



SAMPLE SERIOUS OCCURRENCE REPORT FORM

SPO Name:

Site Name:

Phone Number:

Name of Coordinator:

Name and position of person reporting:

Date and time of the serious occurrence:

Description of the occurrence and actions taken:

- How did it happen? (e.g. injury to child, flood)
- Why did it happen? (e.g. child was running and bumped into shelf or sink overflowed)
- Who was involved? (Child, Staff, Volunteer, Parents)
- Who witnessed it?
- Agencies involved (Child Protection, Emergency Services - Fire, Ambulance)
- What actions were taken?

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Follow up Actions: (Describe steps taken and/or decisions made since occurrence)

Has the occurrence been resolved? Yes No

Signature:

Date:

February 2016

