



Incorporated 1400344

CLUB INCIDENT REPORT FORM

This form must be completed and sent to Traditional Archery Australia if you have an accident on the club grounds or one of your members are injured while carrying out archery activities. This form must be sent through within 24hrs of the incident occurring.

Scan and send to: taasecretary23@gmail.com and taapresident23@gmail.com

Originals to:
Club Incident
PO BOX
984 Tully QLD 4854

Our Insurance Brokers are:

Pollard Insurance Brokers

Address: Suite 12, 395 Nepean Highway, Frankston, VIC 3199

Tel: (03) 9783 6255

Fax: (03) 9781 4645

Web: www.pollardinsurance.com.au

Minor first aid incidents must be recorded in your first aid book and held by the club safety officer or club committee.

Club Name:

Postal Address:

Name of person completing this form:

Postal Address:

Email Address: Phone:

Signature: Club position:

Date of incident: Time of incident:

Place of incident:

Nature of activity being conducted when this incident occurred: _____

Describe the circumstances of the incident: INCIDENT DETAILS / ACTION TAKEN / TREATMENT GIVEN and by WHOM / WAS THE PERSON/S REFERED FOR FURTHER TREATMENT. IF SO, WHERE.

[illegible]

Attach extra pages if required

Person injured 1: TAA Membership No:

Address:

Person injured 2: TAA Membership No:

Address:

Property damaged:

Property owner:

Address:

Witness 1: TAA Membership No:

Address:

Signature: Date:

Witness 2: TAA Membership No:

Address:

Signature: Date:

Attach any relevant documents: List here.

Office use:

Date and time received: _____ Date and time forwarded to brokers: _____

List any documents attached: _____

Action taken to reduce or prevent this incident occurring again:

Follow up required: Yes No If yes by who: _____
