)	Contact details	Part in the incident

What happened - the facts, in the order they happened

Injury or damage

Anyone injured: ☐ No ☐ Yes

First aid given: ☐ No ☐ Yes

Nature of any injury: _____ Treated by: _____

Property, equipment or vehicle damaged: _____

Witnesses

Name	Contact details	What they saw

Action taken

Reported to - name and role: _____ Date and time reported: _____

File the completed report in your own incident log and follow your organisation's procedure.

Completed by (signature): _____ Print name: _____ Date: _____