

SCARF

Incident Report Form

Completed By: _____ Date: ____/____/____

Date of Incident: ____/____/____ Contact Telephone: _____

DESCRIPTION OF INCIDENT

Who, What, When, Where

If more space is required please use a separate piece of paper

WERE ANY GOVERNMENT AGENCIES CALLED? (Fire, Police etc) If yes, please give details

WERE THERE ANY WITNESSES? if Yes please give names and addresses

WAS ANYONE INJURED? If yes please give names and addresses & details of injury

DETAILS OF TREATMENT RECEIVED

WAS ANY PROPERTY DAMAGED? If yes please give details

SCARF ADMINISTRATION TO COMPLETE

What factors contributed to the incident?

- Plant/equipment
- Work Conditions
- Environmental factor
- Other, give details

Were correct procedures followed?

- Yes
- No, give details

Insurance Claim made?

- Yes
 - No
- Give details

RECOMMENDED ACTION TAKEN OR PLANNED

Full Name _____

Signature _____ Date ____/____/____