



# INCIDENT REPORT FORM

NAME OF PERSON AFFECTED/INJURED			
ADDRESS (incl pcode) OF PERSON AFFECTED			
DOB OF PERSON AFFECTED			
PHONE OF PERSON AFFECTED			
EMAIL OF PERSON AFFECTED			
OCCUPATION OF PERSON AFFECTED			
NAME OF PERSON MAKING REPORT			
PHONE NO. PERSON MAKING REPORT			
ACTIVITY ENGAGED IN AT TIME OF INCIDENT			
TYPE OF INCIDENT	INJURY	<input type="checkbox"/>	DAMAGE TO PROPERTY <input type="checkbox"/>
	ILLNESS	<input type="checkbox"/>	OTHER <input type="checkbox"/>
DATE OF INCIDENT			
TIME OF INCIDENT			
LOCATION OF INCIDENT			
OUTCOMES OF INCIDENT	NIL INJURY/DAMAGE	<input type="checkbox"/>	BY WHO
	PROPERTY DAMAGE	<input type="checkbox"/>	
	FIRST AID ADMINISTERED	<input type="checkbox"/>	AMBULANCE ATTENDED <input type="checkbox"/>
	ONSITE MEDICAL TREATMENT	<input type="checkbox"/>	
	TREATMENT BY DOCTOR	<input type="checkbox"/>	
	HOSPITAL INPATIENT	<input type="checkbox"/>	
	POLICE ATTENDED	<input type="checkbox"/>	
EVENTS LEADING UP TO INCIDENT			
(please include all actions, treatment and communication that took place)			
POSSIBLE CAUSE EVENTS/TRIGGERS			

RELATED EXISTING CONDITION	
EQUIPMENT DAMAGED YES / NO	
DESCRIBE EXTENT OF EQUIPMENT DAMAGE	
OTHER PEOPLE INVOLVED IN INCIDENT	
WITNESS/ES OF INCIDENT	

SEQUENCES OF EVENTS FOLLOWING INCIDENT	
(detail actions in chronological order up to the date of completion of report)	

ADDITIONAL FOLLOW UP/ACTIONS/CORRECTIVE MEASURES

The above report is accurate and corrective measures have been undertaken as necessary.

HEAD COACH / WITNESS	AGREE / DISAGREE
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COMMENTS/FURTHER DETAILS	

HEAD COACH /WITNESS SIGNATURE	DATE	
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TEAM NURSE	AGREE / DISAGREE
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COMMENTS/FURTHER DETAILS	

TEAM NURSE SIGNATURE	DATE	
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ASSISTANT/HEAD OF DELEGATION	AGREE / DISAGREE
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COMMENTS/FURTHER DETAILS			
AHOD/HOD SIGNATURE		DATE	

Special Olympics Aust. - Incident Report form send to SOA, PO Box 62 Concord West MSW 2138 or [info@specialolympics.com.au](mailto:info@specialolympics.com.au)