



PROBUS CANADA

FORM TO RECORD ACCIDENT OR INCIDENT OCCURRENCE

Reporting form to be completed by the member in charge of the meeting/event or activity and submitted to the Activity Coordinator and Club President within 48 hours of the occurrence of an accident or incident.

Club name					Club #		
Witness(es) to the occurrence	Name					Phone	
	Name					Phone	
	Name					Phone	
Provide the following information for each person involved.	Name						
	Phone				Email		
	PROBUS member?		Emergency Contact notified?		Medical assistance required?		
	Name						
	Phone				Email		
	PROBUS member?		Emergency Contact notified?		Medical assistance required?		
	Name						
	Phone				Email		
	PROBUS member?		Emergency Contact notified?		Medical assistance required?		
	Name						
	Phone				Email		
	PROBUS member?		Emergency Contact notified?		Medical assistance required?		
Details of occurrence	Date		Time		Location		
	Activity/event leader						
Description of occurrence (what happened and what action was taken)							

**Report completed
and submitted by**

Name			Date		
Position in the club			Signature		

FOLLOW-UP (to be completed by the club's Management Committee members)

Was post-occurrence contact made with the individual(s) involved?		If yes, indicate by whom	
		If yes, indicate the date	
Date of Management Committee meeting when occurrence recorded in minutes.			