

Life Activities Club Heidelberg Incorporated

Incorporation Registration Number A0052946A

LACH Incident Report Form

Incident Date: __ / __ / __ Page 1 of 2

Please Note: No discussion should be had regarding liability and outcomes. Please only provide accurate details of the incident. Please complete as much of this report as possible.

Report made by: _____ Phone: _____ email: _____

The incident resulted in: ☐ Injury, ☐ Damage to property/environment, ☐ A near miss

Details (of injured person or property damage):

Surname: _____ First name: _____

Address: _____ Phone: _____

_____ Postcode: _____ email: _____

☐ Male ☐ Female Date of birth: __ / __ / __

☐ Committee member, ☐ Volunteer, ☐ Club Member, ☐ General Public, ☐ Property

Incident details:

Date incident occurred: _____ Time incident occurred: _____

Where did the incident occur? (Please specify) _____

What was the nature of, and injury resulting from, this incident? OR Details of damage?

(Please explain in your own words what happened) _____

Was first aid or further treatment required? ☐ Yes ☐ No Provide details

Comments by the Injured Person: _____

Signature of injured person: _____

Were there any witnesses? ☐ Yes ☐ No

Name of witness: _____ Phone: _____ email: _____

Address: _____ Postcode: _____

If more information or more than 1 witness, provide details on reverse. - Report continued on Page 2

Life Activities Club Heidelberg Incorporated

Incorporation Registration Number A0052946A

LACH Incident Report Form

Page 2 of 2

Injured Person: _____ Incident Date: __ / __ / __

Comments by Witness: _____

Signature of Witness: _____

Signature of person completing report: _____ Date: DD / MM / YY

This report is be forwarded to the Secretary of LACH (or a Committee Member) ASAP.

Committee comments: _____

Action to prevent this/similar incidents in the future: _____

Has the injured person fully recovered /what further action : _____

Is the injured person satisfied with action taken by the Club : _____

Details if required: _____

Does this incident require further investigation? ☐ Yes ☐ No

Details if required: _____

Does the incident need to be reported to Council and/or LACH Insurance Brokers ☐ Yes ☐ No

Signed on behalf of Committee: _____ Date: DD / MM / YY

NB: Original report to: ☐ Secretary of LACH **A copy of this report is to be provided to the:**

☐ The Injured Party ☐ Person reporting the Incident

☐ Council (if required) ☐ Insurers (if required)

Follow Up Action: _____

Incident Finalised: ☐ Yes Comments: _____

Signed on behalf of Committee: _____ Date: DD / MM / YY

If more information provide details on reverse.