

1 LOCATION DETAILS

MU Branch Name:	
MU Branch Leader Name:	
MU Branch Secretary Name:	
Meeting Organiser Name:	

2 INCIDENT DETAILS

Incident Type:	Incident – No injury		Incident - Injury		Near miss	
Date of the Incident:						
Time of the Incident:						
Time of Reporting:						
Incident reported to:						
Description of location:						

3 PARTICULARS OF PERSON(S) INVOLVED

Person 1

Committee Member		Ordinary Member		Member of Public	
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Person(s) involved name:	
Male or Female:	
Age/Date of Birth:	
Contact Number:	

Person 2 (repeat as necessary)

Committee Member		Ordinary Member		Member of Public	
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Person(s) involved name:	
Male or Female:	
Age/Date of Birth:	
Contact Number:	

4 PARTICULARS OF WITNESSES

Witness 1

Committee Member		Ordinary Member		Member of Public	
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Witness(es) name(s):	
Male or Female:	
Age/Date of Birth:	
Contact Number:	

Initial Incident Report Form

Witness 2 (repeat as necessary)

Committee Member		Ordinary Member		Member of Public	
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Witness(es) name(s):	
Male or Female:	
Age/Date of Birth:	
Contact Number:	

5 PARTICULARS OF THE INCIDENT

Describe in detail how the incident occurred:

6 EMERGENCY SERVICES

Were the emergency services called?	Yes		No	
If yes, which service(s)	Ambulance	Fire brigade	Gardai	

7 TREATMENT (if treatment was required complete section 10 below)

Did the IP(s) require first aid?	Yes		No	
Did the IP(s) require A&E services?	Yes		No	
Did the IP(s) require ambulance transfer?	Yes		No	
Person(s) who administered first aid				

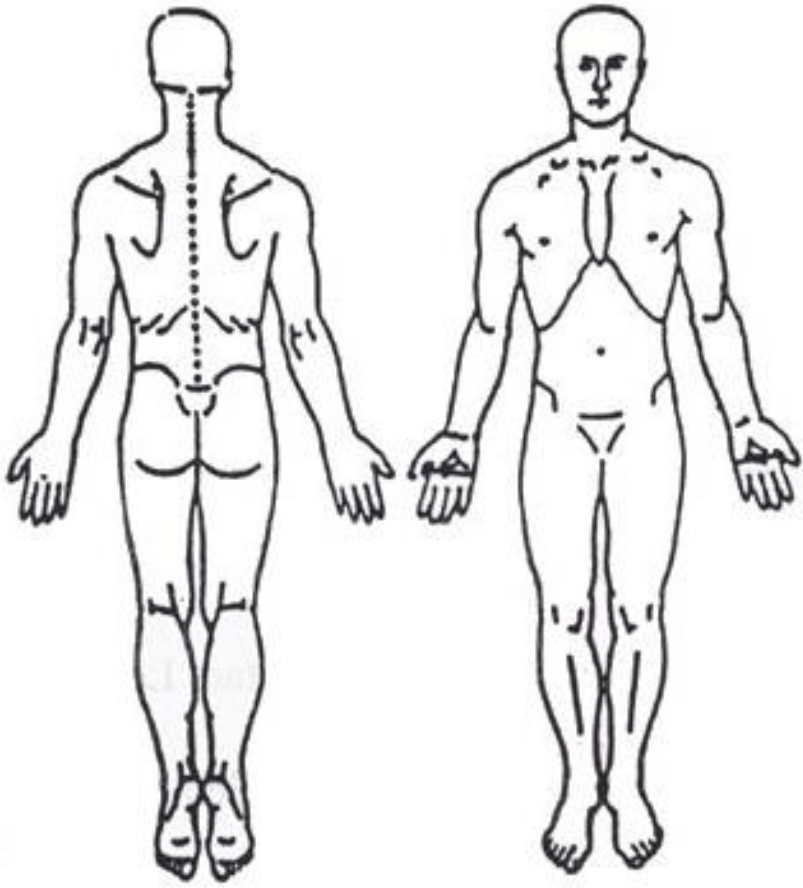
8 NOTIFICATIONS

Branch Leader notified?	Yes		No		N/A	
Finance + Central Services Unit Coordinator notified?	Yes		No		N/A	
Statutory bodies notified (if relevant)?	Yes		No		N/A	
Injured persons family notified?	Yes		No		N/A	

Initial Incident Report Form

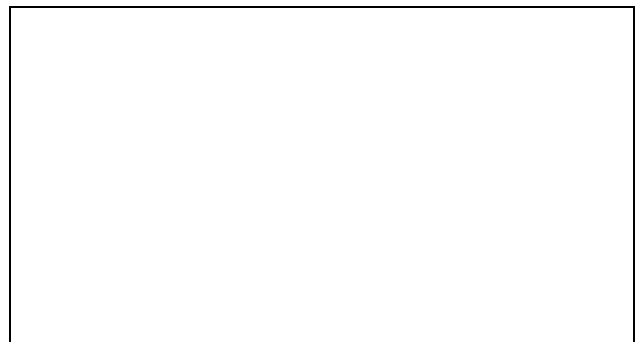
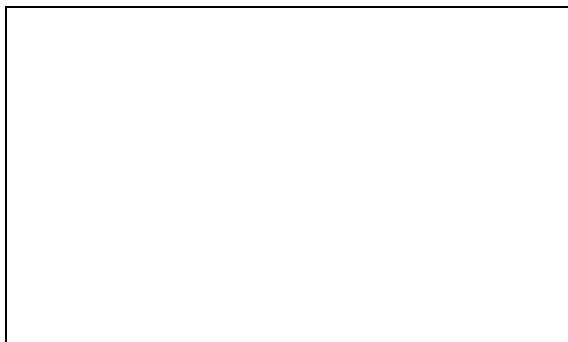
9 INJURIES

Please mark on the diagrams below the area affected/injured.

	Injury Type	X as appropriate
	Abrasion	
	Bleeding	
	Burns	
	Bruising	
	Deformity	
	Fracture	
	Cut/Laceration	
	Pain	
	Swelling	
	Tenderness	

10 PHOTOGRAPHS

Include below photographs of the area the incident occurred in, any machinery/equipment involved and any damage caused by the incident.



11 CONDITIONS

Condition present	Description							
Weather – (tick all relevant conditions if the incident occurred externally)	Dry		Sunny		Drizzle		Raining	
	Windy		Frost		Fog		Snow	

	Initial Incident Report Form				
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Underfoot – describe the ground conditions present in the area	Level		Uneven		Wet/Dry	
Area condition	Tidy		Somewhat Untidy		Very untidy	

13 SIGN-OFF

Report prepared by:	
Date:	