

INCIDENT REPORT FORM

Date of incident/accident: _____ Time of incident: _____ a.m./p.m.

Injured member/guest: _____ Age: _____

Membership number: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Location of incident: _____

Describe in full how incident occurred and what actions were taken.

(Write everything you can remember no matter how insignificant it may seem.)

Describe the injury in detail and indicate the body part(s) affected:

Did any medically trained members (doctors, nurses) assist? Provide details.

Staff members present: _____

Witnesses: _____

Was the emergency plan activated? _____ Was ambulance called? _____

Was the individual taken to the hospital? Yes No

If yes, what hospital? _____

If no, did he/she refuse medical attention? _____

Was the family notified? _____ Who? _____

On the back of this page, please document any observations or comments regarding this incident you feel important.

Name (please print): _____ Signature: _____

Position: _____ Date: _____ Time: _____ a.m./p.m.

Follow-up notes:

Contact made by: _____ Date: _____

Condition of member: _____

Note: This is a generic Incident Report Form. This form is a sample of what an organisation could use for internal use. It should be modified to fit the specific requirements of the organisation. In no way is this form intended to replace an insurance claim form which should be obtained and forwarded to your insurance company for any incident where a claim is possible.