



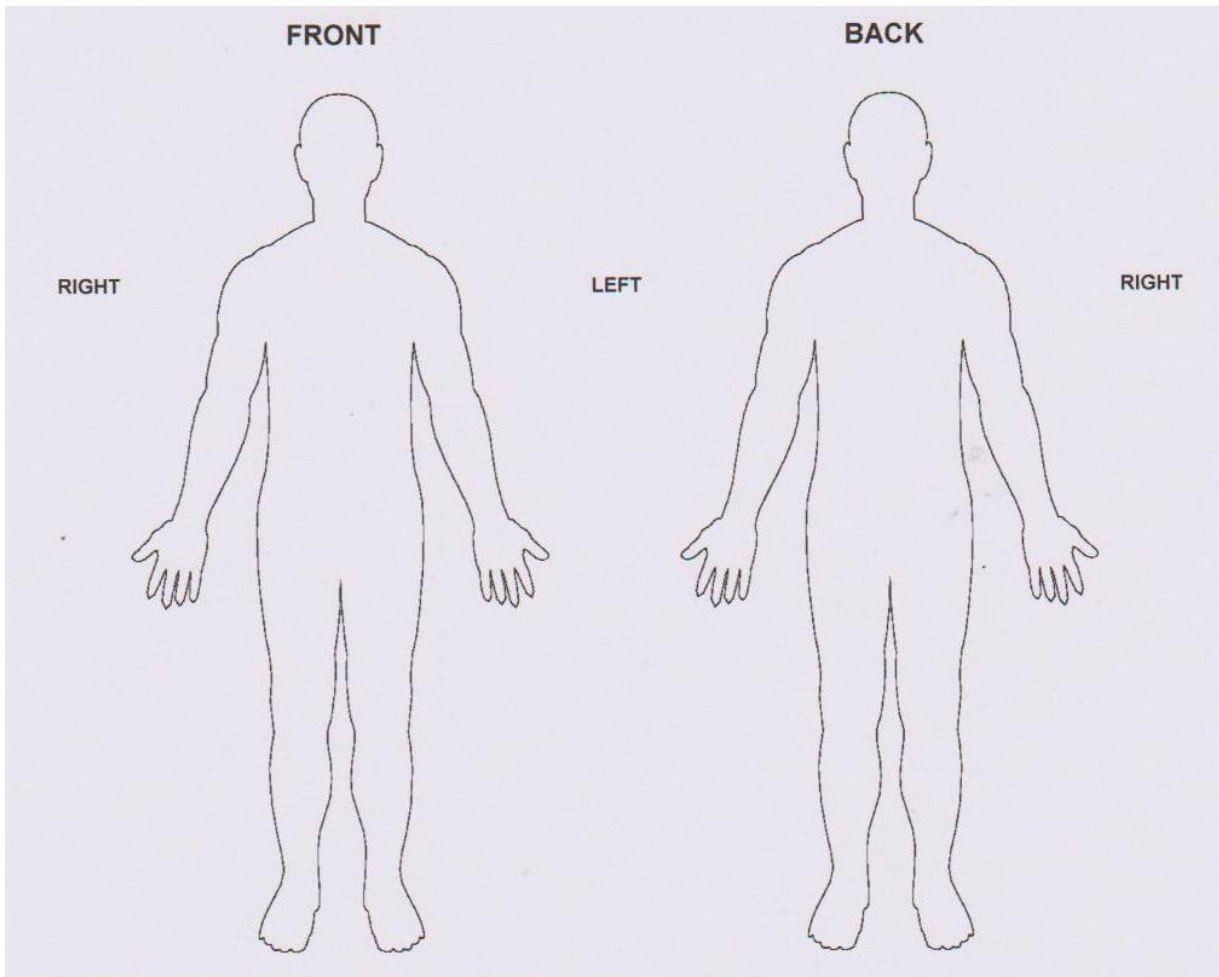
QUEENSLAND LIVING HISTORY FEDERATION - INCIDENT REPORT FORM

To be completed by activity organizers as soon as practical after the incident. This report should be kept by the activity organisers as a formal record. In the event of any serious injury (an injury requiring professional medical treatment) copies of the incident report must be forwarded to the Queensland Living History Federation as soon as practical.

Report prepared by: Contact details:	Date prepared: Group name and contact details:
Date of Incident:	Time of Incident: am / pm
Name of Person/s Involved: Address: Contact No: Date of Birth: Male or Female (circle)	
Type of Event: <i>Name of event, training, etc.</i>	
Location: <i>Address of event, etc.</i>	
Type of Incident: <i>Injury (fill out reverse of document), damage to property, theft, fire, etc.</i>	
Incident Details:	
Actions Taken:	
External Involvement: <i>Were authorities or other agencies notified at the time? If so who, by whom, when and how? Did they then take a role in managing the incident? QAS, QPS, QFRS, etc.</i>	
Final Outcome: <i>What was the final outcome of the incident? When was it resolved?</i>	
Future Prevention: <i>Can this incident be prevented at future Group activities? If so, how?</i>	
Witness Information: <i>Name and contact details, etc.</i>	

QUEENSLAND LIVING HISTORY FEDERATION - INCIDENT REPORT FORM

Draw a circle on the diagram below to indicate the location of the injury.



<p>First Aid performed by:</p> <p>Contact details:</p>	<p>Was the injured party referred for further treatment: <i>If 'yes' who to, doctor, which hospital?</i></p> <p>If 'yes', when did they attend further treatment:</p>
<p>Describe the details of the injury: <i>Size and severity of injury, type of injury, etc.</i></p>	
<p>Type of treatment received: <i>Ice pack, bandaging, cleaning and covering of wound, etc.</i></p>	
<p>Supplementary Information: <i>This section can include a list of attachments, such as maps, witness statements etc.</i></p>	

Report by (print): _____ **Sign:** _____ **Date:** _____