Incident Report Form

DETAILS OF PERSON AFFECTED / INJURED	
Name:	
Address line 1:	
Address line 2:	
Post Code:	State:
Date of birth:	Phone number:
Email address:	
Occupation:	

DETAILS OF PERSON MAKING REPORT
Name:
Phone number:

INCIDENT DETAILS				
Activity engaged in at time of incident:				
Type of incident:	☐ Injury	☐ Illness	☐ Damage to property	☐ Other
Date of incident:		Time of incident:		
Location of incident:				

Outcome of incident:

- ☐ NIL injury / damage
- ☐ First aid administered
- ☐ Onsite medical treatment
- ☐ Hospital inpatient
- ☐ Police attended
- ☐ Property damage

By who:

- ☐ Treatment by doctor
- ☐ Ambulance attended

Events leading up to incident (please include all actions, treatment and communication that took place):

Possible cause events / triggers:

Special Olympics Australia
Riverview Business Park, Building 1, Level 3, Suite 3.02, 3 Richardson Place, North Ryde NSW 2113
Phone 1300 225 762 | **Email** info@specialolympics.com.au | **Website** www.specialolympics.com.au

ABN 28 050 738 728

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Related existing condition:
Equipment damaged: ☐ Yes ☐ No
If yes, describe extent of equipment damage:
Other people involved in incident:
Witness/es of incident:
Sequences of event following incident (details 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
Comments / further details:
Team Nurse: ☐ Agree ☐ Disagree
Comments / further details:
Assistant / Head of Delegation: ☐ Agree ☐ Disagree
Comments / further details:

HOD / AHOD Signature:	Date:

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