



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?	
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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			
<p>Were the safety guidelines (Safety Information and Emergency Protocols Sheet) being followed at the time of the incident?</p>			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<p>If No, please explain which rule was broken and why:</p>			

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
