



## **INCIDENT REPORT FORM**

### **PHOENIX HALL – Incident Report Form**

#### **General details of incident**

- Date of incident \_\_\_\_\_
- Time of incident \_\_\_\_\_
- Exact location of incident \_\_\_\_\_  
\_\_\_\_\_
- Which organisation or individual was in control of the premises at the time of the incident (i.e. the hirer) \_\_\_\_\_

#### **Person who had the accident / incident**

- Full name \_\_\_\_\_
- Age \_\_\_\_\_ **Male** **Female**
- Address \_\_\_\_\_
- Nature of injury (if applicable and state left or right as appropriate \_\_\_\_\_)

#### **Status of injured person (circle as appropriate)**

- Employee of village hall committee
- Self-employed person
- Volunteer on village hall business
- Contractor (includes members of village hall committee)
- Member of the general public attending hall function
- Employee of another organisation
- Individual hirer
- Member of organisation hiring hall



**Description of how accident / incident occurred** \_\_\_\_\_

• What was the injured person doing at the time of the incident? \_\_\_\_\_

• (if applicable) Was this something they were authorised to do?      **Yes**      **No**

• (if applicable) Were they authorised to be where the incident occurred?      **Yes**      **No**

• When was the incident reported?

    Date \_\_\_\_\_

    Time \_\_\_\_\_

• Name of person who reported incident \_\_\_\_\_

• Was the incident witnessed by someone else?      **Yes**      **No**

• Details of report \_\_\_\_\_

• Was first aid treatment given on site?      **Yes**      **No**

• Was hospital/medical treatment obtained      **Yes**      **No**

• Details of treatment \_\_\_\_\_

• Anticipated absence from work

**No time lost**

**Less than 3 days**

**3 days or more**

• Any further details of report \_\_\_\_\_

• Action required to prevent recurrence \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

**On completion, this sheet should be passed to the Secretary of the hall management committee for safe keeping.**