



INCIDENT REPORT FORM

This form must be completed in full following any incident involving injury, near-miss, equipment damage, or property damage during the hire period.

Please return this form to admin@thevibevendor.com.au within 24 hours of the incident.

SECTION 1: INCIDENT DETAILS

Field	Details	
Date of Incident	/ /	
Time of Incident	: am / pm	
Location of Incident		
Date/Time Reported	/ /	: am / pm
Hire Agreement Ref No		

SECTION 2: REPORTING PERSON DETAILS

(Hirer or Supervisor)

Field	Details
Full Name	
Contact Phone	
Email Address	
Role at time of incident	

SECTION 3: INVOLVED PARTY DETAILS

(If applicable - injured person or property owner)

Field	Details	
Full Name:		
Address:		
Contact Phone:		
Email Address:		
Details of injury (if any)		
Was medical treatment provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If Yes, where/by whom?	
------------------------	--

SECTION 4: EQUIPMENT DETAILS

Field	Details	
Equipment Item Involved		
Was equipment damaged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Description of Damage		

SECTION 5: INCIDENT DESCRIPTION

(Please provide a detailed account)

Use the back of this sheet or attach a separate page if necessary.
Describe exactly what happened step-by-step

What was the immediate cause of the incident?			
Trip hazard	Power failure	Users collided	Misuse of equipment
If other, please describe below			
Were the safety guidelines (Safety Information and Emergency Protocols Sheet) being followed at the time of the incident?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If No, please explain which rule was broken and why:			

SECTION 6: WITNESS DETAILS

	Name	Phone
Witness 1		
Witness 2		

SECTION 7: DECLARATION & SIGNATURE

I declare that the information provided above is accurate and true to the best of my knowledge.

Name

Date / /

Signature
