Special Olympics Ireland

Incident Report Card

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s date Functional Area

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue Name Venue Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue Activity Type (Sport, Accommodation, Other – specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident Time of Incident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Reporting Incident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details Person Reporting Incident (Vol. Number & Phone/Local/Home/Cell)

**Affected Person Details & Group Designation:**

|  |  |
| --- | --- |
| * Male
 | * Female
 |
| * Athlete
 | * Coach
 |
| * Chaperone
 | * GOC Member
 |
| * Staff Member
 | * Facility Staff Member
 |
| * Official
 | * Family/Guest
 |
| * Volunteer
 | * Spectator
 |
| * Contractor
 | * No Person Involved
 |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Affected Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Local/Home

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Numbers Person/Club Affected (Local/Home)

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Telephone Number

*(Please complete other side⇨)*

***FILL IN AS MUCH DETAIL AS POSSIBLE***

***COMPLETE ONE CARD FOR EACH OCCURENCE***

Incident Report Card Back of Form

|  |
| --- |
| * **A ...Emergency**
 |

|  |  |
| --- | --- |
| * 1.Pedestrian Movement
 | * 5.Fire
 |
| * 2.Bomb Threat
 | * 6.Evacuation
 |
| * 3.Suspicious Package
 | * 7.Traffic Accident
 |
| * 4.Structure Collapse
 |  |
| * Other: Describe:
 |

|  |
| --- |
| * **B …Participant**
 |

|  |  |
| --- | --- |
| * 8.Minor Injury
 | * 12.Missing Person
 |
| * 9.Major Injury
 | * 13.Found Person
 |
| * 10.Fatality
 | * 14.Serious Complaint
 |
| * 11.Criminal Act
 | Other: Describe: |

|  |
| --- |
| * **C …Games Disruption**
 |

|  |  |
| --- | --- |
| * 15.Event delay > 1.Hr.
 | * 19.Equipment deficit
 |
| * 16.Transport delay > 1.Hr
 | * 20.Unsafe Practice
 |
| * 17.Staff Deficit
 | * 21.Zone Violation
 |
| * 18.Missing Essential Keys
 | Other: Describe: |

|  |
| --- |
| * **D …Damage/Loss**
 |

|  |  |
| --- | --- |
| * 22.Facility
 | * 24. SO Ulster Asset
 |
| * 23.Environment
 | * Other: Describe:
 |

|  |  |
| --- | --- |
| * **E…Lost**
 | * **E …Found**
 |

|  |  |
| --- | --- |
| * 25.Baggage
 | * 29. Baggage
 |
| * 26.Personal Item
 | * 30.Personal Item
 |
| * 27.Documents
 | * 31.Documents
 |
| * 28.Equipment
 | * 32.Equipment
 |
| * Other: Describe:
 |

|  |
| --- |
| * **Other…/No Category**
 |

|  |  |
| --- | --- |
| * 33.Food Poisoning
 | * 34.Infection Outbreak
 |
| * Other : Describe:
 |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure Implemented/Action taken

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notifying Volunteer/Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Manager

# INCIDENT REPORT FORM

**FORMS TO BE RETURNED TO SPECIAL OLYMPICS IRELAND**

**NAME OF PERSON FILLING FORM:**

…………………………………………………………………………

**ADDRESS:**

 …………………………………………………………………………………………………

…………………………………………………………………………………………………

………………………………………

**PHONE NUMBER**: ……………………………………………

**(A) Date and Time of Incident:**

…………………………………………………………………………………

**(B) Where did Incident Occur:**

…………………………………………………………………………………

1. **Senior Persons on Duty when Incident Occurred:**

 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

1. **Witnesses:**

 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

1. **Full Details of Incident:**

 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

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1. **Action Taken:**

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 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

1. **Name and Address of Club the person(s) are affiliated to:**

 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

1. **Name and Address of Volunteer/Member of the Public or other (please specify):**

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 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

 …………………………………………………………………………………………………

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_ \_ \_**