



Live, Laugh, Learn!

7 Castlereagh Street, Penrith, NSW 2750
 Postal Address: PO Box 958, Penrith 2751
 Phone: (02) 4722 3405
 Email: u3a@u3apenrith.org.au
 ABN: 35 956 305 595

Accident/Incident Report Form

Date of incident:	<input style="width: 90%;" type="text"/>		
Time of Incident:	<input style="width: 90%;" type="text"/>		
Name of person filling in report	<input style="width: 90%;" type="text"/>	Report to be completed by Tutor, if present, or witness.	
Date of report:	<input style="width: 90%;" type="text"/>		
Did the incident occur on the organization's premises?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Did the incident occur in an approved U3A premise during a U3A activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Location of incident (if possible, digital pictures of the area):			
Description of incident (a brief factual account of the incident; include who was involved, how the incident occurred):			
Witness information:			
	Name	Address	Phone
Witness 1			
Witness 2			

Injured party's information:

Name:

Member number:

Status (volunteer tutor, class participant, office volunteer, committee member, etc.)

Address

Phone numbers:

Was treatment applied on the premises? YES NO

If yes, by whom:

Was there any visible or obvious injury? YES NO

If Yes detail:

Describe the patient's demeanour at the time of the incident (agitated, in obvious or no obvious pain, able to move around, articulate, aware of surroundings)

Was there an ambulance called? YES NO

Was the patient transported by ambulance? YES NO

If so, where: _____

Was the patient taken to a local doctor? YES NO

If so, where: _____

Was the patient allowed to go home on their own? YES NO

OFFICE USE ONLY

<p>Further information:</p> <p>Follow Up Action Required:</p>
--