ICPA Qld

Isolated Children's Parents' Association Queensland Inc.

ICPA Qld Risk Management Incident Form

(To be completed after the event and emailed to treasurer@icpaqld.com.au)

Branch Name: _____

Name of Event: _____

Incident Report:

Were there any incidents?

Has result of event been noted in the Branch's minutes?
(if no, please ensure any incidents are noted in the next branch meeting minutes)

Only complete this section if an incident occurred. Remember to record in your Branch's next general meeting whether incidents occurred or not.

Date of Incident: _____   Time of Incident (am/pm): _____

Q1. Where did the incident occur? eg. Timbuktu sports oval

_____

_____

_____

Q2. Name(s) and role(s) of those involved in the incident?

_____

_____

_____

Q3. Describe the incident with as much detail as possible.

_____

_____

_____

Q4. Was First Aid required?

   Please provide details of First Aid:

   _____

   _____

Q5. Was the Ambulance Called?

Q6. Please provide details of actions taken to ensure the incident did not reoccur?

_____

_____

_____

Details of person completing this form:

Name: _____

Signature: _____

Ph: _____

Email: _____

Date: _____

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