



INCIDENT REPORT FORM

(to be completed by person(s) involved in incident immediately after event)

INAP, the School and parents/carers to be notified within 24 hours please

Incident

Equipment Damage

DETAILS OF INCIDENT

Name of Course: _____

Name of Trainer: _____

Location of Course: _____

Date of Incident: _____ Time of Incident: _____ am/pm

Description of Incident: _____

DETAILS OF PERSON INVOLVED IN INCIDENT

Name: _____ School: _____

Contact Address & Telephone No: _____

Gender: Male Female

Name of Witness & Description of Incident: _____

Any other persons involved? (give name & details) _____

Action Taken: _____

Comment By Trainer: _____

Signature: _____
(Trainer)

Date: _____

Signature: _____
(Person involved in incident/accident)

Date: _____

Signature: _____
(Witness -if applicable)

Date: _____

Signature: _____
(Manager – INAP)

Date: _____

Follow up by INAP required? Yes / No

If yes, outline: _____

