



U3A ATHERTON TABLELANDS ACCIDENT/INCIDENT REPORT FORM

Please note that for insurance purposes, ALL accidents/incidents MUST BE REPORTED

Please address all correspondence to:

The Secretary, U3AAT, P.O. Box 938, Atherton. 4883

Date of accident/incident.....

Place of accident/incident.....

Time of accident/incident.....

Name of person involved in accident/incident.....

Nature of injury/illness.....

Was medical attention required and/or hospitalisation? .....

Name of witness to accident/incident.....

Description of accident/incident; how & why it happened.....

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Presenter to whom the accident/incident was reported.....

Name of Course/Activity.....

To whom was the accident/incident reported at the venue? .....

What action is proposed to try to avoid this type of accident/incident in the future? .....

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Any other relevant information: .....

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Signature of Injured Person (if available).....

Signature of Any Witnesses.....