

Incident Report Form - Injury

Incident Summary:

Date of Incident:	Time of Incident:
Exact location of incident:	

Injury:

Name of Person Injured:	<input type="checkbox"/> Member
Contact Number (mobile):	<input type="checkbox"/> Visitor / Student
	<input type="checkbox"/> Employee / Contractor / Volunteername of contracting company:
Activity in which the person was engaged at the time of the injury:	
Nature of injury (eg cut, sprain, fracture):	
Location of injury on body:	
<input type="checkbox"/> First Aid Treatment Name of treating person:	<input type="checkbox"/> Medical Treatment Name of treating doctor / hospital:
Name of Witnesses: 1. 2.	Contact Number (Mobile): 1. 2.

Form Completed By:

Name:	<input type="checkbox"/> GC Member / Storage Officer
Signature:	<input type="checkbox"/> Club Manager
Date:	<input type="checkbox"/> Race Officer
	<input type="checkbox"/> Head Instructor
	<input type="checkbox"/> Othercontact number (mobile):
Submit form to Club Manager, or to a General Committee Member within 24hr of incident	Date / time received: