



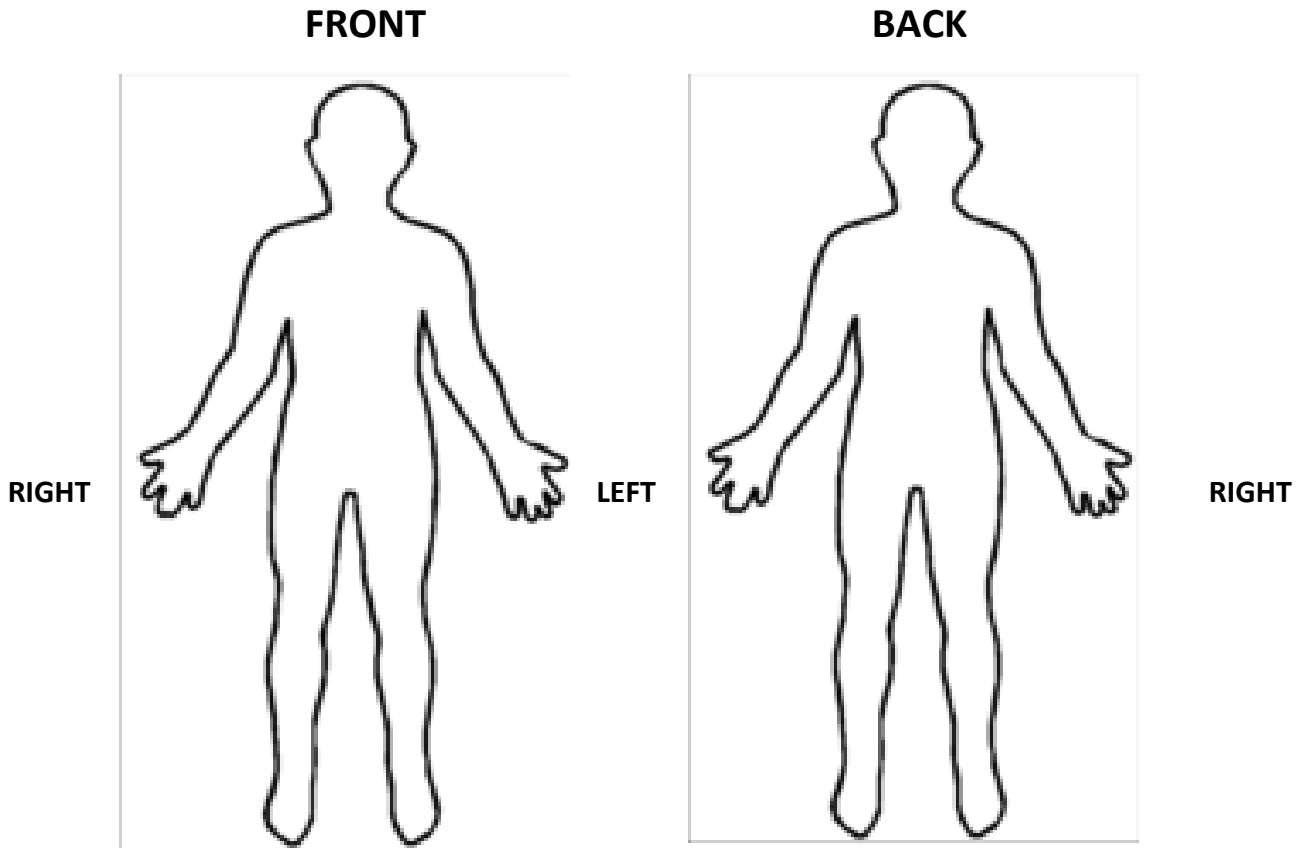
U3A REDLANDS DISTRICT INC

INCIDENT REPORT FORM

To be completed by activity Tutor as soon as practical after the incident. Please return original form to the U3A Redlands office.

Class Name:	Tutor Present:
Date of Incident:	Time of Incident: am/pm
Name of Injured Person:	
Address:	
Contact Number:	Mobile Number:
Membership Number:	
Location: <i>Address of Incident</i>	
Type of Incident: <i>Injury (fill out reverse of document)</i>	
Incident Details: <i>Brief description of how event occurred</i>	
First Aid performed by:	Was an ambulance called:
Contact details:	
Witness Information: <i>Name and contact details, etc.</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 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:

Venue 'Owner' Date and Time _____

Insurers Date and Time _____

President of U3A Redlands Date and Time _____

U3A Redlands Office Date and Time _____