



## ORIENTEERING QUEENSLAND

### ACCIDENT/INCIDENT REPORT

The purpose of this form is to document any accidents that may occur to competitors, organisers or other OQ volunteers during the conduct of any orienteering event in Queensland. It is also to be used to report any incidents that affected or could affect the safe conduct of future orienteering events at this venue eg. new hazards or changed conditions.

Should any accidents/incidents occur, event organisers are requested to complete this form as soon as possible after the event, and forward it to: [admin@oq.asn.au](mailto:admin@oq.asn.au)

Date of the Event: \_\_\_\_\_ Venue: \_\_\_\_\_

Event Organiser: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Organising Club: \_\_\_\_\_

#### **For injuries:**

Name of injured person: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

Cause of injury \_\_\_\_\_

Treatment required: \_\_\_\_\_

Name(s) of any witnesses: \_\_\_\_\_

#### **For incidents:**

Incident reported: \_\_\_\_\_

Name of person reporting incident: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ (H) \_\_\_\_\_ (M)

Action Taken or Required: \_\_\_\_\_

**Office Use Only**                      **Has landowner been notified of the incident / accident**                      **YES or NO**

**OQ Received:** \_\_\_\_\_

**Copy to OQ Technical Officer** YES or NO      **Signature of Organiser** \_\_\_\_\_      **Date** \_\_\_\_\_