CLUBS CUSTOMER INCIDENT REPORT FORM

UQ SPORT

- This form must be completed by Customer Service staff to report any customer workplace accident or incident which results in an injury.
- In the case of fatalities, a serious injury or dangerous occurrence, please phone UQ Security on **3365 3333** and the Operations Manager of UQ Sport on **3345 6040**.
- Return completed form to your supervisor.

1. DETAILS OF PERSON INJURED OR INVOLVED (to be filled out by the person injured/involved if possible)

Name of person injured: Club name:

Date of birth: / / Contact phone number:

Address:

2. INCIDENT DETAILS

Date of incident: / / Time of incident: AM / PM

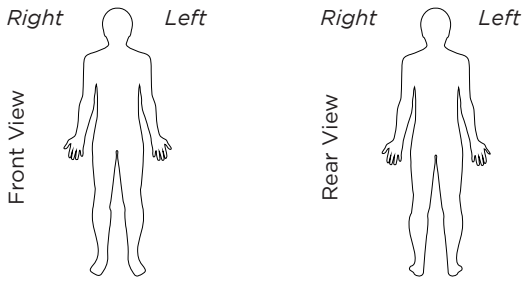
Place of the incident:

Description of the incident (What was being done when the incident occurred?):

3. INJURY DETAILS

Description of injury/illness:

Indicate bodily location of injury



Did you require any medical attention for your injury? (Please circle)

- Nil
- First Aid Only
- Ambulance
- Hospital
- Other _____

4. EQUIPMENT BEING USED (if involved in incident)

Type of equipment:

Was the equipment in good working order? Yes No

If No, details:

5. INJURED PERSONS DECLARATION – I declare the above information is correct and not misleading

Name: Signature: Date: / /

6. TO BE COMPLETED BY ATTENDING STAFF MEMBER

Name of staff member attending incident: