



INCIDENT REPORT FORM

USE THIS FORM FOR PERSONAL INJURIES OR OTHER NON INJURY INCIDENTS

1. REPORT OF AN INCIDENT

THIS STATEMENT TO BE COMPLETED BY THE INDIVIDUAL CONCERNED, ACTIVITY LEADER, A THIRD PARTY OR THE LINE LEADER OF THE PERSON/S INVOLVED IN THE INCIDENT.

Name of Person, (injured or otherwise): _____

Address: _____ P/Code _____

Telephone / Mobile: _____ Gender: Male / Female

Occupation: _____ DOB: ____/____/____

Email contact _____

NOTE
Please print and attach additional information, if necessary to complete the form
ONE FORM PER PERSON

Person's relationship to the Scout Association:

Youth member: Joey Scout Cub Scout Scout Venturer Scout Rover Scout

Leader: Role _____ Adult Member Adult Helper Other, eg Supporter _____

Membership Number _____ Formation/Group _____

Location of incident: (Where did the incident occur?) _____

Person's (involved) description of incident: (describe what happened) _____

Date of incident ____/____/____ Time of incident: _____ am / pm

Description of apparent injuries: (What are the injuries and where?) _____

Signature of person involved _____ Date ____/____/____

Activity Leader: Name: _____ Signature _____ Date ____/____/____

Activity Leader: Phone _____ Address _____

For an incident of a significant nature, copies of C3, C4, C5 and Risk Management sheets and other documents must be provided.

For Office use only:

Is this incident to be investigated? Yes No Comments _____

Chief Commissioner advised ____/____/____ Initial _____ General Manager advised ____/____/____ initial _____

THIS FORM, (FOUR PAGES), IS TO BE COMPLETED AND SENT TO THE QUEENSLAND SCOUT CENTRE. P.O. BOX 520 TOOWONG QLD 4066, OR EMAILED TO scoutsafe@scoutsqld.com.au WITHIN SEVEN (7) DAYS OF THE INCIDENT.



2. WITNESS STATEMENTS

A "circumstantial" witness is a person who may not actually witness what has happened, however may arrive at the incident, soon after and be able to say that an incident has occurred and a person or persons are involved.

Name of Witness: # 1 _____

Address: _____ P/Code _____

Telephone / Mobile _____ Membership # _____

Email: _____

Witness relationship to the Scout Association:

Youth member: Joey Scout Cub Scout Scout Venturer Scout Rover Scout

Leader: Role _____ Adult Member Adult Helper. Other, e.g. Supporter _____

Witness's description of incident: (what happened?) _____

Witness location at the time of the incident?: _____

What action did you take?: _____

Any requests or communication from the injured person? _____

Signature of Witness # 1 _____ Date: ____/____/____

Name of Witness: # 2 _____

Address: _____ P/Code _____

Telephone / Mobile: _____ Membership # _____

Email: _____

Witness relationship to the Scout Association:

Youth member: Joey Scout Cub Scout Scout Venturer Scout Rover Scout

Leader: Role _____ Adult Member Adult Helper. Other, e.g. Supporter _____

Witness's description of incident: (what happened?) _____

Witness location at the time of the incident?: _____

What action did you take?: _____

Any requests or communication from the injured person? _____

Signature of Witness # 2 _____ Date: ____/____/____



3. ADDITIONAL DETAILS

Indicate the part of body that appears to be injured: Please tick the appropriate box and mark with an arrow on body outline.

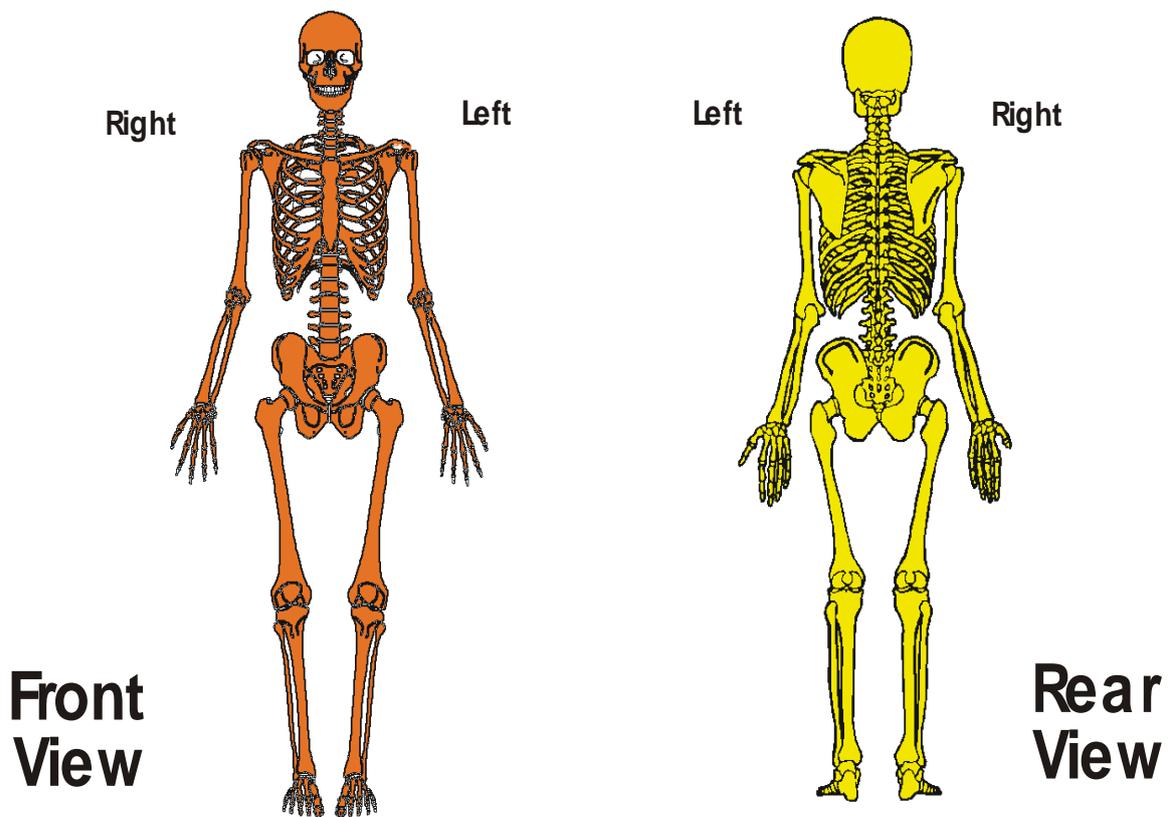
Head/Neck Arm/Wrist Head/Eye Hands/Fingers Back/Trunk Leg/Ankle Feet/Toes

Other (give details) _____

Possible Nature of injury: please tick appropriate box

FRacture DIslocation SPrain COncussion BRuising SUperficial

BUrn / SCald LAceration FI / SEizure Other (give details) _____



Please indicate, on the above. The type of possible injury and location.

e.g. FR \rightarrow FRacture

Medical Treatment:

First Aid administered OR refused No medical treatment given Ambulance Hospital Doctor

Name & Address of Medical Centre or Hospital _____

Please give details of First Aid administered prior to medical treatment _____

Name of person/s administering First Aid: _____

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