

## Incident Report

<b>REPORTED BY:</b>	<b>DATE OF REPORT:</b>
<b>DATE OF INCIDENT:</b>	<b>TIME OF INCIDENT:</b>

INCIDENT INFORMATION					
<p align="center"><b>INCIDENT TYPE</b> (select as appropriate)</p> <p>Classify the incident or near miss event according to the outcome of the incident and the treatment provided:</p> <p> <input type="checkbox"/> Class 1 – Fatality of life-threatening injury or illness  <input type="checkbox"/> Class 2 – Hospital admission  <input type="checkbox"/> Class 3 – Injury or illness requiring medical treatment or assessment by a medical practitioner only  <input type="checkbox"/> Class 4 – Injury or Illness requiring no more than first aid  <input type="checkbox"/> Class 5 – near miss or incident with no injury or illness  <input type="checkbox"/> Dangerous incident </p>					
LOCATION:					
Classroom	Other classroom	Forest School camp	GLA	Lake Enkindle	Backyard
Art room	Outdoor tables	Forest School room	Toilets	Music room	Sports room
Admin	Other _____				
PEOPLE INVOLVED IN INCIDENT:			CONTACT DETAILS		
1. _____			1. _____		
2. _____			2. _____		
3. _____			3. _____		
4. _____			4. _____		
5. _____			5. _____		
6. _____			6. _____		
DESCRIPTION OF INCIDENT: (include what happened and any actions taken and causes)					
DESCRIPTION OF INJURY:					
AUTHORITIES CONTACTED:					
<input type="checkbox"/> EMERGENCY SERVICES <input type="checkbox"/> JCU <input type="checkbox"/> SCHOOL BOARD COMMITTEE <input type="checkbox"/> OTHER _____					
FOLLOW-UP/MANAGEMENT REVIEW:					
<p><i>Has the person/people involved in the incident been advised of actions taken to address the issue and to prevent recurrence?</i></p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>DATE: _____ BY WHOM: _____</p>					
<b>PRINCIPAL'S SIGNATURE:</b>			<b>DATE:</b>		