



INCIDENT RECORD FORM TO BE COMPLETED BY THE RESPONSIBLE PERSON ON SITE

Person(s) Involved in Incident (Gather as much information as possible. Note: If more than one person involved directly in incident or injured complete separate form for each person)

Name of Person involved in the incident: _____

If the person involved is a minor (Under 18), please provide the name of the guardian/supervisor in charge: _____

Was the person; A member of the group Member of Public Contractor

Person's Address: _____

Person's Contact Number: _____

Reason for being on Premesis: _____

Signed: _____ Date: _____

NOTE: sign where person is able to sign, otherwise leave blank

DCRC/Group/Organisation Responsible Person on the Premesis:

Name of Responsible Person: _____ Role: _____

Contact Number: _____ Signed: _____ Date: _____

Date and Time of Incident:

Date of Incident: _____ Time of Incident: _____

Date Incident Reported: _____

Location of incident (be specific): _____

Describe what Happened? (What was the person doing, weather conditions, etc). Use separate sheet if necessary _____

Return this completed form in envelope clearly marked 'Private and Confidential' to: The Chairperson
Doohamlet Community & Resource Centre
Doohamlet
Co. Monaghan

Injuries Incurred / Damage / Near Miss:

State Injury / Damage? (e.g. fracture /cut / vehicle damage / property damage / near miss):

Describe Type of Injury / Part of Body Injured / Damage:

Did injured person attend any of the following:

<u>First Aider:</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Doctor:</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Hospital:</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of First Aider:	Name of Doctor / Practice:	Name of Hospital
Date and Time:	Date and Time:	Date and Time:

Was anything done to make the area safe after the incident?

Are any actions/measures needed to prevent re-occurrence? If so please contact a member of DCRC immediately to advise of same)

Photographs / Video of Incident to be taken where possible / suitable to do so:

Have Photographs / Video of incident been taken: YES NO

If NO – please provide details as to why no photos taken:

Photos taken by: Name:

Contact Number:

Note: Photos/Videos must be emailed to doohamletcommunitycentre@gmail.com, Please include a reference to the incident in the email title.

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