

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

LHE Incident Report Form

A. 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: