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| Incident Report  |
| **Particulars of Incident** |
| Date: | Time: | Location |
| **Type of Incident** |
| ☐ Injury ☐ Illness ☐ Environmental ☐ Notifiable Event\* ☐ Other Incident ☐Close call  |
| **Person submitting this report** |
| Name: | Phone |
| ☐ Official ☐ Parent ☐ Coach ☐ Visitor ☐ Pool staff ☐ Swimmer | Email |
| **The Injured Person** |
| Name: | Address: |
| Occupation: |  |
| Age: | Phone: | Result: what is this for?? |
|  | ☐ Official ☐ Spectator ☐ Coach ☐ Swimmer |
| **Witness/s** |
| Name: | Phone: |
| **The Incident:** *Describe what happened (space overleaf for diagram )* |
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| **Nature of Injury:**  *What part of the body is affected and how:* |
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| **Property Damage:** *What damage was caused and how:* |
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|  |
| **Analysis:** *What do you think caused or contributed to the incident?* |
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| **Prevention:** *What action has been taken to prevent a reoccurrence?*  |
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|  |
| Have all preventative actions been reviewed by management and completed ☐ Yes ☐No |
| Manager Sign: | Date completed: |
| **Treatment:** |
| A&E/Hospital: | Doctor: |
| Type of treatment provided: |
| **Notification and Investigation (WORKSAFE PHONE: 0800 030 040 (24 hours)** |
| WorkSafe advised by: | Date/Time: |
| Investigation conducted by: | Date/Time: |
| Hazard/Risk Register updated by: | Date/Time: |

\*In the event of a [notifiable event](https://worksafe.govt.nz/notifications/notifiable-event/what-is-a-notifiable-event/), an Incident Investigation must be completed and submitted to WorkSafe.