



Hockey WA, PO Box 1090, Bentley MDC,
Western Australia, 6983
Curtin University, Hayman Road, Bentley
Phone (08) 9351 4300, Fax (08) 9458 5524
admin@hockeywa.org.au
www.hockeywa.org.au
ABN: 93 502 752 344

INCIDENT REGISTER FORM 2017

This report is to be completed as soon as possible after the incident by the staff member first in attendance and their supervisor and handed to the Stadium Manager. **ONLY REPORT THE FACTS. DO NOT SPECULATE.**

Date: _____ Time of Incident: _____

Exact Location of Incident: _____

Details of Injured Person:

Name (in full): _____

Club: _____ Grade: _____

Address: _____ Suburb: _____

Telephone: _____ Mobile: _____ E-mail: _____

Attachment to Venue: EMPLOYEE PATRON CONTRACTOR OTHER

Gender: MALE FEMALE Approximate Age: _____

Type of Clothing: _____

Footwear: _____

Glasses? YES NO

Walking Aids? YES NO

Carrying Anything? YES NO

Were they alone? YES NO

Did they appear to be affected by alcohol? YES NO

If yes, in what way:

Any noticeable physical restrictions (before incident)? YES NO

Did they appear distressed after the incident? YES NO

Injured persons' version of events:

Incident reported to: _____ Position: _____

Details: _____

Details of witness:

Name (in full): _____

Club: _____ Grade: _____

Address: _____ Suburb: _____

Telephone: _____ Mobile: _____ E-mail: _____

Does the witness agree with the affected person's description of the incident? YES NO

If NO, the witness's version of incident:

Medical Details:

Was first aid required? YES NO Administered by: _____

Did an ambulance attend? YES NO Taken to Hospital? YES NO

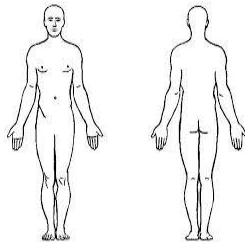
Did the injured person have to leave the venue? YES NO

What treatment, if any, was administered (including items used e.g. bandage, antiseptic etc.):

Type of Incident:

SLIPPED TRIPPED FELL HIT (STICK) HIT (BALL) CUT HEAD INJURY OTHER

Indicate clearly the part of the body injured:



Environmental Conditions:

Weather: _____ Approx. Temp: _____ Surface: WET DRY

Was the lighting adequate? YES NO If no, please explain: _____

Crowd (approx. # at site at time of incident): _____

Was any property damaged? YES NO If yes details: _____

Indicate clearly where on the field the incident occurred:



Form completed by:

Name: _____ Position: _____

Signature: _____ Date: _____ / _____ / _____