



# INCIDENT / ACCIDENT REPORT

**DESCRIPTION OF INJURY:**

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**DESCRIPTION OF ACTION TAKEN:**

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**DESCRIBE FIRST AID / MEDICAL TREATMENT (if necessary):**

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<b>PERSON NOTIFIED</b>	
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<b>RELATIONSHIP</b>		<b>TIME CONTACTED</b>	
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**NAMES AND PHONE NUMBERS OF WITNESS(ES)**

NAME		PHONE	
<b>NAME</b>		PHONE	
<b>NAME</b>		PHONE	
<b>NAME</b>		PHONE	
<b>NAME</b>		PHONE	
<b>NAME</b>		PHONE	
<b>NAME</b>		PHONE	

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**THE FOLLOWING PERSONS MUST BE NOTIFIED AS SOON AS POSSIBLE**

<b>MINISTER</b>		<b>TIME</b>	
<b>DUTY OF CARE OFFICER</b>		<b>TIME</b>	

<b>DUTY OF CARE RECOMMENDATIONS</b>

\_\_\_\_\_  
**Signature of Reporter**

\_\_\_\_\_  
**Date & Time**

\_\_\_\_\_  
**Signature of Parents/Guardian if a minor**

\_\_\_\_\_  
**Date & Time**

\_\_\_\_\_  
**Signature of Duty of Care Officer**

\_\_\_\_\_  
**Date & Time**

\_\_\_\_\_  
**Signature of Minister**

\_\_\_\_\_  
**Date & Time**