# **PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM**

**LHE Incident Report Form**

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| 1. **PRINCIPAL PERSON INVOLVED (Who it happened to)** Name: …………………………………….……….…………....   **Group / Wic incident occurred on**…………………………….……………………………….…  **OTHERS directly INVOLVED IN THE INCIDENT** Name: …………………………….……………………………….… |
| **B. WHEN AND WHERE DID THE INCIDENT OCCUR?** Date: ………/………/……………… Time: …………am/pm |
| **C. ANY WITNESSES TO THE INCIDENT?** Names |
| **D. FACTUAL DESCRIPTION OF THE INCIDENT** (Include details/location of any injury, effects on person involved, any damage to ground, any damage to equipment. Please also include near misses.) |
| **E. DID THE PERSON RECEIVE ANY TREATMENT?** |
| **F. PERSON REPORTING THE INCIDENT. Name: ………………………………………………………….….……….** |
| **To be filled out by LHEC/H&SO**  CONTRIBUTORY FACTORS |
| ACTION TAKEN AND OUTCOMES: |
| RECOMMENDATIONS: |