



Kids Kinetic LTD Incident Report Form

1. Incident Details

- **Date of Incident:** _____
- **Time of Incident:** _____
- **Location of Incident:** _____

2. Person Involved

- **Name:** _____
- **Role (Employee/Child/Visitor):** _____
- **Contact Information:** _____

3. Incident Description

- **Description of Incident:**

- **Immediate Actions Taken:**

4. Witnesses

- **Name of Witness 1:** _____
- **Contact Information:** _____
- **Name of Witness 2:** _____
- **Contact Information:** _____

5. Injury Details

- **Description of Injuries:**

- **Medical Treatment Provided:**

6. Incident Analysis

- **Cause of Incident:**

- **Preventative Measures:**

7. Follow-up Actions

- **Corrective Actions to be Implemented:**

- **Responsible Person:** _____
- **Completion Date:** _____

8. Signatures

- **Person Involved:** _____ (Signature)
- **Witness:** _____ (Signature)
- **Health and Safety Officer:** _____ (Signature)
- **Date:** _____

Reviewed: July 2024