



INCIDENT REPORT FORM

PERMACULTURE TOOWOOMBA INC.

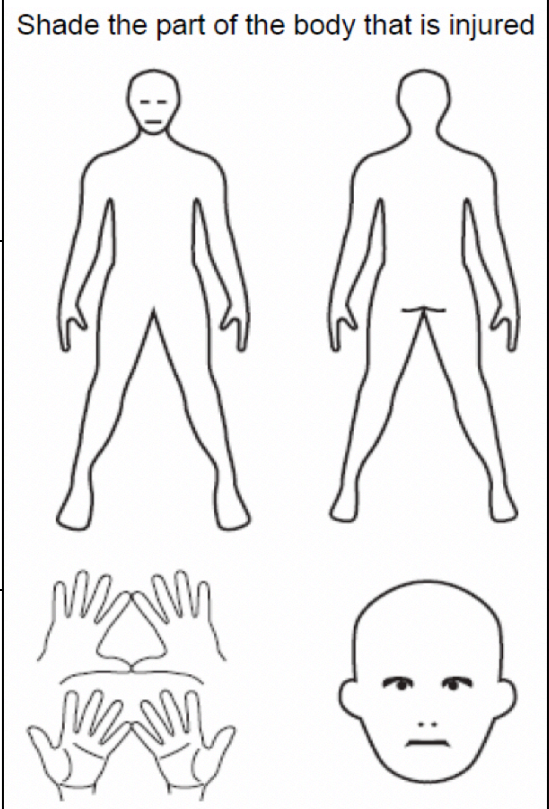
PART A – Details of the incident

Details of the person completing this Incident Report Form	Name:
	Contact phone number:
	Contact email:
	Address:
	Role:
	Signature:
	Date:
Time and date of incident	_____ am / pm on ____/____/_____ Day of week:
Location of incident (venue and address)	
Event or Activity being undertaken	
Description of incident	
Witnesses (include names and contact details)	
Was anyone injured?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many people were injured? Complete Part B for each injured person.
Reporting of incident to Permaculture Toowoomba Inc.	Incident reported to: Date reported: How? (Indicate all that apply): <input type="checkbox"/> This Incident Report Form <input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Phone

PART B – Details of injury

Time and date of incident: _____ am/pm on ____/____/____

If more than one person has been injured in this incident, please attach an additional Part B for each injured person.

Details of injured person	Name: Age: _____ Date of Birth: ____/____/____
Contact details	Home phone Number: Mobile: Address:
Relationship to Permaculture Toowoomba Inc. (indicate all that apply)	<input type="checkbox"/> Financial Member of Permaculture Toowoomba Inc. <input type="checkbox"/> Non-Member <input type="checkbox"/> Guest Speaker or Workshop Presenter <input type="checkbox"/> Volunteer <input type="checkbox"/> External Contractor
Mechanism of Injury (indicate all that apply)	<input type="checkbox"/> Slip /trip /fall <input type="checkbox"/> Manual handling <input type="checkbox"/> Body stressing <input type="checkbox"/> Being hit by falling object <input type="checkbox"/> Hitting an object with part of the body <input type="checkbox"/> Being hit by moving objects <input type="checkbox"/> Exposure to heat /radiation /electricity <input type="checkbox"/> Exposure to biological agent (including body fluid) <input type="checkbox"/> Exposure to chemical agent <input type="checkbox"/> Exposure to asbestos <input type="checkbox"/> Exposure to work stress <input type="checkbox"/> Violence <input type="checkbox"/> Other inappropriate behaviour <input type="checkbox"/> Medical condition <input type="checkbox"/> Other:
Nature of Injury (indicate all that apply)	<input type="checkbox"/> Sprain /Strain <input type="checkbox"/> Fracture <input type="checkbox"/> Cuts /Scratch /Abrasion <input type="checkbox"/> Bruising <input type="checkbox"/> Burn <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Electrical shock <input type="checkbox"/> Concussion <input type="checkbox"/> Psychological <input type="checkbox"/> Other:
Treatment required (indicate all that apply)	<input type="checkbox"/> No treatment <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Ambulance <input type="checkbox"/> Hospital outpatient <input type="checkbox"/> Hospital admission <input type="checkbox"/> Other:
Any other relevant information	<div style="border: 1px solid black; padding: 5px;"> <p>Shade the part of the body that is injured</p>  </div>
Description of any follow up actions to be taken	

Signed: _____

Date: _____

N.B. This form is to be treated as CONFIDENTIAL.

Your Privacy is important to us and we are committed to the ethical collection and handling of your personal details.

The information collected by Permaculture Toowoomba Inc. on this form is for the primary purpose of recording and responding to the incident, and related communication with you, and will be maintained in a secure location.