Using the information from the scenario from the previous page, please fill out the form below. Some areas have been filled in for you. **All sections in white must be completed**. Please use today's date and time as your reference. Note: this form is a *Sample Form* for training purposes. An ACECQA Incident Form is available on the Resources section of the website at http://www.acecqa.gov.au/

SAMPLE INCIDENT REPORTING DOCUMENT

INCIDENT DETAILS

LOCATION:	*Green State School Out of School Hours Care Centre*	**ROOM / GROUP**	*Possum Room*		
CASUALTY NAME:	*Jane Smith*	**DATE OF BIRTH**	*5/2/2008*	**AGE**	*7*
ADDRESS:	*167 Green Parade Stingvale Victoria 3333*				

DATE OF INCIDENT: use todays date	**TIME OF INCIDENT:** use real time

Brief description of what happened:

GENERAL OBSERVATIONS

Signs & symptoms *(tick as relevant)*

- ☐ Cough
- ☐ Wheeze
- ☐ Shortness of breath
- ☐ Blue lips
- ☐ Behavioural changes
- ☐ Other (please detail):
- ☐ Difficulty in speaking
- ☐ Chest tightness
- ☐ Tiredness
- ☐ Anxious/distressed
- ☐ Pale and sweaty

REFERRAL AND NOTIFICATIONS

Actions taken *(tick as relevant and note time)*

- ☐ Called ambulance on triple zero (000) at:_____
- ☐ Reported incident to supervisor at: _____
- ☐ Reported incident to parents/carers at:_____
- ☐ Reported incident to doctor at: _____

FIRST AID TREATMENT GIVEN

- ☐ Ventolin administered
- ☐ A Spacer was used
- ☐ Other (please detail):

REPORT DETAILS

REPORT COMPLETED BY:	Insert here	**DATE:**	Insert here		
SIGNATURE :	Insert here	**TIME :**	Insert here		
PARENT/CARER SIGNATURE :	*Lara Smith*	**DATE:**	Insert here	**TIME :**	Insert here

******ALL PAGES MUST BE RETURNED TO ALLENS TRAINING ******