

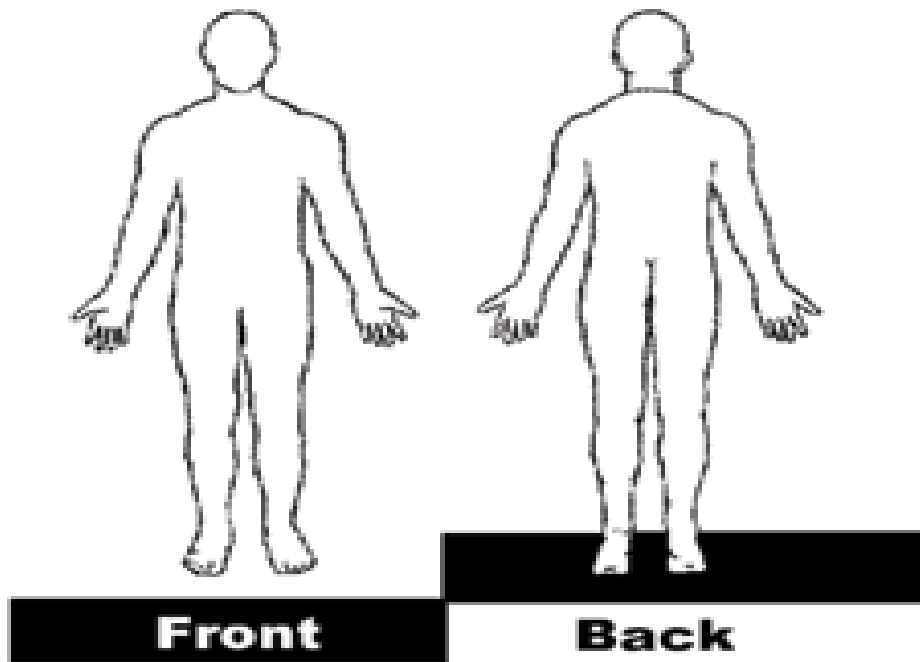


INCIDENT REPORT FORM

To be completed by the tutor taking the class/activity where the incident occurred as soon as possible after the incident . Please return the form to the U3A Broadbeach office.

Class name	Tutor present
Date of incident	Time of incident a.m/p.m
Name of person injured or involved	
Address:	
Contact number:	Mobile number:
Is this person a financial member?	
Location of incident: <i>Location in Merrimac High School or address/site off campus</i>	
Type of incident: <i>If it is an injury, please fill out the reverse of this document</i>	
Incident details: <i>Brief description of how the event occurred. A more detailed account can be attached.</i>	
If an injury, first aid was performed by:	Was an ambulance called?
Contact details:	
Witness information: <i>Name and contact details</i>	

Draw a circle on the diagram below to indicate the location of the injury



Describe the details of the injury: *Size and severity of the injury, type of injury, etc.*

What treatment was given? *Ice pack, bandaging, cleaning and covering of wound, etc*

Supplementary information: *This section can include a list of attachments, such as maps, witness statements, etc.*

Report by (print) _____ sign _____ date: _____

PERSONS TO BE INFORMED IMMEDIATELY:

Merrimac State High School/ venue "owner" Date and time: _____

Insurers Date and time: _____

President of U3A Broadbeach Date and time: _____