



## **INCIDENT REPORT FORM**

REMEMBER TO DO THE FOLLOWING EVERY TIME YOU HAVE AN EMERGENCY SITUATION:

1. *Activate the emergency action plan/Call 911.*
2. *Protect the individual from further injury.*
3. *Maintain life or attempt to restore life.*
4. *Comfort and reassure the individual.*

COMPLETE AN ACCIDENT REPORT FOR EVERY ACCIDENT.

WHEN ACTIVATING 911 FOR HELP REMEMBER TO GIVE THE FOLLOWING INFORMATION:

1. *The EXACT location.*
2. *What has happened.*
3. *Number of victims.*
4. *The telephone number from which you are calling.*

CALL FOR AN AMBULANCE WHEN THE VICTIM REQUESTS ONE, THE POLICE REQUEST ONE, OR IN A SITUATION WHERE IT IS OBVIOUS THAT AN AMBULANCE IS NEEDED.

**\*ALWAYS GET A WITNESS TO SIGN THE ACCIDENT REPORT FORM\***

**Name and role of person completing this form:**

**Signature of person completing this form:**

**Date:**

### **Incident**

**Date and time of incident:**

**Name/s of person/s involved in the incident and their Gyms/associations:**

**Description of incident:**

**Witnesses (include contact details):**

**Reporting of the incident to Gym/Owner/Association etc.**

|   |       |
|---|-------|
| Incident Reported to:                     | Date: |
| How (this form, in person, email, phone): |       |

**Follow Up Action**

|                                     |
|-------------------------------------|
| Description of actions to be taken: |
|-------------------------------------|

X\_\_\_\_\_ X\_\_\_\_\_ X\_\_\_\_\_

**Injured Person**

**Witness**

**Date**

X\_\_\_\_\_

X\_\_\_\_\_

X\_\_\_\_\_

**Trainer**

**Witness**

**Date**

X\_\_\_\_\_

X\_\_\_\_\_

X\_\_\_\_\_

**RESOLUTE FIT(Supervisor)**

**Witness**

**Date**

