



INCIDENT REPORT

Event Name _____

Event Date _____

Hirer/Organisers Name: _____ Ph # _____

INCIDENT

Time: _____ Incident Location: _____

Brief Description of Incident: _____

Was anyone hurt? YES / NO

* Did anyone go to hospital? YES / NO

* If yes please provide name of contact details of injured person/s

FACILITY DAMAGE

Were any facilities damaged during the incident? YES / NO

Details – please specify area where incident happened, and damage caused e.g. car off at Higgins & crashed into tyre barrier chain links broken or vehicle hit building damage to stadium corner entrance.

If incident is fatal, please ensure a Manfeild representative is contacted – see emergency contacts.