



MENTOR PROGRAMS INCIDENT/ACCIDENT FORM

MENTEE NAME:

MENTOR NAME:

DETAILS OF INCIDENT:

DATE:

LOCATION:

INCIDENT RESULTED IN:

- INJURY TO INDIVIDUAL DAMAGE TO PROPERTY/ENVIRONMENT NEAR MISS

DESCRIBE WHAT HAPPENED AND HOW:

WHAT WAS THE AFFECTED PERSON DOING AT THE TIME? DESCRIBE ANY PRIOR ACT THAT MAY HAVE LED UP TO THE INCIDENT.

DETAILS OF WITNESSES (IF APPLICABLE)

NAME (WITNESS 1) :

MOBILE NUMBER:

ADDRESS:

NAME (WITNESS 2):

MOBILE NUMBER:

ADDRESS:

DETAILS OF INJURY

NATURE OF INJURY (EG. BURN, CUT, SPRAIN)

CAUSE OF INJURY (EG. FALL, ANIMAL BITE, TRIP)

LOCATION OF INJURY ON BODY

AGENCY (EG. MACHINERY, ANOTHER PERSON, HOT WATER)

FIRST AID GIVEN?

YES NO

FIRST AIDER NAME:

TREATMENT:

REFERRED TO:

NOTE: A COPY OF THIS REPORT IS PROVIDED TO THE MATES SCHOOL PROGRAM COORDINATOR (IF APPLICABLE) AND THE CGLLEN PROJECT OFFICER.