

HEALTH & SAFETY INCIDENT REPORT FORM

This form must be completed for ANY health and safety incident involving Expert Trainers, Leaders, Participants or Volunteers of a Making Tracks program. This includes accidents, injuries, incidents that had the potential to cause harm (or “near misses”), illness, personal health issues, acts of violence, verbal abuse, physical abuse and fatalities.

Please complete this form within **24 hours** of the time of the incident and return to the Making Tracks Coordinator at the Ecology Action Centre (EAC). **Serious incidents must be reported immediately** to the police and first aid and proper support must be sought to provide the greatest care to the person(s) involved in the incident.

The affected/injured person, their representative or a witness to the incident should complete this form. If you need more space continue on a separate sheet, which should be attached to the form.

Our goal is to create a learning environment where we can continuously improve safety for participants and our own safety skills.

ABOUT THE INCIDENT			
NAME OF PERSON REPORTING INCIDENT:			
AFFILIATION:	PHONE:	EMAIL:	
INCIDENT REPORTED	DATE:	TIME:	
TYPE OF INCIDENT (VIOLENCE, ILLNESS, INJURY, ETC.):			
DATE OF INCIDENT:		TIME OF INCIDENT:	
PRECISE LOCATION:			
WHAT WAS BEING DONE AT THE TIME OF THE INCIDENT?			
WHAT HAPPENED? (PLEASE RECORD DETAILS OF ANYTHING THAT MAY HAVE CONTRIBUTED TO THE INCIDENT)			
NATURE OF HARM / ILL HEALTH / DAMAGE:			
IMMEDIATE ACTION TAKEN TO MAKE THE SITUATION SAFE (STOPPED TRAINING AND PROVIDED CARE, ETC.):			
WHAT FOLLOW UP IS REQUIRED (IF ANY)?			
WHAT DID WE LEARN? HOW WOULD WE PREVENT A SIMILIAR INCIDENT FROM OCCURING OR RESPOND DIFFERENTLY NEXT TIME?			

ABOUT THE PERSON AFFECTED			
NAME IN FULL:			
ADDRESS:			
CONTACT DETAILS	TELEPHONE:	EMAIL:	
AFFILIATION (EXPERT TRAINER, LEADER, PARTICIPANT, VOLUNTEER, ETC.):			
DATE OF BIRTH:	AGE:	GENDER (MALE/FEMALE):	
NAME OF SUPERVISING ADULT (IF UNDER 18):			
WITNESS DETAILS (GIVE NAME AND CONTACT DETAILS OF ANY WITNESSES BELOW)			
NAME(S):		CONTACT DETAILS:	
FIRST AID DETAILS			
FIRST AID PROVIDED (YES, NO, N/A):		TIME OF ATTENDANCE:	
IF YES GIVE DETAILS:			
NAME OF PERSON(S) GIVING FIRST AID:			
POST INCIDENT ACTION			
WHAT HAPPENED TO THE INJURED PERSON AFTERWARDS? SELECT APPROPRIATE RESPONSE(S) BELOW:			
TAKEN TO HOSPITAL	WENT HOME	CONTINUED THE PROGRAM	OTHER:

Thank you for helping the EAC to provide a supportive, safe and healthy learning environment by reporting this incident.

*INCIDENT FOLLOW-UP (FOR EAC STAFF USE ONLY):	
NAME OF REVIEWER:	DATE FORM RECEIVED:
FOLLOW UP NEEDED (YES/NO)?	IF YES, PERSON ASSIGNED TO FOLLOW UP:
INCIDENT REPORT PASSED TO (IF APPLICABLE):	DATE REPORT PASSED (SENT):
NOTES & LESSONS LEARNED:	