

Longford Triathlon Club

Incident Report Form

1st October 2023



Longford Triathlon Club

Event Leader:	
Form Completed By:	
Date Completed:	

Injured / Affected Person

Name:	
Telephone:	
Address:	

Accident / Incident Details

Date:	
Exact Location:	
Time & Time Reported	
Reported by Who:	
Nature of Injury: How accident happened (describe what activity was taking place, and details known about circumstances etc)	
Name and Contact Details for Witnesses:	1.
	2.
	3.
	4.
First Aid Required?	

Emergency Services Called	1.
	2.
	3.
Family/Next of Kin/ICE contacts Called? (Who was contacted, by whom and when)	
Safety Officer Informed	
Child Protection Officer Informed	
Any further action taken	
Other Comments	

I confirm that all the above facts are a true record of the accident/incident

Signed:	
Print Name:	
Date:	
Club position (if any):	

Signed as received by the Safety Officer

Signed:	
Print Name:	
Date:	