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| First Aid Incident Report Template  For use with a Near Miss also |
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| What type of incident are you reporting:   * First aid incident * Near Miss (Do not complete section B) |
| SECTION A  Complete for a First aid incident or Near Miss |
| Full Name Date of Birth (DD/MM/YYYY)   |  |  | | --- | --- | |  |  | |
| Email Phone Number (Mobile preferred)   |  |  | | --- | --- | |  |  | |
| Address   |  | | --- | |  | |
| Emergency Contact  Name Phone Number (Mobile preferred)   |  |  | | --- | --- | |  |  | |
| What occurred to lead to the injury or near miss and has the hazard been removed if applicable:   |  | | --- | |  | |
| 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: |
| |  | | --- | |  | |
| SECTION B  Complete for a First Aid incident only |
| Who provided initial first aid and provide their contact details: |
| |  | | --- | |  | |
| Did the injured require further treatment: i.e. ambulance, doctor and detail |
| |  | | --- | |  | |
| SECTION C  Details of person reporting: |
| Full Name Date of Birth (DD/MM/YYYY)   |  |  | | --- | --- | |  |  | |
| 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:   |  | | --- | |  | |

**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.*