1



Incident Report Form

[Please answer all questions to best of knowledge]

Name of Playgroup: Affn No: Name of Co-ordinator, email address & tel no: Date reported to coordinator: Time reported:

Playgroup venue (if different from location of incident): Date of incident: Time of incident: Day of week: Name of person making report: Incident reported to: Time incident location inspected: Inspected by:

# Part 1: Injured person details

Name of injured: (Surname) (Given Names) Address: Telephone no: (Mobile) (Home) (Business) Date of Birth: (approx.) Gender: Male Female

Does child have: Glasses Other impairments Please give details of impairments:

# Part 2: Witness \* details

\* Eyewitnesses witnessed the incident; circumstantial witnesses witnessed the events leading up to or following the incident. Additional witnesses’ details should be provided on separate attachment.

Attach statements for additional comments.

Name of witness or parent/ carer to accident/ incident:

(Surname) (Given names)

Membership No: Receipt No: Date joined: \_

Address of witness:

Telephone no: (Mobile) (Home) (Business) Type of witness : Eye witness Circumstantial witness

Relationship to injured person:

If another party responsible please provide details:

# Part 3: Personal injury details

Part of body injured (Place tick appropriate box)

Head & neck Eyes or Face Back & trunk

Hip Shoulder

Arms/ Wrists

Hands/ Fingers Knee

Feet & Toes

If Other, or multiple, please describe:

Nature of injury (Place tick appropriate box)

Multiple Fracture Sprain Dislocation

Ligament Damage

Minor bruise- Not disabling Major bruising- Disabling

Minor Cut/ Laceration- No stiches Cut/ Laceration- requiring stitches Minor Concussion

Concussion/ Unconscious (Serious)

Burns/ Scalds- requiring medical attention Superficial

No Apparent injury

If Other, please describe:

Description of incident (by you or independent witness). Please give a complete summary of the incident:

Was injured person taken to: Treatment by First Aider:

Doctor/ Hospital:

Ambulace:

Name of First Aider/ person attending: Contact No: Other (Please describe):

If third party/ contractor at fault: Third party/ contractor’s name:

# Part 4: Property Damage

(Complete if there is property damage)

Item damaged:

Details:

If viewed and by whom:

Photos taken and by whom:

# Part 5: Location of incident

(Please tick in appropriate box)

Car Park Ramps Entrance/ Exit Escalators Toilet Areas

Common Areas- Kitchen

Common Areas- Others Office Areas

Internal Ramp

Children’s Play Area Car Parks

Stairs

Moving Walkways Elevators Restaurants Others

If Other, please describe:

|  |  |  |
| --- | --- | --- |
| **Part 6: Type of Incident** |  | |
| (Please tick in appropriate box) |
| **If slip and Fall of Person:**  Lack of Barrier | Uneven floor | Kids running |
| Rainwater on floor | Tripped over Object | Steps/ Stairs |
| Floor Slippery (Surface) | Vegetable/ Fruit items on floor | Car Park Stops/ Bollards |
| Inadequate lighting | Person running | No apparent reason |
| If Other, please describe: |  |  |

## Type of floor surface where incident happened:

|  |  |  |
| --- | --- | --- |
| Marble | Timber | Concrete |
| Terrazzo | Vinyl | Speed hump |
| Slate | Carpet | Dirt/ Grass/ Garden |
| Tile  If Other, please describe: | Bitumen | Other |

**Caught in:**

Door Escalator/ Elevator

Machinery Other

If Other, please describe:

## Stepping on or Striking Against:

Display Stands Escalator/ Elevator Doors

Sharp Edges Protruding Objects Other If Other, please describe:

## Other:

Falling Objects

If Falling Objects, please describe:

Signature of person making this Incident Report Date

Name

## Note:

It is important that you keep accurate records of injuries or accidents at Playgroup involving children, adults and/or visitors

* Record incidents immediately while information is fresh
* Forward incident report to Finsura Insurance Broking with copy to Playgroup WA

Send to : Finsura Insurance Broking (Aust) Pty Ltd PO Box 686, Castle Hill, NSW 1765

Or email to [playgroup@finsura.com.au](mailto:playgroup@finsura.com.au) Tel : 1800 252 712 or 02 9899 2999