



PO Box 114
Spring Hill Qld 4004
Email: admin@oq.asn.au
Website: www.oq.asn.au

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 the: secretary@oq.asn.au or **Secretary, Orienteering Queensland, PO Box 114, Spring Hill Queensland 4004**

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
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OQ Received: _____	_____	_____
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Copy to OQ Technical Officer YES or NO	Signature of Organiser	Date
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