Northern Rivers Outdoor Adventure Club Inc

INCIDENT REPORT FORM

This form is to be completed when an incident occurs on a club activity. Refer to *NROAC* Procedure: Incident Management Process in conjunction with using this form. If there is insufficient space to record all relevant details on this form, please add extra pages to do so.

Activity …… ……..**Date of Activity**……...

Leader's Name …… No. of participants ……

Name of Affected Person …… **Age** ……**M/F**…..……

Address……

Mobile no. ……Email address ……

Time of Incident…… **Weather**……..

Location of Incident……...

How did the incident occur ? ……

……

Describe any harm or injury to the affected person …….

……

If first aid was administered, please describe …….

……

First aid administered by whom? ………..

Did the person require medical treatment after the incident? …..……

By whom/which service?……..Where?……

Date and time this was this provided …….. ……

Witness 1 …….. **Phone** ……..……

Witness 2 ……..……..…….... **Phone** ……..……

Witness 3 ……..…… **Phone** ……..

Name of person completing this form ……

Signature ……..Date……

Completed forms are to be forwarded to the **NROAC Club** Secretary and President – as soon as possible after the incident

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