

# Vermont South Club Inc.

## Incident / injury report form

Please print clearly and tick the correct box

**Status:**       Member       Visitor       Contractor       Other

**Outcome:**       Near miss       Injury

### 1. DETAILS OF INJURED PERSON

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ Sex:  M  F

\_\_\_\_\_ Date of birth: \_\_\_\_\_

### 2. DETAILS OF INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Describe what happened and how: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 3. DETAILS OF WITNESSES

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### 4. DETAILS OF INJURY

Nature of injury: (eg burn, cut, sprain) \_\_\_\_\_

Cause of injury: (eg fall): \_\_\_\_\_

Location on body: (eg back, left forearm): \_\_\_\_\_

Agency: (eg lounge chair, another person, hot water): \_\_\_\_\_

### 5. TREATMENT ADMINISTERED

First Aid given:       Yes       No

First Aider name: \_\_\_\_\_

Treatment: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTION 6-10 MUST BE COMPLETED BY CLUB OFFICIAL

Date Received: \_\_\_\_\_

Report No: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### 6. INCIDENT INVESTIGATION (comments to include causal factors):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 7. RISK ASSESSMENT

Likelihood of recurrence: \_\_\_\_\_

Severity of outcome: (eg H,M,L) \_\_\_\_\_

Level of risk: eg (H,M,L) \_\_\_\_\_

### 8. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed

### 9. ACTIONS COMPLETED

Signed : \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Feedback to person involved

Date: \_\_\_\_\_

### 10. REVIEW COMMENTS

Management Committee:

\_\_\_\_\_ Date: \_\_\_\_\_

Completed forms to be forwarded to The Secretary  
Vermont South Club Inc.  
C/- PO Box 6002  
Vermont South 3133