



ACCIDENT & NEAR MISS FORM FOR EVENTS

PART A – Person making the report

SURNAME:	FISRT NAME:
CONTACT PHONE NUMBER:	
POSITION: (circle one) Event volunteer / Council staff	NAME OF EVENT:
	DATE OF EVENT:

PART B – Description of accident or near miss

TIME INCIDENT OCCURRED:	FIRST PERSON REPORTED TO:
WAS IT AN ACCIDENT OR NEAR MISS	
WHERE DID THE INCIDENT OCCUR?	
WHO WAS INVOLVED? continue overleaf, if multiple people involved	
Name: _____	
Contact phone number for follow up (not compulsory): _____	
Name: _____	
Contact phone number for follow up (not compulsory): _____	
EXPLAIN LEAD UP TO INCIDENT:	
EXPLAIN INCIDENT:	

PART C – Response

HOW WAS IT RESPONDED TO:
WAS ANYONE HURT? IF SO, DESCRIBE THEIR INJURIES:
DID POLICE, AMBULANCE, ST JOHN'S, MFB HAVE TO ATTEND? YES / NO (circle one)
TREATMENT REQUIRED:
COULD THIS HAVE BEEN AVOIDED? IF SO, HOW?

SIGNED

PERSON REPORTING THE INCIDENT PRINT NAME DATE

SUPERVISOR PRINT NAME DATE



GREATER
DANDENONG
City of Opportunity