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

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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:**

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…………………………………………………………………………………………………

1. **Witnesses:**

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…………………………………………………………………………………………………

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:**

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

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…………………………………………………………………………………………………

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