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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 )* | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Nature of Injury:**  *What part of the body is affected and how:* | | | | | |
|  | | | | | |
|  | | | | | |
| **Property Damage:** *What damage was caused and how:* | | | | | |
|  | | | | | |
|  | | | | | |
| **Analysis:** *What do you think caused or contributed to the incident?* | | | | | |
|  | | | | | |
|  | | | | | |
| **Prevention:** *What action has been taken to prevent a reoccurrence?* | | | | | |
|  | | | | | |
|  | | | | | |
| 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.