



INCIDENT REPORT FORM

All injuries or incidents **MUST** be reported to the Line Producer as soon as practically possible after the incident (via 2nd AD if you are on set).

Date of Report:		Production:
Worker's Name:		Job Title:
Date of injury/incident:		Time of injury/incident:

LOCATION OF INJURY / INCIDENT / LOSS / THEFT:

HOW WAS INJURY SUSTAINED/ EXPLANATION OF LOSS/ THEFT:

NATURE OF INJURY AND BODY PART(S) AFFECTED/ DESCRIPTION OF PROPERTY (please include model/ serial numbers):

WITNESSES TO INCIDENT/INJURY/ THEFT (if any):

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IF LOSS/ THEFT, INSURANCE/ POLICE REPORT INFO (please include all relevant documentation in support of this report):

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IF LOSS/ THEFT, ESTIMATED REPLACEMENT COST (please include all relevant documentation in support of this claim):

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*Please note that this report neither confirms or generates compensation or replacement by the Production Company. All damaged items must be returned to the Production Company before a replacement or compensation can be authorised.

***Mysterious Loss/Theft Exclusion:** Any items which are lost, or believed stolen which cannot be supported by evidence of a break-in or a reasonable explanation of loss will not qualify for replacement and/or compensation.

Report prepared by:		(Signature)
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Director of Production:	Toni Malone	(Signature)
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THIS REPORT MUST BE GIVEN TO THE PRODUCTION SUPERVISOR AS SOON AS POSSIBLE