# **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:  |