Otatara Landcare Group Incident Report Form

Incident Report Number (OLG to Assign):

Tab between fields to enter data or select from list.

A. Incident Details

If applicable, please enter name of:

Name of person involved:

Witness:

Please select from list:

Designation:

Contact No:

Please enter:

Please select from list

Date of Incident:

Classification of Incident:

Time of Incident: 00:00:00

Treatment Required:

Date reported:

Location of Incident:

Specify here anything not in list:

B. Detailed Description of Incident (Please describe your interpretation of events)

C. Details of the Injury, Pain or Discomfort

Please select from list:

Type of injury / discomfort:

Severity :

Body Part Affected:

Duration:

Locality:

NOTE: if this is a serious injury requiring medical treatment, please also complete an Injury Assessment Form available from DoC.

D. Acknowledgement (to be completed with OLG Representative

Complete with OLG Coordinator or other OLG representative present. Save form using following convention: OLG-IR_yourname_yymmdd

o **This is a true and accurate report of the incident as it occurred.**

Person Reporting Incident

Name:

Signature:

Date:

Otatara Landcare Group Executive Member

Name:

Signature:

Date:

Please email this form to Dept of Conservation in the event of a notifiable incident cc Otatara Landcare Group.

E. To be Completed by DoC in the event of a notifiable incident

Date received:

Incident Reclassification:

Please select from list:

Is an Incident Investigation required?

Investigation assigned to:

Date:

Date Investigation Report Completed:

Received: