

NILLUMBIK U3A INCIDENT/ACCIDENT REPORT

NAME: _____

ADDRESS: _____

_____ TEL: _____

DATE OF INCIDENT: _____

PLACE: _____ TIME: _____

TUTOR: _____ TEL: _____

OTHER WITNESS: _____ TEL: _____

DETAILS OF INCIDENT: _____

ACTION TAKEN: _____

SIGNATURES:

PERSON AFFECTED _____

TUTOR: _____

WITNESS: _____

** Please make two photocopies of this form when it has been completed. Give a copy to person who was involved, a copy should be placed in the INCIDENT/ACCIDENT file for future references and the U3A Secretary should be given the ORIGINAL REPORT as soon as possible.