



INCIDENT REPORT

Particulars of incident:

Date: _____ Time: _____ Location: _____

Type of incident (please circle below):

Injury Illness Environmental Notifiable event Other:

Reported by: _____ Phone: _____

Role in the event: _____ Email: _____

The injured person:

Name: _____ Phone: _____

Age: _____ Address: _____

If Applicable, A & E Hospital & Doctor: _____

Witness(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe the incident:**Describe any illness or injury: *What part of the body is affected and how?*****Describe any property damage: *What damage was caused and how?*****Analysis: *What contributed to the incident (eg. footwear/equipment)?*****Treatment: *What action was taken as a result of the incident (eg. assistance/treatment given to the person)?*****OFFICE USE ONLY:**

Action Implemented / Further Investigation to prevent reoccurrence:

WBA Staff Signature:

WBA Staff Name:

Date Completed:

SUBMIT THIS FORM TO: office@waikatobadminton.co.nz

(space overleaf for diagram if needed)