



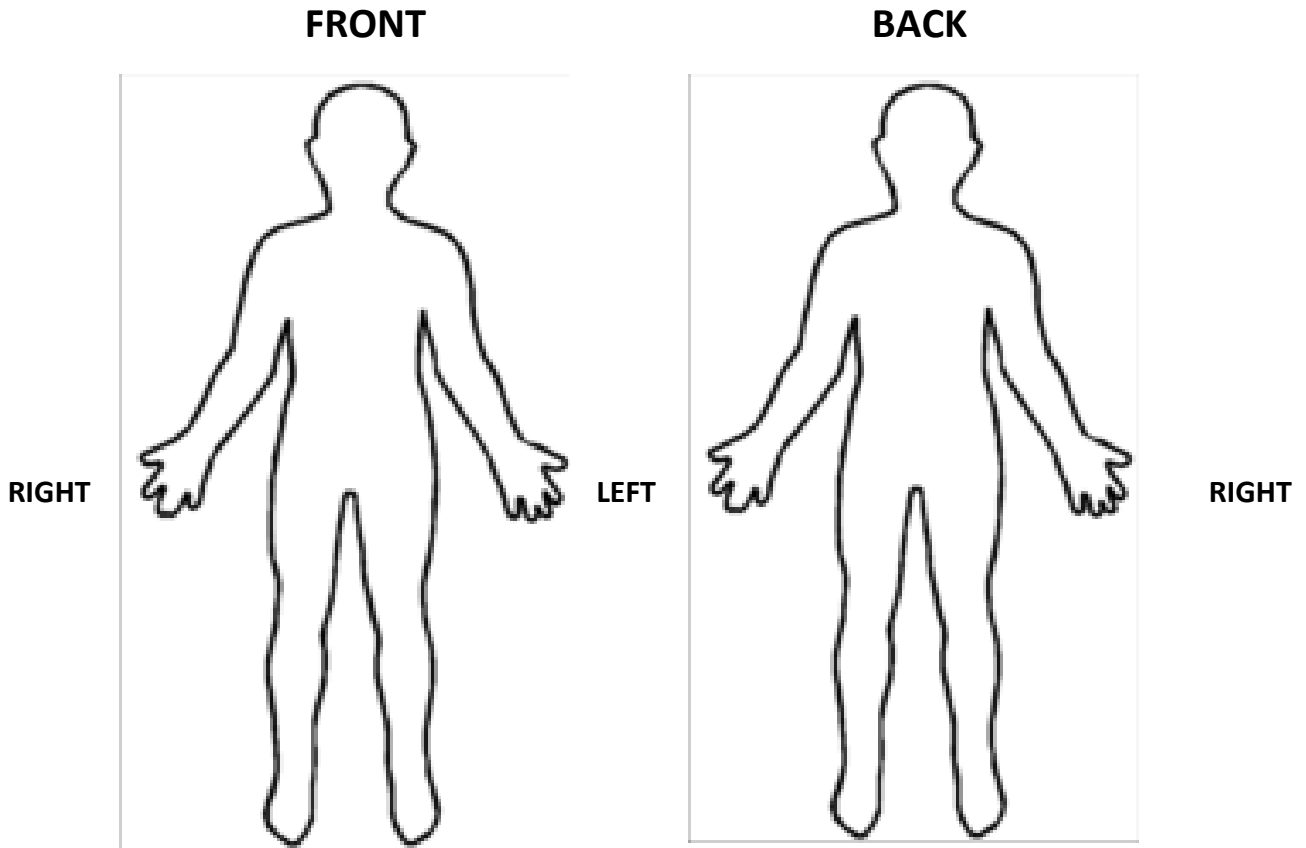
# U3A REDLANDS DISTRICT INC

## INCIDENT REPORT FORM

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

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