

Incident & Accident Report



PART A. (to be completed by injured party where possible)

1. Personal Details

Please indicate whether you are:

- Milk Crate employee Contractor Volunteer
 Participant Member of Production Team
 Other (please specify) _____

Your Name: _____

Contact Phone: (m) _____ (h/w) _____

Address: _____

If the incident occurred while attending a production – name of production attended?

2. Details of incident:

Date incident occurred: _____ Date incident reported: _____

Time incident occurred: _____ Date onset of symptoms: _____

Where did the incident occur? _____

What happened to cause the incident? _____

Details of any injury sustained:

Were there any witnesses? Yes No

Name of witness: _____

Contact details of witness: _____

Name of witness: _____

Contact details of witness: _____

3. Details of treatment

Did you receive on-site first aid? Yes No

If yes, from whom? _____

Did you see a doctor? Yes No

If yes, doctor's name and contact details? _____

Did the doctor issue a Workcover Medical Certificate: Yes No

PART B. (to be completed by Milk Crate Theatre)

1. Incident Response

Describe immediate response to incident: _____

List all factors re: contributing to the incident: _____

Please detail the action taken/recommended: _____

2. Signatures (staff & management)

Staff:

Name: _____

Signature: _____

Date: _____

Manager:

Name: _____

Signature: _____

Date: _____