

Bairnsdale & District Field Naturalists Club Inc.

A0006074C

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www.bairnsdalefieldnaturalists.com.au

INCIDENT NOTIFICATION/INVESTIGATION FORM

PERSONAL DETAILS

Name:

Name of parent if a junior member.....

Address.....

Phone No. Email address.....

INCIDENT DETAILS:

Date and time.....

Location.....

Classification, please circle appropriate descriptor:

accident; minor or serious injury; medical incident; other:

Description of what happened:

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.....

What treatment did you require and/or receive at the time and from whom?
.....

.....

What treatment did you require and/or receive subsequently and from whom?
.....

.....

Signed:.....Date:.....

NOTIFICATION/INVESTIGATION PROCESS

- 1 In case of a serious injury notify the President/Secretary ASAP, otherwise
- 2 Complete and sign this form and forward to the President/Secretary
- 3 President/Secretary will:
 - carry out an investigation if and as required
 - propose/instigate risk management strategies if required
 - record incident on a data base
 - hold *Incident Notification Form* on file for 5 years.

INVESTIGATION REPORT/OUTCOME

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East Gippsland flora and fauna
- promote, protect and enjoy