**ACCIDENT & INCIDENT REPORT FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Injury /Illness Record** | | | | | |
| Use this form to report all incidents, injuries/illnesses related to volunteer activities  All injuries and volunteer related illnesses must be reported immediately | | | | | |
| **Details of injured volunteer** | | | | | |
| Name |  | | | |  |
| Group |  | | | | |
| Address |  | | | | |
| Phone |  | | | | |
| Email |  | | | | |
| **Witness Details** | | | | | |
| Name |  | | | | ID No: |
| Group |  | | | | |
| Address |  | | | | |
| Phone |  | | | | |
| Email |  | | | | |
| **Details of Injury** | | | | | |
|  | | | | | |
| **Details of Incident** | | | | | |
| Location of Incident | |  | | | |
| Date of Incident | |  | | Time | |
| Name of Group | |  | | | |
| **Medical Treatment** | | | | | |
| Name of Doctor or Hospital | | |  | | |
| Address | | |  | | |
| Phone Number | | |  | | |
| Treatment given | | |  | | |
| Further Treatment Required | | |  | | |
| **Safety Officers Report** | | | | | |
| Action taken, please highlight  Reported to Group Secretary  Recorded by Group  Reported to NWC | | | | | |