

# QSWFA Incident Report Form

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Group/Event: \_\_\_\_\_

## **Details of person involved:**

Name: \_\_\_\_\_ Member/Visitor? (Circle one)

Phone Number: \_\_\_\_\_

## **Incident Details:**

Location of incident: \_\_\_\_\_

Describe the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was anyone injured? Yes \_\_\_\_ No \_\_\_\_

If yes, describe the injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the emergency services called? \_\_\_\_\_

Was there anyone else injured? \_\_\_\_\_

If a member was involved, was their emergency contact notified of the incident? \_\_\_\_\_

### **Call either of the following contacts for Member Emergency Next of Kin details:**

President: Kym Textor, Mob. 0414492201 or Email: [President@qldspinners.org.au](mailto:President@qldspinners.org.au)

Membership Liaison: Michelle Hanley, Mob. 0428147724 or Email: [Membership@qldspinners.org.au](mailto:Membership@qldspinners.org.au)

## **Witnesses Contact Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**Turn over to complete further details**

Reported By: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Duty of Care/Follow up (Office use only)**

Follow up Details: \_\_\_\_\_

\_\_\_\_\_

***Please notify the board that an incident has occurred via email: [board@qldspinners.org.au](mailto:board@qldspinners.org.au)***