**Please circle one: ……………ACCIDENT……………INCIDENT……………HAZARD**

**LIONS ACTIVITY/EVENT: …………………………………………………………………………………………………………………………………….**

**LOCATION, DATE & TIME: …………………………………………………………………………………………………………………………………..**

**INJURED PARTY:**

NAME: ………………………………………………………………….

ADDRESS: ………………………………………………………………………………………………………………………………………………………………

DATE OF BIRTH: ……………………………………………………

**RELATIONSHIP TO EVENT: …………………………………………………………………………………………………………………………………..**

**DESCRIPTION OF INCIDENT: ………………………………………………………………………………………..........................................**

**………………………………………………………………………………………………………………………………………………………………………..**

**POSSIBLE CAUSES OF THE INCIDENT: …………………………………………………………………………………………………………………..**

**………………………………………………………………………………………………………………………………………………………………………….**

**ACTION TAKEN TO SECURE THE AREA/ELIMINATE CAUSE: ………………………………………………………………………...........**

**………………………………………………………………………………………………………………………………………………………………………….**

**WAS ANY EMERGENCY SERVICE REQUIRED/ADVISED: ………………………………………………………………............................**

**WAS THE SAFETY ACTION PLAN FILED FOR THE EVENT: ……… (YES)……… (NO)………**

**WAS THE INCIDENT RECOGNISED AS A POSSIBLE RISK IN THE SAFETY ACTION PLAN: (YES)……… (NO)…………**

**WHAT WAS THE SUGGESTED “CONTROL”: ………………………………………………………………………………………………………….**

**WAS THE DISTRICT H & S OFFICER NOTIFIED: ……… (YES)………(N0)…….**

**SIGNED BY EVENT PROJECT LEADER: ……………………………………**

**FOLLOW UP BY LIONS CLUB HEALTH & SAFETY OFFICER:**

**RECOMMENDATIONS OF THE H & S OFFICER / CLUB PRESIDENT: …………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………………………………………………………………..**

**SIGNED OFF BY CLUB PRESIDENT AND/OR SECRETARY: DATE:**

**…………………………………………………………………………………… ……………………….**