

Incident Report Form

Name of playgroup

Contact name Phone number

Date reported to this playgroup Time reported

Location of playgroup venue

Date of incident Time of incident Day of week

Name of person making report

Name and role of person the incident was first reported to

Time incident location inspected Inspected by

PART 1: INJURED PERSON DETAILS

Name
(family name) (given names)

Address

Telephone number (home) (mobile)

Date of birth Pronouns Him/he She/her They/them Other

Does person have Glasses Other impairments If yes, please provide details

PART 2: WITNESS* DETAILS

* An eyewitness witnessed the incident; a circumstantial witness witnessed the events leading up to or following the incident. If there was more than one witness, please provide details on a separate attachment.

Name of person who saw incident or parent/carer to people affected by incident
(family name) (given names)

Address

Telephone number (home) (mobile)

Type of witness Eyewitness Circumstantial witness

Relationship to injured person

If another party responsible for incident, please provide details.

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PART 3: DETAILS OF THE INCIDENT

Part of the person's body injured (Place tick in all relevant boxes)

- | | | | |
|--------------------------------------|--------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Head & neck | <input type="checkbox"/> Hip | <input type="checkbox"/> Hands/fingers | <input type="checkbox"/> Eyes or face |
| <input type="checkbox"/> Shoulder/s | <input type="checkbox"/> Knee | <input type="checkbox"/> Back & trunk | <input type="checkbox"/> Arms/wrists |
| <input type="checkbox"/> Feet & toes | <input type="checkbox"/> Other | | |

Please describe nature of injury

Description of incident (by you or witness). Please give a summary of the incident.

The injured person was taken to hospital

- Yes No Treated by first aider/s

Name of first aider/person/s attending

Telephone

Other (please describe)

If third party/contractor who may be at fault

Third party/contractor name

If incident is related to faulty equipment or other physical object/space, for example, please provide colour photographs

Signature of person making this incident report

Name of person making this incident report

Date

Signature of Playgroup Coordinator
(if not listed above as person making report)

Name of Playgroup Coordinator

DATE

Note

It is important that you keep accurate records of injuries or incidents involving children, adults and/or visitors at playgroup.

- Fill out this incident report immediately, while information is fresh in people's minds
- Forward the incident report to:
Playgroup Tasmania Inc
PO Box 799, Launceston Tas 7250
Or email to admin@playgrouptas.org.au