



INCIDENT REPORT FORM FOR SSEI SPORT PROGRAM MEMBERS

Date of Incident	Day/ Month/Year
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OPERATOR	Company Name				
	Activity		Business		
	Address		Mobile		
			Fax		
			Email		
Person completing Report		Date report completed	Day/Month/Year		
INJURED PARTY	Name			Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Address			Business	
				Mobile	
	Date of Birth	Day/Month/Year	Age		Residence
INCIDENT	Objective description of incident				
FIRST AID	Injury, Signs and Symptoms			Treatment	
	<small>Attach additional page if needed</small>				
WITNESS	Name		Business		
	Address		Residence		
			Mobile		
WITNESS	Name		Business		
	Address		Residence		
			Mobile		
INCIDENT INVESTIGATION	<input type="checkbox"/> Witness statements <input type="checkbox"/> Photographs of incident site <input type="checkbox"/> Diagram of incident site <input type="checkbox"/> Notify Police – serious injury or fatality <input type="checkbox"/> Notify Workers Compensation – employee only				