



Oak Park Community Sports Association

Incident Report

Use this form when any member, player, child, volunteer or visitor are injured or potentially injured by incidents, near misses and/or from hazards whilst at, or representing the Oak Park Community Sports Association.

Name of Person making report:

Signed/Date:

Signed OPCS President or CSO:

WHO: Identification of people directly involved

WHERE: A description of the incident location

WHEN: Date, time(s) / time frame of incident



WHAT: Objective description of what happened

WHY: Any visual, auditory or behaviour observed that may have pre-supposed the incident

INJURIES: Any visible injury, please list

NOTIFICATIONS: Who was notified about the incident: Parent/Guardian, Medic/Ambulance/Hospital/GP, Coach, Team Manager. OPCSA Representative / CSO

RECOMMENDATIONS / OTHER: