

ACCIDENT/ INCIDENT REPORT

DETAILS OF THE PERSON/S INVOLVED IN THE INCIDENT

Full Name: _____ Telephone No.: _____

Player Spectator Volunteer Other

Name/s of Witness/es: _____

Date Incident Occurred: ___/___/___ Time Incident Occurred: _____

Date Reported to Risk & Safety Co-ordinator: ___/___/___ Reported By: _____

Team Name: _____ Team Manager/ Coach : _____

Parents Name (if it was a Minor injured): _____ Phone No.: _____

Location of incident (e.g. Seacrest Park , Central Oval): _____

Was There an Injury (Yes/ No): _____ Name of person applying First Aid: _____

Was an Ambulance required: _____ Location of Medical Treatment: _____

Nature of Injury (*ie; Fracture left lower arm*) _____

Describe the incident (*What happened or what went wrong*): _____

TEAM MANAGER/ COACH to complete:

What immediate Corrective/Preventive action was taken after the Incident?

What long-term Corrective / Preventive action was implemented: _____ Date implemented: ___/___/___

Names and Signatures of those involved in the Incident and its investigation

Person involved or parent _____ Sign _____ Date _____

Coach or Manager _____ Sign _____ Date _____

Reviewed and closed out by:

Risk & Safety Co-ordinator _____ Sign _____ Date _____

President _____ Sign _____ Date _____