** FOOTBALL WEST INCIDENT/HAZARD REPORT**

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

## INCIDENT DETAILS

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| --- |
| 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 contactdetails |

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

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