INCIDENT REPORT FORM

[Please answer all questions to best of knowledge]

NAME OF PLAYGROUP: _____ Affn No:

NAME OF CO-ORDINATOR, EMAIL ADDRESS & TEL NO:

DATE REPORTED TO CO-ORDINATOR: _____TIME REPORTED: _____

PLAYGROUP VENUE (if different from location of incident)_____

DATE OF INCIDENT: _____TIME OF INCIDENT: _____DAY OF WEEK: _____

NAME OF PERSON MAKING REPORT: _____ INCIDENT REPORTED TO: _____

TIME INCIDENT LOCATION INSPECTED: _____INSPECTED BY: _____

PART 1: INJURED PERSON DETAILS

NAME OF INJURED:_____
(Surname) (Given Names)

ADDRESS:_____

TELEPHONE NO: (Home)_____ (Business) _____

(Mobile) _____

DATE OF BIRTH: _____ (approx.) GENDER: MALE ☐ FEMALE ☐

DOES CHILD WEAR ☐ GLASSES ☐ OTHER IMPAIRMENTS ☐ Give details of impairments

PART 2: WITNESS * DETAILS

* Eyewitnesses witnessed the incident; circumstantial witnesses witnessed the events leading up to or following the incident. Additional witnesses' details should be provided on separate attachment.

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS

NAME OF WITNESS OR PARENT/CARER TO ACCIDENT/INCIDENT:

_____
(Surname) (Given Names)

Membership No : Receipt No: Date Joined :

ADDRESS OF WITNESS: _____

_____

TELEPHONE NO: (Home) _____ (Business) _____(Mobile) _____

TYPE OF WITNESS: EYE WITNESS ☐ CIRCUMSTANTIAL WITNESS ☐

RELATIONSHIP TO INJURED PERSON:

_____

IF ANOTHER PARTY RESPONSIBLE, PLEASE PROVIDE DETAILS:

_____

_____

PART 3: PERSONAL INJURY DETAILS

PART OF BODY INJURED (Place tick in appropriate box)

Head & Neck	☐	Hip	☐	Hands/ Fingers	☐
Eyes or Face	☐	Shoulder	☐	Knee	☐
Back & Trunk	☐	Arms / Wrists	☐	Feet and toes	☐

If Other, or multiple, please describe:

_____

NATURE OF INJURY (Place tick in appropriate box)

Multiple	☐	Minor Bruise - Not Disabling	☐	Concussion/Unconscious (Serious)	☐
Fracture	☐	Major Bruising - Disabling	☐	Burns/Scalds – requiring medical attention	☐
Sprain	☐	Minor Cut/Laceration - No Stitches	☐	Superficial	☐
Dislocation	☐	Cut/Laceration requiring Stitches	☐	No Apparent Injury	☐
Ligament Damage	☐	Minor Concussion	☐		

If Other, describe:

_____

DESCRIPTION OF INCIDENT (by you or independent witness). Please give a complete summary of the incident:

_____

_____

_____

WAS INJURED PERSON TAKEN TO: TREATMENT BY FIRST AIDER ☐ DOCTOR/HOSPITAL ☐ AMBULANCE ☐

NAME OF FIRST AIDER/ PERSON ATTENDING: _____CONTACT NO: _____

☐ OTHER (Please describe): _____

IF THIRD PARTY/CONTRACTOR AT FAULT: THIRD PARTY/CONTRACTOR'S NAME:

_____

PART 4: PROPERTY DAMAGE (complete if there is property damage)

ITEM DAMAGED:

_____

DETAILS:

_____

IF VIEWED AND BY WHOM:

_____

PHOTOS TAKEN AND BY WHOM:

_____

PART 5: LOCATION OF INCIDENT (Please tick in appropriate box)

Car Park Ramps	☐	Common Areas - others	☐	Stairs	☐
Entrance/Exit	☐	Office Areas	☐	Moving Walkways	☐
Escalators	☐	Internal Ramp	☐	Elevators	☐
Toilet Areas	☐	Children's Play Area	☐	Restaurants	☐
Common Areas - Kitchen	☐	Car Parks	☐	Other	☐

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If Other, describe:

_____

PART 6: TYPE OF INCIDENT (Please tick in appropriate box)

If Slip and Fall of Person:

Lack of Barrier	☐	Uneven Floor	☐	Kids running	☐
Rainwater on floor	☐	Tripped over Object	☐	Steps/Stairs	☐
Floor Slippery (Surface)	☐	Vegetable/Fruit items on floor	☐	Car Park Stops/Bollards	☐
Inadequate Lighting	☐	Person running	☐		
No apparent reason	☐				

If Other, describe:

_____

Type of floor surface where incident happened

Marble	☐	Tile	☐	Carpet	☐	Speed hump	☐
Terrazzo	☐	Timber	☐	Bitumen	☐	Dirt/grass/garden	☐
Slate	☐	Vinyl	☐	Concrete	☐	Other	☐

If Other, describe:

_____

Caught in:

Door	☐	Escalator/Elevator	☐
Machinery	☐	Other	☐

If Other, describe:

_____

Stepping on or Striking Against:

Display Stands	☐	Escalator/Elevator	☐	Other	☐
Sharp Edges/Protruding Objects	☐	Doors	☐		

If Other, describe:

_____

Other

Falling Objects ☐ If Falling objects, please describe:

_____

Dated:…….

Signature of person making this incident Report

Name :

Note:

It is important that you keep accurate records of injuries or accidents at Playgroup involving children, adults and/or visitors

- Record incidents immediately while information is fresh
- Forward incident report to Finsura Insurance Broking with copy to Playgroup WA

Send to : Finsura Insurance Broking (Aust) Pty Ltd
PO Box 686, Castle Hill, NSW 1765
Or email to playgroup@finsura.com.au
Tel : 1800 252 712 or 02 9899 2999