

# Incident report form

Following an incident, both pages of this report must be completed as soon as possible.

It can be filled in by anyone that was involved in, or a witness to, the event. Please take your time to answer each question in full, to the best of your knowledge, using facts and not assumptions. The information you provide will be treated under the strictest confidence, and under no circumstances will it be used to assign blame. It will simply help us learn about the working environment so that we can improve safety and avoid similar incidents from reoccurring.

## 1. About you

Your full name

Your contact details

Email address:

Phone number:

Your job title

What was your involvement in the incident?

- I was a witness  
 I was a first aider  
 I was working nearby

Something else

## 2. About the incident

Date and time of the incident

d	d	m	m	y	y	y	y	at	h	h	m	m
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What sort of incident was it?

- A manual handling incident  
 A slip, trip or fall  
 Contact with a person, an object or machinery  
 Something else

Where did it happen?

E.g. if it happened backstage, please say exactly whereabouts backstage

  
  

What did the incident cause?

- An injury: [Complete the rest of this section](#)  
 A near miss: [Go to section 3](#)  
 A dangerous occurrence: [Go to section 3](#)

The injured person

Full name:

Phone number:

The injured person's home address

  

Their injuries and treatment

An injury could be a burn, sprain or concussion, and a body part may be their eye, face or left hand. If you need more space, simply attach your extra pages to this report before submitting it.

Type of injury:

Body parts affected:

Treatment administered:

Treated by:

Treated at:

h	h	m	m
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Type of injury:

Body parts affected:

Treatment administered:

Treated by:

Treated at:

h	h	m	m
---	---	---	---

## 3. The people involved

Who was the supervisor at the time of the incident?

Please give witness names (👤) and phone numbers (☎)

👤	☎
👤	☎
👤	☎
👤	☎

Who else was involved in or affected by the incident?

- Employee(s)  
 Independent contractor(s)  
 Visitor(s)  
 Member(s) of the public

Someone else

Please give their names (👤) and phone numbers (☎)

👤	☎
👤	☎
👤	☎

## 4. More information

If you need more space to complete this section, simply attach your extra pages to this report before submitting it. And please feel free to sketch or draw diagrams if this helps you express the information more clearly.

What activities were going on when the incident happened?

List any tools, machinery or materials that were involved (🔧), and what condition they were in at the time of the event (Q)

🔧	Q
🔧	Q
🔧	Q

Please describe the environment surrounding the incident

E.g. the layout of the workspace, the amount of light or noise

Describe the incident in as much detail as you can

Please don't feel compelled to draw conclusions about any part of the event if you don't know all of the facts. If the incident involved an error on the part of someone else, please consider what information that person had at the time and the conditions they were operating under.

Please tick any of the following factors that may have contributed to the incident

- |                                                       |                                                            |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Skill-based errors           | <input type="checkbox"/> Ineffective communication         |
| <input type="checkbox"/> Knowledge-based errors       | <input type="checkbox"/> Insufficient time                 |
| <input type="checkbox"/> A violation of procedures    | <input type="checkbox"/> Insufficient planning             |
| <input type="checkbox"/> Adrenaline                   | <input type="checkbox"/> Undue pressure                    |
| <input type="checkbox"/> Negligence                   | <input type="checkbox"/> A lack of qualified/trained staff |
| <input type="checkbox"/> Horseplay                    | <input type="checkbox"/> A lack of safety equipment        |
| <input type="checkbox"/> Physical unreadiness to work | <input type="checkbox"/> Faulty equipment or materials     |
| <input type="checkbox"/> Mental unreadiness to work   | <input type="checkbox"/> Unsafe working environments       |
| <input type="checkbox"/> A lapse in concentration     | <input type="checkbox"/> A slip of action                  |

None of the factors listed above apply

## 5. Your declaration

I've reviewed the statements that I've made in this report, and they're true and complete to the best of my knowledge.

Your signature

Completion date and time

at

Completed this report? Please give it to...

Name:

Job title:

Email address:

Phone number: