

GOOMFEST - INCIDENT REPORT FORM

Venue:	
Address:	
Date and time of incident	
Time:	
Date and time reported (if different)	

How was incident reported? By first aid By security In person by staff member
 By Phone By Letter By email

Incident Category Please tick box(s) as appropriate
 Patron/Public Injury Volunteer Injury Employee/worker Injury Near Miss
 Property Damage Environment Damage Medical Condition Security
 Other:

If incident involves a patron or a member of the public state the following if possible:
 "This information will help us make a safer event. If the incident requires further investigation these details may be given to a third party. For access to your information phone Goomfest Events Managing Director Samuel Pyers ph: 0447 258 301

Name of injured person			
Address:		Date of birth or approximate age	
Contact number:		Male / Female	
Nature of injury:			

First aid assistance rendered? Yes No

Ambulance transport? Yes No

Description of damage: (If more space required attach additional sheets to the end of this report.)	
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Specific location incident occurred:

Building Name/Number		Outdoor area	
Specific location			
External Location		Other	

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Person making this statement is (injured person, person making complaint, mother of injured patron, worker, site supervisor)

How did the incident occur?

(If more space required attach additional sheets to the end of this report.)

Was there a third party witness? Yes No

Witness name:

Contact number

Witness description of incident
(If more space required attach additional sheets to the end of this report.)

Does the incident require immediate action or further investigation?

Yes No

Additional Comments

(If more space required attach additional sheets to the end of this report.)

Managing director notified:
(details)

Report completed by: (Name)

Report completed by: (Signature)

Date:

Additional notes/diagrams etc:

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Version Control Table

Version Number	Author	Date
5.2	[REDACTED] (Managing Director)	25.11.22
5.1	[REDACTED] (Managing Director)	26.7.22

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