

Incident report form

To be completed by first aider / organiser, (not injured party)

Event Name / Venue: Date:

DETAILS OF INJURED / AGGRIEVED PERSON

Surname: Address and post code:
Forenames:
Telephone:
Email: Age / DOB:
Employee Volunteer Exhibitor Participant Member of public
Other:

DATE AND TIME OF INCIDENT

Date / time of incident: Date / time reported:
Reported to:

INJURY / LOSS / DAMAGE SUSTAINED

Nature of injury: Part(s) of body affected:
Was first aid administered? YES NO If YES, by whom:
Was an ambulance called? YES NO
Were they taken directly to hospital? YES NO If YES, Which one?:
Were they taken home? YES NO
Did an event representative assist? YES NO If YES, by whom:

NAME AND CONTACT DETAILS OF WITNESSES (IF ANY):

1.
2.

CIRCUMSTANCES OF INCIDENT AND ITS LOCATION

Describe what happened, who was involved; include property / vehicle / loss details:

What action was taken by organisers or emergency services after the incident:

Name: Position:

Contact details: