**ACCIDENT & INCIDENT REPORT FORM**

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| **Injury /Illness Record** |
| Use this form to report all incidents, injuries/illnesses related to volunteer activitiesAll 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 |