

**CONFIDENTIALITY:** This form will be held securely by the organisation for the purposes of ensuring and monitoring health and safety and will only be disclosed to persons or organisations able to demonstrate a legal right to the data therein (e.g. insurance companies).

## 1. DETAILS OF PERSON COMPLETING THIS REPORT

Title	Given Name	Family Name
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Position

Signature

Date

## 2. DETAILS OF INCIDENT

*What happened? Give cause (how and why) if known.*

## 3. TIME OF INCIDENT

Date

Time

## 4. LOCATION OF INCIDENT

## 5. DETAILS OF ANY PERSON INJURED

Full Name

Status                      Staff / Member / Visitor / Other                      (Circle relevant category)

Age of injured person

Address of injured person

Phone contact

Nature of injury