

Manningham U3A Inc. Incident / Accident Report

(to be completed on day of incident / accident)

Male / Female

U3A Report Number : _____ U3A Member Yes / No

Date and Time of Accident: _____

Name of person involved: _____

Address: _____

TEL: _____

Place / Location: _____

Details of Incident: _____

Action Taken (e.g. Treatment, Doctor, Ambulance, Hospital etc.).

Next of Kin Advised: _____

NOTE: In the event of an accident / injury, general members must use their own medical insurance. If someone else is legally liable for the injury, public liability insurance may be activated.

SIGNATURES:

Person Reporting: _____ Tel: _____

(Tutor/ Asst. Tutor/ Asst. Leader)

Witness: _____

Person / patient Affected: _____

Name of Class: _____

DATE AND TIME THIS REPORT WAS COMPLETED:

DATE: _____ TIME: _____

FOR OFFICE USE ONLY:

Report ORIGINAL:

To be filed in the U3A Incident Report Folder
using next Report Number in sequence

- 4 photocopies required:
- One copy given to person involved
 - One copy forwarded to President
 - Two copies forwarded to Secretary

PTO

MANNINGHAM U3A Inc.

INCIDENT REPORT PROCEDURES.

TIME FRAME	LOCATIONS.		ACTIONS	
	OFFSITE	CLASSROOM	FRONT OFFICE	EXECUTIVE or COMMITTEE
SAME DAY	OFFSITE INCIDENTS	CLASSROOM INCIDENTS		
	REPORTED TO TUTOR.			
	INCIDENT REPORT COMPLETED BY TUTOR AND MEMBER AND DULY SIGNED.		Incident report returned to front office	
			Incident report allocated next in sequence report number	
Within 24 hours			Incident report photocopied for 3 copies	
			Original filed in Office Report Folder	
			One copy given to member involved	
			One copy forwarded to President	
			One copy forwarded to Secretary	
Within one week			Incident report copy reviewed	
			Recommended action noted, dated, signed	
			A copy of the report then forwarded to Secretary for action or referred to Safety Officer	