# Incident report form (example)

**INJURED PERSONS DETAILS**

Name ______________________________

Address ______________________________

Phone number ______________________________

**INJURY DETAILS**

Event

Attending:

Location of

Event:

Date of Incident: ____/___/____

**Nature and extent of injury**

| | | | |
|---|---|---|---|
| Part of body injured | □ Head | □ Trunk | □ Multiple |
| | □ Eyes | □ Arm | □ General |
| | □ Neck | □ Leg | □ Unspecified |
| Nature of injury | □ Sprain | □ Laceration | □ Burn |
| | □ Fracture | □ Concussion | □ Superficial |
| | □ Multiple | □ Dislocation | □ Amputation |
| | □ Contusion | □ Other | |
| Type of incident | □ Flying object | □ Manual handling | □ Electricity |
| | □ Struck by | □ Poisons | □ Fall |
| | □ Caught in | □ Temperature | □ Other |

**How did the incident happen?**

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

| **Incident Investigation – Event Manager's Report** | | | |
|---|---|---|---|
| **Witness Details** | | | |
| | | | |
| | | | |
| What caused the incident? | ◻ Ineffective guarding<br>◻ Lack of maintenance<br>◻ Unsafe work methods<br>◻ Weather | ◻ Lack of protective equipment<br>◻ Safety rules not followed<br>◻ Misconduct<br>◻ Poor housekeeping | ◻ Lack of training<br>◻ Inexperience<br>◻ Workplace design (equipment, design, layout) |
| **Explain** | | | |
| | | | |
| | | | |
| | | | |
| **How can a recurrence be prevented?** | | | |
| | | | |
| | | | |

Event Managers Name: ________________________________________________

Signature:__________________________________Date: ____________________