

U3A PINE RIVERS INC

"Learning for Leisure and Pleasure for Seniors"



ABN 68 518 990 950 / Inc. No. IA 13638

Incident Report

To be completed by the Tutor or administration and lodged with U3A reception within 24 hours Class Name Tutor Date of incident Time of incident Room/location Venue within venue Name of injured person Describe injury/ Cut Graze Bruising health incident Sprain/strain/ Loss of consciousness Dizziness swelling Other (describe) Location of injury R R **X** on the diagram to indicate location of the injury **Back** Front Describe Incident

Was First Aid administered?	Y N	Performed by:	
Ambulance called?	Y N NA	Time Called	
		Time Arrived	
First aid provided	□ Cleaning & bandaging	□ icepack	☐ CPR
		☐ Other	
Emergency Contact required	Y N NA	Time	
Name		Number contacted	
Contacted U3A (3880 6677)	Y N	Time	
Answered	Y N	Message left	Y N NA
Witness name		Contact number	
Supplementary information/Attachments Eg witness statements, ambulance document			
Reported by		Signature	
FOLLOW UP			
Individual contacted? Y N	Discussion		
Contacted by		Date	
Emergency contact called? Y N NA	Discussion:		
Contacted by		Date	
Insurance contacted? Y N NA	Outcomes:	,	
Contacted by		Date	