

Goondiwindi SILO Inc t/a Gateway To Training



INCIDENT REPORT

To be completed by the staff member or site supervisor who dealt with the incident

Details of Incident

Date:		Time:	am / pm
Location:			
Name/s of People Involved in the Incident:			
Description of Incident:			
Name:		Position:	
Email:		Phone:	
Signed:		Date:	

Immediate Action Taken

Physical Injury			
Type of Injury:		Body Part:	
Details of First Aid Treatment Administered:			
First Aid Administered by:			
Further Action Taken:			
Ambulance Required:	Yes / No	Time Called:	Time Arrived:
Ambulance Action:			
Non-Physical Injury			
Action Taken:			
Reason if NO Action Taken:			
Authority Disclosure (if applicable)			
Authority Reported To:		Time:	am / pm
Person Reported To:		Position:	
Email:		Phone:	
Reported By:		Signature:	