

**SOUTH PINE STRIDERS**  
**Health and Safety Policy Attachment A:**

**INCIDENT REPORT FORM**

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT	
Full Name:	Mobile No:
Club Membership Status [Paid / Guest]:	E-Mail:
Home Address:	
Emergency Contact Information:	

INFORMATION ABOUT THE INCIDENT	
Date of Incident:	Time of Incident:
Location of Incident:	Emergency response required? <b>Y      N</b> <i>If so, which? Eg. Ambulance, Police?</i>
Name(s) of Witness(es): [If Applicable]	
Describe the incident [What happened? Provide as much factual detail as possible]	
Was any treatment provided [eg. First aid]? (please circle) <b>Y      N</b> Provide details:	
Was any further action required? [eg. Follow up medical appointments] <b>Y      N</b> Provide details:	

REPORTER DETAILS	
Name of Reporter:	Date:
Signed:	
Position (please circle): Coach   Volunteer      Committee Member      General Member      Other _____	

All incident reports are to be scanned and submitted electronically to the South Pine Striders Committee for record keeping purposes: [secretary@striders.com.au](mailto:secretary@striders.com.au)