

Incident & near miss report form

Name (of person completing this form): _____ Today's Date: _____

☐ Staff ☐ Student ☐ Other: _____

Event Category (please circle):

☐ Major ☐ Significant ☐ Minor

Nature of event:

☐ Medical ☐ Near miss ☐ Injury
☐ Loss or damage to property ☐ Other: _____

Incident Details:

Date / Time: _____

Location: _____

Details of conditions (e.g. weather, hazards etc.): _____

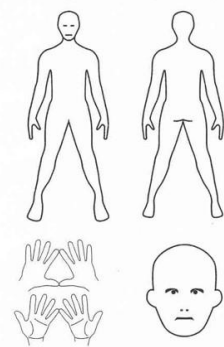
Names of person(s) involved: (Consider anonymising in sensitive cases)

Nature of involvement: (i.e. injured party, witness, alleged perpetrator etc):

Description of what happened and how it happened (continue on separate sheet if necessary):

INJURY DETAILS – BODY PART

Shade the part of the body that is injured



☐ Mental Health/Hinengaro

Outcome of event & immediate actions taken: tick box where relevant

☐ Ambulance required? ☐ Police/fire/rescue services attended? ☐ First Aid ☐ Parent/caregiver notified
☐ Doctor/GP/A&E ☐ Nurse ☐ Physiotherapy/Chiropractic ☐ ACC Claim submitted

Notes:

First aid treatment provided: _____

By whom? _____

Medication given: _____

For Office Use Only:

Follow-up action required:

Action:	Due date:	Whom responsible: