

Brisbane Water Outdoors Club Inc.
PO Box 845 Gosford NSW 2250



Incident Report Form

THIS FORM IS TO BE COMPLETED IN THE EVENT OF SOME INCIDENT OCCURRING WHICH MAY GIVE RISE TO A CLAIM SUCH AS SERIOUS INJURY, DEATH , DAMAGE TO THIRD PARTY PROPERTY OR LOSS OF POSSESSIONS

DEFINITION OF SERIOUS INJURY - ANY INJURY REQUIRING MEDICAL ATTENTION

NAME OF INJURED PERSON OR PERSON SUFFERING LOSS:
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ADDRESS OF INJURED PERSON OR PERSON SUFFERING LOSS:
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PHONE CONTACT DETAILS:

Nature of Incident:

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Details of the Incident and Action Taken:

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Location:.....

Activity:.....

Leader:.....

Date:.....

Details of Witnesses including names & contact details:

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Signature of Leader.....

Date: