

Blue Mountains Conservation Society Inc.

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

Details of this incident are to be given to the Insurer as soon as possible but in any event within one month from date of incident,

Leader to contact the Co-ordinator or Registrar if uncertain how to proceed

DEFINITION OF SERIOUS INJURY - ANY INJURY REQUIRING MEDICAL ATTENTION

NAME OF INJURED PERSON OR PERSON SUFFERING LOSS:

ADDRESS OF INJURED PERSON OR PERSON SUFFERING LOSS:

Time Incident occurred

Nature of Incident:

Action Taken:

Location:.

Activity:..

Was permission to administer First Aid given by the recipient? Yes No

Leader (Insert Name of Leader)

Date:.. (Insert Date of Walk)

Details of Witnesses including names and addresses:

Signature of Leader:

Date: