

INCIDENT REPORT FORM

| Lanesboro Triathlon Club | |
|--------------------------|--|
| Event Leader: | |
| Form Completed By: | |
| Date Completed: | |

| Injured / Affected Person | |
|---------------------------|--|
| Name: | |
| Telephone: | |
| Address: | |

| ACCIDENT / INCIDENT DETAILS | |
|---|----|
| Date: | |
| Exact Location: | |
| Time & Time Reported | |
| Reported by who: | |
| Nature of Injury <i>How accident happened (describe what activity was taking place, and details known about circumstances etc)</i> | |
| Name and contact details of witnesses | 1. |
| | 2. |
| | 3. |
| | 4. |
| First Aid Required? | |

| | |
|---|--|
| Emergency Services Called? | |
| Family Called? <i>(By whom and when)</i> | |
| Safety Officer Informed? | |
| Child Protection Officer Informed? | |
| Any further action taken? | |
| Other Comments | |

I confirm that all of the above facts are a true record of the accident/incident.

Signed: _____

Date: _____

Print Name: _____

Club Position (if any): _____

Signed as received by the Safety Officer

Signed: _____

Date: _____

Print Name: _____