



# INCIDENT REPORT

Resource Code CSE3-IR

## When should this report be completed?

This report must be completed if:

1. An outside emergency service is contacted (Police, Ambulance, State Emergency Service etc.).
2. An individual is taken to hospital, doctor's surgery, emergency dental surgery, or other medical professional.
3. An injury results in a participant being unable to participate for 24 hours.
4. There is an alleged illegal act, a participant sent home, serious leader dispute, damage or loss of property.
5. Other situations will require judgement and consultation with your organisation. In situations where doubt exists about the use of this report, complete a report.

## How do I complete this report?

- Sections A, B & D must be completed in all situations.
- Section C is to be completed where there is an injury to an individual.

## What do I do with this report after I have completed it?

1. Check that all information is correct to the best of your knowledge.
2. Check that the appropriate signatures are given.
3. The Team Leader forwards the form to your Coordinator as soon as possible. More severe incidents require immediate reporting, while other reports should be submitted within seven days.

## SECTION A

### Nature of the Event

Please describe the event in a one sentence summary.

### When and where did this event occur?

Time of Event (specify AM/PM) \_\_\_\_\_ Date \_\_\_\_\_

Location Name \_\_\_\_\_

Exact Place \_\_\_\_\_

### Name of the program

Did this event have 'Permission to Proceed'?  Yes  No

### Team Leader

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

## SECTION B - details of people involved in the event (including witnesses - attach signed and dated reports of witnesses if applicable)

### Person 1 (Details of injured person if applicable - remember to fill in Section C)

Surname (Capitals) \_\_\_\_\_ Given Names \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Sex  M  F Date of Birth \_\_\_\_\_

Phone *home* \_\_\_\_\_ *work* \_\_\_\_\_ *mobile* \_\_\_\_\_

### Person 2

Surname (Capitals) \_\_\_\_\_ Given Names \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Sex  M  F Date of Birth \_\_\_\_\_

Phone *home* \_\_\_\_\_ *work* \_\_\_\_\_ *mobile* \_\_\_\_\_

Attach an additional page or pages if details for additional people are relevant.

## SECTION C - to be completed only if the event involved injury. Circle the relevant responses

The injured person was a Participant/ Team Member / Other (please specify): \_\_\_\_\_

### Initial Severity Assessment

First Aid (stayed at program) / First Aid (sent home) / Medical Treatment  
Hospital / Possible Permanent Disability / Fatal

### Nature of Injury

Superficial / Fracture / Strain-Sprain / Irritation / Hernia / Bruise or Crush  
Bite or Sting / Hearing Loss / Laceration or Cut / Poisoning / Infection  
Disease / Amputation / Concussion / Allergy / Burn or Scald  
Other (please specify): \_\_\_\_\_

### Part of body injured \* *Visit to doctor automatic for body parts marked*

Eye\* / Ear / Nose / Mouth / Face / Jaws\* / Neck\* / Skull\* / Head - Other\*  
Shoulder / Elbow / Wrist / Hand / Finger / Arm - Other  
Groin / Hip / Knee / Ankle / Foot / Toe / Leg / Chest / Torso - Other  
Internal / Back\* / Nervous System / Skin / Respiratory System / Systemic  
Other (please specify): \_\_\_\_\_

### Cause of Severest Injury

Slip or Fall / Aquatic Activity / Burns / Vehicle Accident / Person related  
Sporting / Other (please specify): \_\_\_\_\_

**Immediate Treatment** Remember, note the times and be as detailed as possible in the action that was taken to care for the casualty  
(Give details. Attach additional notes if required.)

### Doctor

Surname (Capitals) \_\_\_\_\_ Given Names \_\_\_\_\_  
Street Address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Phone *work* \_\_\_\_\_

### Hospital

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Phone \_\_\_\_\_

Was the activity supervised?  Yes  No

### Personal Data of Supervising Team Member

Surname (Capitals) \_\_\_\_\_ Given Names \_\_\_\_\_  
Street Address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Sex  M  F Date of Birth \_\_\_\_\_  
Phone *home* \_\_\_\_\_ *work* \_\_\_\_\_ *mobile* \_\_\_\_\_

Please describe the injured person's training and experience related to the activity at the time of the accident - attach report if insufficient space

### Protective Equipment/Safety Devices:-

Were protective equipment/safety devices related to this activity being used?  Yes  No  Not Applicable

If Yes, please give details- attach report if insufficient space

### Pre-Existing Condition

Does the injured person suffer from any pre existing condition which may have caused or aggravated the injury?  Yes  No

If Yes, please give details- attach report if insufficient space

**Resource:** Incident Report  
**Level:** Team Leader  
Resource Code CSE3-IR

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## SECTION D

Were any pertinent instructions/warnings given before the event?  Yes  No

If Yes, please give details - *attach report if insufficient space.*

**Factual Description of the event (what happened):** *State exactly what is understood to have happened, how the incident has occurred, the nature of the event, who was claimed to be involved, and times. Identify who has made the observations. Record facts, not assumptions. Attach report if insufficient space.*

**What action has been taken?** *Remember to be specific, noting the timings. Attach report if insufficient space.*

**What follow-up, in your view, needs to occur and by whom?**

**Has other action been taken as appropriate?**

Parent/Guardian notified?  Yes  No

Photographs of Event Site  Yes  No

Police Notified  Yes  No If Yes, police report number

If any other organisations have been advised please state details

## Incident Report Completion

### Signatures

Supervising Team Member Name: \_\_\_\_\_ Supervising Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Leader Name: \_\_\_\_\_ Team Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this report as soon as possible. Reports dealing with issues of a greater level of severity must be submitted immediately, and all reports within seven days of the event. Thank you for your assistance.**

Office Use Only - Incident Follow-up Plan								
Possible action	Report filed & registered	Medical form filed	Other docs (incl. photos filed)	Insurer notified	Parental follow-up	Team Leader follow-up	Coordinator follow-up	Event entered on summary and overview sheet
Required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initials								
Date								

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