



Cabarlah Golf Course

P.O. Box 185

Highfields

Queensland 4352

## INCIDENT REPORT FORM

Name and role of person completing this form:

Signature of person completing this form:

Date:

### INCIDENT

Date and time of incident:

Name/s of person/s involved:

Description of incident:

Witnesses (include contact details):

**INJURY (if applicable)**

Description of injuries (including parts/sides of the body affected):

**INCIDENT REPORT FORM**

**REPORTING OF THE INCIDENT**

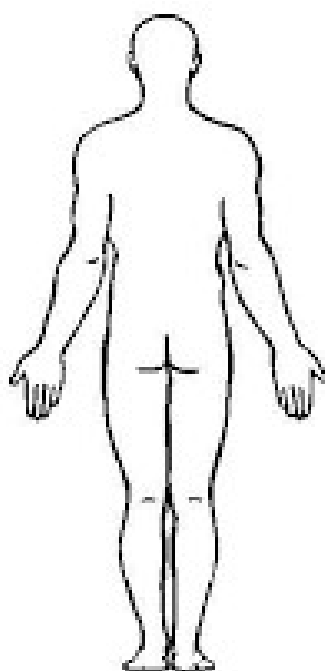
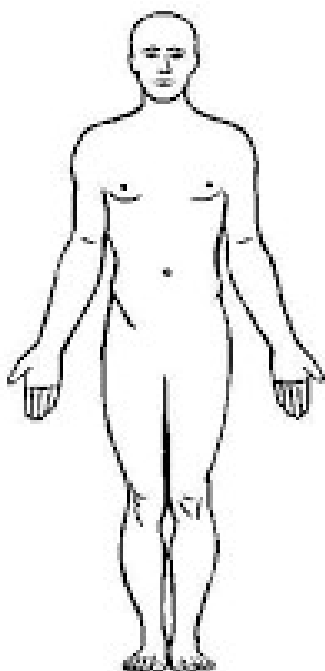
Incident Reported to:

Date:

How (this form, in person, email, phone):

**FOLLOW UP ACTION**

Description of actions to be taken:



Mark on the figure opposite any injury sites