

# INCIDENT REPORT FORM – FORM 4

## INSTRUCTIONS



Fill out this form to report an incident that resulted in injury, illness or a near miss to person, livestock or dog. Please return completed form to: [secretary@qyuta.com](mailto:secretary@qyuta.com). If the incident may involve a potential public liability insurance claim, the Affinity Incident Report Form (Form 4A) will also need to be completed. Confirm with QYUTA President if this is required.

THIS FORM SERVES TO DOCUMENT: *tick all that apply*

<input type="checkbox"/>	INJURY	<input type="checkbox"/>	FIRST AID	<input type="checkbox"/>	INCIDENT	<input type="checkbox"/>	CLOSE CALL	<input type="checkbox"/>	OBSERVATION
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INJURY TO: *tick all that apply*

<input type="checkbox"/>	PERSON	<input type="checkbox"/>	LIVESTOCK	<input type="checkbox"/>	WORKING DOG
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INDIVIDUAL AFFECTED To be filled in by the injured person / involved, if possible

NAME OF PERSON COMPLETING FORM	PERSON FROM TRIAL ORG COMM	DATE OF REPORT

PERSON(S) INVOLVED	ANIMAL/EQUIPMENT INVOLVED

### INCIDENT DETAILS

LOCATION	DATE OF INCIDENT	TIME

**WITNESSES**

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**INCIDENT DESCRIPTION** Describe what was being performed and sequence of events. Attached additional pages as necessary

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Was event/injury caused by an unsafe act (activity or movement or an unsafe condition (livestock or weather)?

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TO BE COMPLETED ONLY IF INJURY OR FIRST AID WAS REQUIRED

TYPE OF INJURY SUSTAINED:			
Was medical treatment necessary? If Yes, name of hospital / Doctor			
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

PERSON INVOLVED SIGNATURE	DATE	TRIAL ORG COMM SIGNATURE	DATE

QYUTA USE ONLY	INCIDENT #:	DATE RECEIVED:	DATE CLOSED:
Reportable to Affinity	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date Reported	