Background pattern

Description automatically generated**Hobart Hackerspace**

**Incident, Injury, Accident or Near Miss Report**

**Instructions**

* Ensure the safety and wellbeing of all participants as a priority.
* Complete all the details on this form.
* Post the completed form in the Incident Report letterbox, or email a copy of the form to committee@ hobarthackerspace.org.au
* Notify the President via email at president@hobarthackerspace.org.au as soon as possible.
* Do not admit liability or indicate the Hobart Hackerspace or its Insurer will meet any claims.

**Please complete the relevant information in this Incident Report Form.**

|  |  |
| --- | --- |
| **Nature of the Incident** |  |

**Details of Person(s) Involved**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  | | |
| **Street Address** |  | | | | |
| **Suburb** |  | **Postcode** |  | Mobile |  |
| **Email** |  | | | | |

**Details of the Incident, Injury, Accident, or Near Miss**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** |  | **Time** |  | | |
| **Location** |  | | | | |
| **How did the Incident / Accident Occur?** |  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Describe the Injury / Offence** |  | | | | |
|  | | | | |
| **Describe the Treatment or Actions Taken** |  | | | | |
|  | | | | |
| **Name of Any Person Providing Support** |  | **Was the Person First Aid Qualified?** | | □ Yes □ No □ Don’t Know | |
| **Emergency Call(s)** | □ **Ambulance** | □ **Police** | | | □ **Fire Brigade** |
| **Witness Name** |  | **Mobile** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person Completing this Form** |  | | |
| **Signature** |  | **Date** |  |