



## Incident Report

In the event of an incident occurring please complete this form and notify the President or Vice President within 24 hours or as soon as practical.

Activity: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_ Leader: \_\_\_\_\_

Name of person involved in Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Details of injury: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Action taken: \_\_\_\_\_

This report prepared by: \_\_\_\_\_ Contact Nos: \_\_\_\_\_(H) \_\_\_\_\_(M)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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