

**Safety/Incident Report for UTS Kendo Club**

Purpose of report is to provide an objective description of a safety event or incident that occurred to UTS Kendo Club members, and to identify improvements for the better functioning of the club.

If the incident has resulted in an injury, please seek out medical attention. Your health and safety is our number one priority.

Please fill out this form as close to the time of the incident as possible, with as much detail as you are comfortable with.

**Reporting Person's Details**

<b>Surname</b>		<b>First Name</b>	
<b>Contact Details</b>			

**Were there any witnesses to the incident? What are their details?**

<b>Witness 1</b>			
<b>Surname</b>		<b>First Name</b>	
<b>Relation to Reporting Person/ Incident</b>			
<b>Contact Details</b>			
<b>Witness 2</b>			
<b>Surname</b>		<b>First Name</b>	
<b>Relation to Reporting Person/ Incident</b>			
<b>Contact Details</b>			
<b>Witness 3</b>			
<b>Surname</b>		<b>First Name</b>	
<b>Relation to Reporting Person/ Incident</b>			
<b>Contact Details</b>			

**Incident Details**

<b>Date &amp; Time</b>	
<b>Location</b>	
<b>Persons involved</b>	
<b>Description of Event</b> Keep objective as possible without any emotive language	

<b>Did the event result in harm?</b>	
<b>What were the issues?</b>	