

Incident Report Form

Incident reference number: _____

The incident resulted in: Injury to an individual Damage to property/environment A near miss

Personal details (of injured):

Surname: _____ First name: _____ Initial _____

Address: _____

Postcode: _____

Male Female Date of birth: DD / MM / YY

A: Staff member: Volunteer:
 Contractor: General Public:

Department: Emergency

Position: _____

Supervisor: _____

Incident details:

Date incident occurred: _____

Time incident occurred: _____

Where did the incident occur? (Please specify)

What was the nature of, and injury resulting from, this incident?
(Please explain in your own words what had happened)

