** FOOTBALL WEST INCIDENT/HAZARD REPORT**

|  |  |
| --- | --- |
| Name of person completing this report |  |
| Job Title |  |

## INCIDENT DETAILS

|  |  |
| --- | --- |
| Type of incident  Medical Incident  Property Damage  Lost/found Property  Unauthorised Entry  Maintenance  Safety Hazard/Near Miss  Other | |
| Date of incident |  |
| Time of incident | am/pm |
| Exact location of incident |  |
| Details of incident |  |
| What were *the* consequences of the incident? |  |
| What action has been taken to prevent occurrence? |  |

|  |
| --- |
| Name of person involved in the incident |
| Status (eg. Public, Staff, Official, other); |
| Contact Details. Mobile |
| Address |
| Witnesses (if any)- Name and contact  details |

Signature of person making report \_\_\_\_\_\_\_\_\_\_\_\_\_ Date / /

Please email all reports to Lydia Booth at Lydia.booth@footballwest.com.au