



# National Fire Brigades Cadet Programme

## Incident / Injury Reporting Form

Complete this form as soon as practicable following any incident, injury, near miss, property damage, behavioural concern, or other event occurring during a Cadet Programme activity. Provide clear information. Completed forms should be submitted to the Cadet Leader for review and appropriate action.

### Incident Details

Date of incident: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Type of incident (tick all that apply):

Injury    Near miss    Property damage    Behavioural

Other:

### Person(s) Involved

Name(s): \_\_\_\_\_

Role(s):  Cadet    Facilitator    Volunteer    Visitor

Age (if cadet):

Contact details: \_\_\_\_\_

### Description of Incident

Describe what happened (include sequence of events):

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**Injury or Damage Details (if applicable)**

Nature of injury or damage:

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Body part(s) affected (if injury):

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First aid provided?  Yes  No

Further medical treatment required?  Yes  No

If yes, provide details:

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**Immediate Actions Taken**

Actions taken immediately following the incident:

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**Contributing Factors / Hazards**

Identify any hazards, unsafe conditions, or behaviours involved:

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**Follow-up Actions Required**

Actions to prevent recurrence:

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Person responsible: \_\_\_\_\_

Date due: \_\_\_\_\_

**Reporting and Notifications**

Region Rep / Chief notified?  Yes  No

Parents / caregivers notified (if cadet)?  Yes  No

Reported to FENZ / other authority (if required)?  Yes  No

**Sign-off**

Report completed by: \_\_\_\_\_

Role: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_