Urlingford
Community Centre

Incident Report Form

Urlingford Community Centre

Incident Report Form

This form should be completed as soon as possible following any incident, near-miss, or identified hazard during a UTT/UCC-led activity or in a UTT/UCC managed Space.

1. General Information

Date of Incident (dd/mm/yyyy): _____

Time of Incident: _____

Location: _____

Activity taking place: _____

2. Person(s) Involved

Name(s): _____

Role(s) (e.g., Volunteer, Teacher, Member of Public): _____

_____

Contact Number(s): _____

3. Incident Details

Type of Incident:

- ☐ Injury/Incident
- ☐ Near-miss (no injury occurred)
- ☐ Property/Equipment Damage
- ☐ Hazard identified

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4. Description of what happened

Provide a detailed factual account of the event and actions taken:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. Action Taken

Was First Aid administered?

- ☐ Yes
- ☐ No

Were Emergency Services called?

- ☐ Yes
- ☐ No

Please give details of actions taken:

_____
_____
_____
_____
_____

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Action taken to prevent recurrence:

_____
_____
_____
_____
_____

6. Sign-off

Reported by: _____ Date:_____

Received by (UTT Board): _____ Date:_____