

Moss Rose Stadium - Incident Report

INCIDENT DETAILS										
MTFC	-v-					Date:				
Time:		Exact Location:								
PERSON REPORTING:										
Name & ID No:					Contact No:					
Immediate Supervisor:										
DESCRIPTION OF INCIDENT: (I saw, I was, etc. avoid jargon; continue on a separate sheet if necessary)										
Police Called?	Yes		No		Any damage caused?	Yes		No		
Arrests Made?	Yes		No		Any Injuries sustained?	Yes		No		
						Injury Report Completed?	Yes		No	
WITNESSES:	Name	Address			Employee					
					Yes / No					
					Yes / No					
Signed:					Steward					
Signed:					Supervisor					
REMEDIAL / PREVENTATIVE ACTION (details of any action already taken to prevent a recurrence and any further actions needed)										
Actions Taken					Further Actions					

Signed: _____ Safety Officer