## 15. EOTC Incident Report Form

**Sample Form 15 <Insert school name/logo here>**

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit.

Use the align left, centre or right tabs on the tool bars to move your name and logo.

### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Incident Number: \_\_\_\_\_\_\_\_

**Harm/Damage**or **Potential Harm/Damage** (delete one) of **Severity Rating:** X

Worksafe NZ notified (if required) 🞏 by……………………………. date……………….

Type of Injury / Illness (tick one or more)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Abrasion |  | Cardiac |  | Gastro-intestinal |  |
| Allergy |  | Concussion |  | Hyperthermia |  |
| Asthma |  | Fatigue |  | Sprain |  |
| Burn |  | Fracture |  | Strain |  |
| Other (detail) |  | | | | |

Activity being undertaken:

Staff in charge / attending the incident:

Person(s) involved in the incident:

**Name: Age: Female/Male**

**Contacts:** (if not held already)

Witness?:

**Name:**

**Contacts:**

**Narrative:** (Description of events leading up to & following the accident/incident, plus any detail re/ conditions etc)

### Causal Sequence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Injury / Illness sustained**  (e.g. Strained left knee) |  | **The action that occurred**  (e.g. She fell off the log) |  | **Likely Causes**  1. (e.g. wet log)  2.  3.  4. |
|  |  |  |  |  |
|  |  |  |  | **Possible Causes**  1. (e.g. pushed by others)  2.  3. |

**What actions could prevent reoccurrence?:** (e.g. staff training needs, change to risk management etc)

|  |  |
| --- | --- |
| Recommended actions: (including who is responsible for actions) | **Date for Completion:** |
| 1. |  |
| 2. |  |
| 3. |  |

Discussed with: EOTC Coordinator: 🞏 Health and Safety Committee Meeting: 🞏

Safety Update to all staff: 🞏

Signed off as Completed:

Signature: Name: Date: