

Maroondah City Council Incident Report Form Member of the Public and/or Council Property

☐ INJURY ☐ NEAR MISS ☐ PROPERTY ☐ INCIDENT

SECTION 1: LOCATION OF INCIDENT

Facility / Event _____

Location at site _____

Date ____ / ____ / ____ Time ____ AM / PM

SECTION 2: DETAILS OF PERSON INVOLVED / INJURED IN THE INCIDENT

Name _____

Address _____ Postcode _____

DOB ____ / ____ / ____ Contact number _____

If this incident involved child abuse or harm, please contact Police (000) or Child Protection Services (1300 360 391)

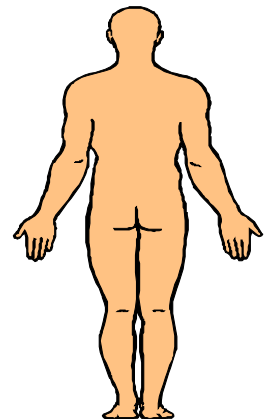
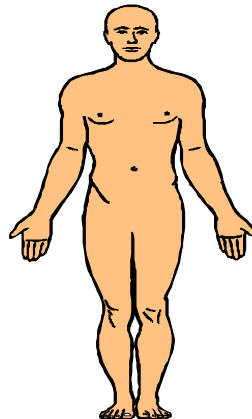
SECTION 3: DETAILS OF GUARDIAN OR WITNESS

Name _____

Address _____ Postcode _____

Relationship to above person _____ Contact number _____

SECTION 4: INCIDENT DETAILS (What happened; include sequence of events leading to incident and nature of injury/disease)



Location of injury (circle or mark with an 'X')

SECTION 5: DETAILED ACTION TAKEN AND OUTCOME (Attach additional details if insufficient space)

☐ Ambulance ☐ Fire ☐ Police Time called Time arrived

☐ First Aid ⇒ Was permission given to perform first aid? Yes / No ☐ Other

Name of person responding to incident: _____

Action taken: _____

SECTION 6: FURTHER RECOMMENDED ACTION

☐ Seek medical advice ☐ Report incident to Police ☐ Other (specify)

SECTION 7: SIGN OFF / FOLLOW UP

Entered into DoneSafe ☐ YES ☐ NO

Staff member

Name _____ Signature _____ Date ____ / ____ / ____