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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**
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| **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:** |