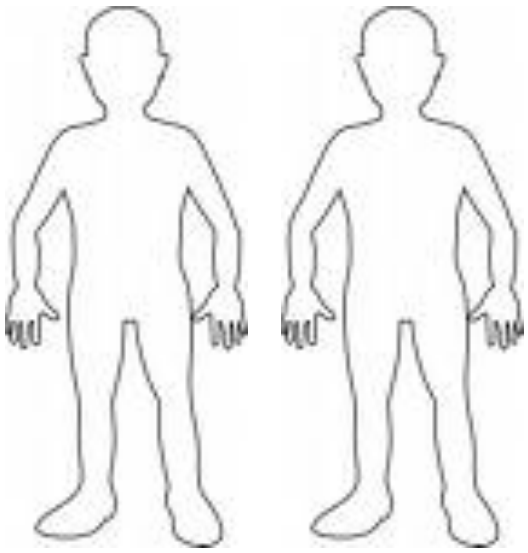
PILATES ITC

9a/248 Leach Hwy, Myaree WA 6154
P (08) 9330 4570
administration@pilatesitc.edu.au
www.pilatesitc.edu.au

Pilates ITC Incident Report

Injured party to complete, sign, date and submit to your Educator or an administrator within 24 hours of the event occurring.

Name:	
Date of incident:	Time of incident:
Date of report:	Employee/visitor (circle one)
Daytime phone number:	Evening phone number:
Describe the incident in detail:	
Location of the event:	Were you injured? Yes/No (circle one)
Please circle the area/s of the body involved in the incident: Write a description of the injury:	 **Front** **Back**

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Treatment of injury (circle one):

Who was treatment given by? _____

01. Simple first aid administered (returned to class)
02. First aid administered (went home)
03. Sent to the Chiropractor or Physiotherapist
04. Medical treatment (sent to doctor)
05. Dental treatment (sent to dentist)
06. Sent to hospital
07. Ambulance called
08. Fatal injury

Other (please specify):

Person/s witnessing the incident:

(Please complete full details and attach an additional sheet if necessary)

Witness 1	Witness 2
Name: Address: Contact telephone:	Name: Address: Contact telephone:
Signature of injured party:	Signature of instructor/administrator receiving the report:
Incident report received by:	Date and time that report was received:

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Was there a delay in reporting this event? YES/NO (circle one) If yes, please list reason/s:	
Was there material damage that occurred? YES/NO (circle one) If yes, approximate value:	
List the root causes of the event:	
What corrective actions are being taken to prevent recurrence?	
Signature of administrator/instructor:	Date: