



Form 10.7.11

PONY CLUB TASMANIA Inc. INCIDENT REPORT FORM

INSURED:

REPORTED – DATE: TIME:

INCIDENT – DATE: TIME:

LOCATION:

NAME OF PERSON REPORTING:

CONTACT NUMBER: REPORTED TO:

INCIDENT LOCATION INSPECTED ON: BY:

PART 1 – INJURED PERSON

NAME:

ADDRESS:

PHONE (1): (2) (3)

DATE OF BIRTH: SEX (please circle): MALE FEMALE

DETAILS OF ANY AIDS / IMPAIRMENTS:

For example: Glasses, walking frame, carrying goods.

PART 2 – WITNESS DETAILS

NAME:

ADDRESS:

PHONE (1): (2) (3)

TYPE OF WITNESS:

RELATIONSHIP TO INJURED PARTY:

For example: Eye Witness, Circumstantial Witness (present to events prior to / following incident), or Additional.

PLEASE PROVIDE DETAILS OF ANY OTHER PARTIES INVOLVED:

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PART 3- PERSONAL INJURY DETAILS

Multiple answers may be appropriate.

PART OF BODY INJURED:

Head and neck		Hip		Hands and fingers	
Eyes and face		Shoulder		Knee	
Back and trunk		Arms and wrists		Feet and toes	

NATURE OF INJURY:

Fracture		Bruising		Burn / scald	
Sprain		Laceration		Superficial	
Dislocation		Concussion		Other	
Tissue damage		Unconsciousness			

If other, please specify:



INJURED PARTY DESCRIPTION AND SEQUENCE OF INCIDENT:

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WITNESS / OTHER PARTY DESCRIPTION AND SEQUENCE OF INCIDENT:

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TREATMENT OF INJURED PARTY:

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NAME AND QUALIFICATION(S) OF PERSON PROVIDING TREATMENT:

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DESCRIBE THE EMOTIONAL STATE OF THE INJURED PARTY AT THE TIME:

For example: Reasonable, Upset, Aggressive.

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PART 4 – INCIDENT DETAILS

DESCRIPTION OF LOCATION :

For example: Car Park, Bar, Toilet Area, Food Area, Stairs, Escalators.

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TYPE OF INCIDENT :

For example: Slip and fall due to food spillage creating slippery fall, Caught in an elevator, Stepping on protruding objects, Water damage, Falling objects.

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IF A THIRD PARTY / CONTRACTOR APPEARED AT FAULT, PLEASE PROVIDE DETAILS :

For example: Business Name, Individuals Name, Contact Details, Insurance Details.

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RECORD OF INCIDENT :

For example: Video / closed circuit, Photo, None.

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HOUSEKEEPING :

Please attach a written statement from the cleaner (where appropriate).

CLEANER ON DUTY : SUPERVISOR :

TIME LAST INSPECTED : LAST CLEANED :

Signed : **Date :**

Upon completion of this form, please forward a copy to PCT Treasurer via email; sdekaste@bigpond.com