



Whitebait Connection (WBC)

Incident Report Sheet

This incident report sheet is intended to be completed by WBC coordinators/leaders, if any incident occurs

Organisation: [] Incident number: []

Accident [] or near accident [] or incident []

Injury [] Death [] Illness [] Equipment damage []

Location: [] Date: [] Time of Day: []

Weather

[] Temperature [] Clouds [] Precipitation [] Visibility [] Wind

Type of injury/illness

[] Abrasion [] Fatigue [] Cold injury [] Asthma [] Urinary
[] Burn [] Puncture [] Hypothermia [] Infection [] Fever/flu
[] Concussion [] Sprain [] Hyperthermia [] Allergy [] Dermatitis
[] Bruising [] Strain [] Gastrointestinal [] Cardiac [] Other:
[] Laceration/Cuts [] Cramp [] Drowning []

Programme Type

[]

Activity being undertaken at the time

[] Snorkeling Other: [] []
[] Walking
[] Kayaking
[] Stream Study

Teacher in Charge

Name: []

Age: [] Gender (M/F): []

WBC Leader

Name: []

Age: [] Gender (M/F): []

Person involved in incident

Name:

Address:

Age: Gender (M/F): Contact Number:

Narrative (describe what you believe happened)

Date / Time	Event

Privacy

Information collected on this form is for the purposes of:

- identifying incident trends
- informing safety management policy, and
- improving safety management procedures

Details will be kept confidential. Schools and individuals will not be identified in any data analysis reports.