

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	<input type="checkbox"/>	Hip	<input type="checkbox"/>	Hands/ Fingers	<input type="checkbox"/>
Eyes or Face	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Knee	<input type="checkbox"/>
Back & Trunk	<input type="checkbox"/>	Arms / Wrists	<input type="checkbox"/>	Feet and toes	<input type="checkbox"/>

If Other, or multiple, please describe:

NATURE OF INJURY (Place tick in appropriate box)

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

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	<input type="checkbox"/>	Common Areas - others	<input type="checkbox"/>	Stairs	<input type="checkbox"/>
Entrance/Exit	<input type="checkbox"/>	Office Areas	<input type="checkbox"/>	Moving Walkways	<input type="checkbox"/>
Escalators	<input type="checkbox"/>	Internal Ramp	<input type="checkbox"/>	Elevators	<input type="checkbox"/>
Toilet Areas	<input type="checkbox"/>	Children's Play Area	<input type="checkbox"/>	Restaurants	<input type="checkbox"/>
Common Areas - Kitchen	<input type="checkbox"/>	Car Parks	<input type="checkbox"/>	Other	<input type="checkbox"/>

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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 <input type="checkbox"/> | Uneven Floor <input type="checkbox"/> | Kids running <input type="checkbox"/> |
| Rainwater on floor <input type="checkbox"/> | Tripped over Object <input type="checkbox"/> | Steps/Stairs <input type="checkbox"/> |
| Floor Slippery (Surface) <input type="checkbox"/> | Vegetable/Fruit items on floor <input type="checkbox"/> | Car Park Stops/Bollards <input type="checkbox"/> |
| Inadequate Lighting <input type="checkbox"/> | Person running <input type="checkbox"/> | |
| No apparent reason <input type="checkbox"/> | | |
- If Other, describe:
-

Type of floor surface where incident happened

- | | | | |
|-----------------------------------|---------------------------------|-----------------------------------|--|
| Marble <input type="checkbox"/> | Tile <input type="checkbox"/> | Carpet <input type="checkbox"/> | Speed hump <input type="checkbox"/> |
| Terrazzo <input type="checkbox"/> | Timber <input type="checkbox"/> | Bitumen <input type="checkbox"/> | Dirt/grass/garden <input type="checkbox"/> |
| Slate <input type="checkbox"/> | Vinyl <input type="checkbox"/> | Concrete <input type="checkbox"/> | Other <input type="checkbox"/> |
- If Other, describe:
-

Caught in:

- | | |
|------------------------------------|---|
| Door <input type="checkbox"/> | Escalator/Elevator <input type="checkbox"/> |
| Machinery <input type="checkbox"/> | Other <input type="checkbox"/> |
- If Other, describe:
-

Stepping on or Striking Against:

- | | | |
|---|---|--------------------------------|
| Display Stands <input type="checkbox"/> | Escalator/Elevator <input type="checkbox"/> | Other <input type="checkbox"/> |
| Sharp Edges/Protruding Objects <input type="checkbox"/> | Doors <input type="checkbox"/> | |
- If Other, describe:
-

Other

- Falling Objects If Falling objects, please describe:
-

Signature of person making this incident Report

Dated:.....

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