



INCIDENT / INJURY REPORT

This form MUST be completed if you are involved in, or witness to, a safety incident, accident or injury whilst involved in any Albany Art Group activity.

The **person in charge at the time MUST complete this Report Form**, and send a copy to the current AAG Vice President to report the matter. It would assist if you also took **photos** at the time.

- If more than one person is involved, please complete a separate Report Form for each person.

Details of the Person Involved / Injured in the Incident:

Family Name _____

Given name: _____

Address: _____

Phone: _____ Email _____

Is he / she a member of the Albany Art Group? Yes / No

Details of the Incident, and any Injuries Sustained:

Date and Time of the Incident:

Location:

Type of Incident.

Was any obvious injury sustained? Yes / No

Please describe the incident, and give details of any injuries sustained:

Details of any Medical Treatment given at the time of the Incident:

Was medical treatment given? Yes / No / First Aid / Ambulance / Doctor

Name of person/s giving initial treatment:

Details of the Person in Charge and Reporting the Incident:

Name _____

Phone: _____

Email _____

Are you a member of the Albany Art Group? Yes / No

Signed: _____ Date: _____

Details of Person/s Witnessing the Incident:

1/ Name of witness: _____

Phone: _____

Signed: _____ Date: _____

2/ Name of witness: _____

Phone: _____

Signed: _____ Date: _____

Report on the outcome of the incident report:

Name: _____

Signed: _____

Position Held: _____

Date: _____