

## Basement Theatre Accident, Incident & Near-Miss Report

<b>Particulars of event:</b>		
Date:	Time:	Location:
<b>Type of incident (please BOLD &amp; UNDERLINE or circle below):</b>		
Injury    Illness    Environmental    Near Miss    Notifiable event    Other:		
Reported by:		Phone:
Role in the event:		Email:
<b>The injured or affected person:</b>		
Name:		Address:
Age:	Phone:	
<b>Witness(s):</b>		
Name:		Phone:
Name:		Phone:
Name:		Phone:
<b>Describe the incident:</b> <i>(Space overleaf for diagram if needed)</i>		
<b>Describe any illness or injury:</b> <i>What part of the body is affected and how?</i>		
<b>Describe any property damage:</b> <i>What damage was caused and how?</i>		
<b>Analysis:</b> <i>What do you think caused or contributed to the incident?</i>		
<b>Prevention:</b> <i>What action has been taken to prevent a recurrence?</i>		

<b>Have all preventative actions been reviewed by the Basement Theatre and implemented?</b>	
Yes	No
Basement Theatre Staff Member Signature:	Date completed:
<b>Treatment:</b>	
A & E Hospital:	Doctor:
Type of treatment provided:	
<b>IN THE EVENT OF A NOTIFIABLE EVENT* CALL WORKSAFE 0800 030 040 (24 hours)</b>	
Worksafe NZ advised by:	Date:
Investigation conducted by:	Date:
Risk Register updated by:	Date:

**This incident report must be emailed to the Technical & Facilities Manager as soon as completed.**

**Michael Trigg | [trigg@basementtheatre.co.nz](mailto:trigg@basementtheatre.co.nz)**