

ACCIDENT OR INCIDENT REPORT FORM

Report to be completed as soon as practical following the accident or incident. Provide copy to the church and to the parent. In case of serious harm email copy to rams@iconz4girlz.org.nz

Complete a separate report for each person injured.

Name of organisation: iconz4girlz		Unit:	
		Leader in Charge:	
PARTICULARS OF ACCIDENT OR INCIDENT			
Date:	Time:	Location:	Date reported:
DETAILS OF INJURED PERSON			
Name:		Age:	Contact number:
		Address:	
Leader (circle one)	Girl	Family Member	Visitor
Name of girl's parent:		Time parent notified:	
Type of injury:			
Injured part of body:			

DAMAGED PROPERTY
Property damaged:
Nature of damage:

THE ACCIDENT OR INCIDENT
Type of Accident or Incident (circle) Accident Personal Injury Safety Concerns Compliant Alleged Abuse Property Damage
Describe what happened and what immediate action(s) were taken:

WHAT WERE THE CAUSES OF THE ACCIDENT OR INCIDENT?
Contributing factors: (circle all)
Lack of communication Lack of supervision Poor teamwork Lack of organisation RAMs not completed
Poor leadership Insufficient leader/girl ratio Environment Equipment Weather
Distraction or inattention Lack of knowledge/skill Security Time pressure Instructions not followed or misinterpreted
Lack of defined roles Act of God
Other.

Where there any witnesses? If so provide names and contact numbers.

How bad could it have been?

Very serious Serious Minor

What is the chance of it happening again?

Frequent Occasional Rare

Category: (circle answer)

Notification only – no injury or damage Illness Dangerous Event Minor injury – e.g cuts, bruises etc.
Serious injury – e.g. broken bone Security issue Electrical Fault Fatality

Medical treatment sought (circle answer)

Not required Doctor/After Hours Clinic/A and E Ambulance Hospital Admission

How many people were injured?

What has or will be done to prevent it occurring again in future?

TREATMENT AND INVESTIGATION OF ACCIDENT OR INCIDENT

Type of treatment given:		Name of first aider:		Doctor/hospital:	
Accident/incident investigated by:		Date:	Church advised:		Date:

DETAILS OF PERSON COMPLETING REPORT	
Name:	Contact number:
Provide your assigned Position of Responsibility in Unit and/or Church:	
OR your Position of Authority assumed relative to this accident or incident:	

