



Otago Water Polo Club Incident Report Form

Particulars of incident:		
Date:	Time:	Location:
Type of incident (please circle below):		
Injury <input type="checkbox"/> Illness <input type="checkbox"/> Equipment Damage <input type="checkbox"/> Environmental <input type="checkbox"/> Notifiable event <input type="checkbox"/> Other:		
Reported by:		Phone:
Role in the event:		Email:
The injured person:		
Name:		Address:
Age:	Phone:	
Witness(s):		
Name:		Phone:
Name:		Phone:
Name:		Phone:
Describe the incident: <i>(space overleaf for diagram if needed)</i>		
Describe any illness or injury: <i>What part of the body is affected and how?</i>		
Describe any property damage: <i>What damage was caused and how?</i>		
Analysis: <i>What do you think caused or contributed to the incident?</i>		
Prevention: <i>What action has been taken to prevent a reoccurrence?</i>		
Have all preventative actions been reviewed by the Event Management Committee, and implemented?		
Yes		No
<Event Management Committee> Signature:		Date completed:
Treatment:		
A & E Hospital:		Doctor:
Type of treatment provided:		