ACCIDENT / INCIDENT FORM – U3A in Toowoomba Inc

Class:	**Tutor Name:**
Date:	**Time:**
Location of Accident/Incident:	
Reported By:	**Signature:**
What happened (attach a page if insufficient space)**:**	
Name and address of person/s involved in Accident/Incident:	
Name of Witness/es: **Address & contact number of Witness (if not a U3A member)**	
Was medical treatment required? ☐ YES ☐ NO ☐ FIRST AID ☐ AMBULANCE ☐ GP/DOCTOR ☐ HOSPITAL **Other actions taken?**	
Follow-up Actions required and / or recommendations for risk improvements:	
Tutor Signature:	
Office Administrator Signature: **Date:** **Committee Member Signature**: **Date:**	

PLEASE NOTE:

It is a requirement of our Insurance Company, that in the event of an Insurance Claim relating to this Report being lodged, it must be done within 30 days of completing and submitting this Accident /Incident Report to the U3A in Toowoomba Inc. Office at 7 Matthews St Harristown.