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| **INCIDENT REPORT FORM.** (HAFDC STAFF) Version 3 (March, 2018) |

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| **DETAILS INVOLVED / INJURED PERSON:** | |
| **STAFF MEMBER’S NAME:**  **CONTACT NUMBER / EMAIL:** | **STAFF MEMBER’S POSITION:**  **STAFF MEMBER’S DATE OF BIRTH:** |
| **DETAILS OF INCIDENT:** | |
| **THE INCIDENT WAS:**   * **PERSONAL INJURY** * **PROPERTY DAMAGE** * **NEAR MISS** * **CAR/ TRAVEL ACCIDENT** * **OTHER** | **EXACT LOCATION OF THE INCIDENT:** |
| **INCIDENT REPORTED TO:**  **POSITION:** | **DATE REPORTED:** |
| **DESCRIBE THE TASK YOU WERE UNDERTAKING AT THE TIME OF THE INCIDENT AND EXPLAIN WHAT HAPPENED AND HOW THE INCIDENT OCCURRED. (ATTACH ADDITIONAL INFORMATION IF REQUIRED)** | |
| **DESCRIBLE THE PERSONAL INJURY AND / OR DETAILS OF ANY DAMAGE TO PROPERTY / ENVIRONMENT:** | |
| **WAS THERE A WITNESS:**   * **YES** * **NO**   **NAME:**  **CONTACT NUMBER:** | **ANY TREATMENT PROVIDED:**   * **NONE** * **FIRST AID** * **DOCTOR** * **HOSPITAL** * **OTHER** |
| **NAME / SIGNATURE OF PERSON INVOLVED:**  **NAME:**  **SIGNATURE:**  **DATE:** | **NOTIFICATION:**  **IF THE INCIDENT WAS CAUSED BY A CRIMAL ACT, HAVE THE POLICE BEEN NOTIFIED:** |
| **ACTION TAKEN BY HOLISTIC APPROACH FAMILY DAY CARE SCHEME:** | |
| **OPERATIONS MANAGER NAME:**  **OPERATIONS MANAGER SIGNATURE:**  **DATE:** | |