



INCIDENT REPORT FORM

This form should be used to report accidents, injuries/illnesses (including near misses). There is no need to report an injury which does not directly relate to Avoca Beach Rugby Club.

1. DETAILS OF THE INCIDENT

- | | |
|---|--|
| <input type="radio"/> Accident | <input type="radio"/> Dangerous Work Practices |
| <input type="radio"/> Work Related Injury | <input type="radio"/> Illness/First Aid Requests |
| <input type="radio"/> Bullying/Harassment | <input type="radio"/> Property Damage |
| <input type="radio"/> Discrimination | <input type="radio"/> Hazard/Unsafe Equipment |
| <input type="radio"/> Near Miss | <input type="radio"/> Other, please specify |

Name of Injured Person:	Contact Number:
Name & Signature of Witness (if any):	Contact Number:
Name & Signature of Carer (if 13 years and under):	Contact Number:
Location of Incident:	Date/Time of Incident:
Name & Signature of person reporting:	Contact Number:

2. DETAILS OF INJURY (IF NO INJURY, GO TO SECTION 3)

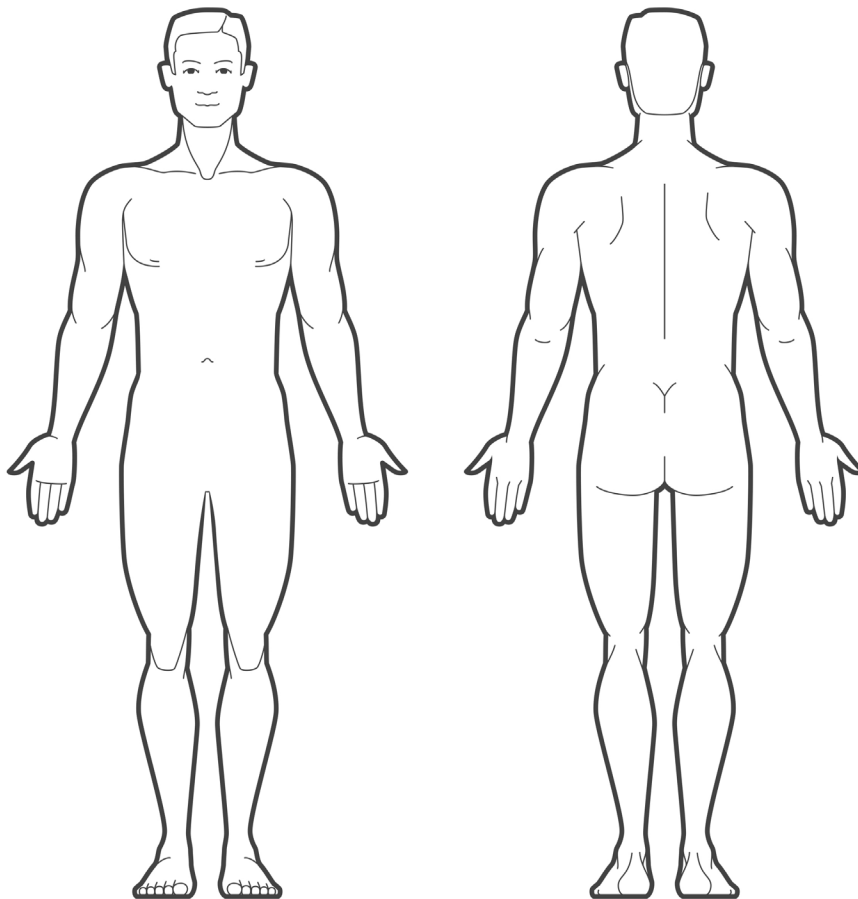
- | | |
|------------------------------|-------------------------------|
| <input type="radio"/> Player | <input type="radio"/> Visitor |
| <input type="radio"/> Manger | <input type="radio"/> Other |
| <input type="radio"/> Coach | |

Please describe the Incident:
Has the hazard been removed/rectified (if applicable)? If so, what action what taken?



Was First Aid treatment provided?	<input type="radio"/> YES <input type="radio"/> NO
Did the injured person see a doctor or specialist	<input type="radio"/> YES <input type="radio"/> NO
Were Emergency Services Called?	<input type="radio"/> YES <input type="radio"/> NO
Does the injured person require hospital treatment?	<input type="radio"/> YES <input type="radio"/> NO
Was the defibrillator used?	<input type="radio"/> YES <input type="radio"/> NO
If you answered YES to any of the above, please provide further details:	

Please indicate on the below diagrams where the injury was sustained:





3. OFFICE USE ONLY (TO BE COMPLETED BY A MANAGER)

Was First Aid treatment provided?	<input type="radio"/> YES <input type="radio"/> NO
If YES, please describe the outcome of the investigation:	
Has original form been retained at the Club?	<input type="radio"/> YES <input type="radio"/> NO
Managers Name:	
Managers Signature	
Date Followed Up:	