



Incident Reporting Form

This template is to be used with reference to the Bounce Fitness WHS Policy and Procedures. For support in completing an Incident Reporting Form, contact a representative of the Bounce Fitness WHS Committee.

This is an Incident Reporting Form Template, which can be used for events within Bounce Fitness that occur to employees and/or members/casuals.

A. Details of the incident

First name and surname of injured party	Click or tap here to enter text.	
Contact details of injured party	Click or tap here to enter text.	
Date and time of incident (am or pm)	Click or tap here to enter text.	
Location of incident	Click or tap here to enter text.	
Date of report	Click or tap here to enter text.	
Name and contact details of witnesses	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.

B. Describe the incident

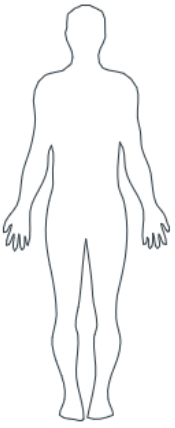
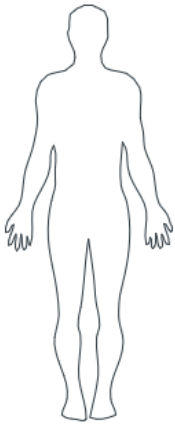
Include details related to the cause of the incident including the series of events (timing) leading up to and during the incident, as well as any action taken initially.

Click or tap here to enter text.

Indicate on the diagram the areas of the body involved in the incident (if applicable) or describe

Click or tap here to enter text.	Click or tap here to enter text.
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Student Name: Click or tap here to enter text.
 Student Number: Click or tap here to enter text.

	
Front	Back

C. Describe the injury (if applicable)

Click or tap here to enter text.

D. Action plan

Click or tap here to enter text.	
Personnel responsible	Click or tap here to enter text.
Date	Click or tap here to enter text.
Click or tap here to enter text.	
Personnel responsible	Click or tap here to enter text.
Date	Click or tap here to enter text.

Add more sections as needed.

E. Action taken

Click or tap here to enter text.
Click or tap here to enter text.

Student Name: Click or tap here to enter text.
 Student Number: Click or tap here to enter text.

F. Review

Click or tap here to enter text.	
Personnel responsible	Click or tap here to enter text.
Date	Click or tap here to enter text.

G. Comments

Click or tap here to enter text.	
Name/Signature	Click or tap here to enter text.
Date	Click or tap here to enter text.

bouncefitness

Student Name: [Click or tap here to enter text.](#)
Student Number: [Click or tap here to enter text.](#)