

PESS Incident Report Form

Date: _____

Reporter's Particular	Name & Staff/Student Card No.	
	Designation & Dept/AG	
	Contact Number	
	Email	
	Signature of Reporter	

Injured's Particulars	Name & Staff/Student Card No.	
	Designation & Dept/AG	
	Contact Number	
	Email	

Details of incident:

Date of occurrence: _____

Time: _____ (Before / During / After Class / Training Session / Recreation)*

Location: _____

Was facilities staff informed of the incident? Yes / No

Name of facilities staff who attended to the incident: _____

Description of incident:

* Please circle accordingly

Description of injury (if any):

Was ambulance activated? Yes / No

Time ambulance was called: _____

Time ambulance arrived: _____

If ambulance was not called, was first aid administered? Yes/No

Name of staff who administered first aid: _____

No. of days of MC/hospitalization leave given (if applicable): _____

Immediate action or steps taken at time of incident:

Follow-up action or steps taken:

Seen & Endorsed by:

A/P Koh Koon Teck (for serious cases only
that require the calling of ambulance)
Head, PESS
Dated :

Ms Samantha Tang
Senior Manager, PESS
Dated: