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| First Aid Incident Report TemplateFor use with a Near Miss also |
| *This template is provided by Redland City Council as an information source only. Redland City Council makes no statement, representation or warranty about the quality, accuracy, context, completeness, availability or suitability for purpose of the templates and to the maximum extent permitted by law, disclaims all responsibility and liability for all expenses, losses, damages and costs that might be incurred by you or any other person as a result of the use of the template. Information contained within the template is suggestive only. Reproduction and use of the template is at your own risk.*  |

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| What type of incident are you reporting:* First aid incident
* Near Miss (Do not complete section B)
 |
| SECTION AComplete for a First aid incident or Near Miss |
| Full Name Date of Birth (DD/MM/YYYY)

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 |
| Email Phone Number (Mobile preferred)

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 |
| Address

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| Emergency Contact Name Phone Number (Mobile preferred)

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| What occurred to lead to the injury or near miss and has the hazard been removed if applicable:

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| What was the injury sustained and the location of the injury (please include a diagram if you can) or what was the potential injury due to the near miss: |
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| SECTION BComplete for a First Aid incident only |
| Who provided initial first aid and provide their contact details: |
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| Did the injured require further treatment: i.e. ambulance, doctor and detail |
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| SECTION CDetails of person reporting: |
| Full Name Date of Birth (DD/MM/YYYY)

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| Email Phone Number (Mobile preferred)

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| For a Near Miss please provide further information relating to the near Miss and the potential to cause harm to ensure the risk can be mitigated in future:

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**Consider expanding the template to address other things relevant to your event**

*You can log this in your* ***incident report log*** *and file this report an incident folder.*