INJURY REPORT FORM



(To be completed for all injuries for both staff and clients)

INJURED PERSON			
Full Name:		Age:	Sex:
Company:	Contact Per	son:	
Phone:	Email:		
DETAILS OF INCIDENT			
Activity in which the person was engaged	at the time of injury:		
Date injury occurred:	Day:	Time:	AM/PM
Brief description of type and cause of injur	ry, body part injured and ti	reatment given.	
Name of the person rendering first aid:			
Name:	Signature:		
Details of any referral or further treatment:	:		
PERSON COMPLETING REPORT:	SRS REPRESE	NTATIVE:	
Name:			
Phone:	Phone:		
Signature:	Signature:		

Western Australian Yachting Foundation trading as Swan River Sailing • ABN 61 606 193 385 T +61 8 9386 9488 • F +61 8 9386 9433 • E info@wayf.org.au • W www.wayachting.com.au Address Royal Perth Yacht Club, Australia II Drive, Crawley, Western Australia, 6009 • Postal PO Box 566 Claremont, WA, 6910