

Incident Reporting Form

Driver Reviver



Site Details

Driver Reviver site:

Driver Reviver operating organisation:

Incident Details

Date of incident:

Time of incident:

Witnesses: (if any)

Incident type (tick applicable)

- | | |
|---|---|
| <input type="checkbox"/> Slip/trip/fall | <input type="checkbox"/> Weather related (ie wind / rain) |
| <input type="checkbox"/> Traffic related | <input type="checkbox"/> Structural signage |
| <input type="checkbox"/> Spilt food / drink / hot water | <input type="checkbox"/> Animal |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Argument |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Other (specify) |

Brief description of incident:

.....

.....

.....

.....

.....

.....

Consequence of incident

- For example:
- customer fell and hurt elbow
 - worker burnt by hot water
 - dog bit volunteer / customer
 - tree branch fell on customer

Brief description of consequence:

.....

.....

.....

.....

.....

.....

continued page 2

Incident Reporting Form continued

Driver Reviver



Incident Details *continued*

On-site treatment

1. Describe on-site treatment

.....

.....

.....

2. Who provided the treatment?

.....

.....

.....

3. Was outside assistance called for? (*tick applicable*)

Police

Fire Service

Ambulance

Tow Truck

Other (*specify*)

.....

Report Details

Report compiled by:

Name: (*print*)

Position:

Signature: Date:

Report submitted to: (*if applicable*)

Name: (*print*) Date: