



Brentwood Gymnastics Club

RECORD OF INCIDENT OR ACCIDENT

Instructions:

- Complete details of the incident or accident
- Submit to Head Coach for registration
- Provide copy to Complainant
- Provide a copy to the President

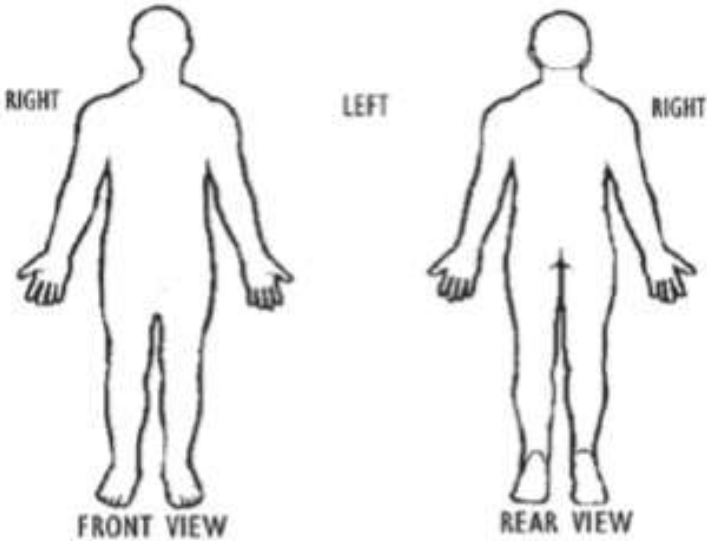
Incident Ref #:

BGC RECORD OF INCIDENT	
Name of Person Involved	<div style="float: right; text-align: right;"> Date: / / Time: __ : __ </div>
Classification of Incident	<ul style="list-style-type: none"> • Minor Injury • Accident • Other <ul style="list-style-type: none"> • Major Injury • Near Miss
Person involved	<ul style="list-style-type: none"> • Gymnast • Coach/Assistant Coach • Employee (paid) • Other <ul style="list-style-type: none"> • Spectator • Support Personnel • Parent
Nature of Injury	<ul style="list-style-type: none"> • Abrasion • Bruising • Concussion • Illness • Ear/Hearing • Spinal • Loss of bodily function • Fracture • Other <ul style="list-style-type: none"> • Burn • Sprain/Strain • Crushing injury • Eye • Head injury • Serious laceration



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Parts of Body Affected	
Treatment Given Onsite	
Name of Person Treating	
Ambulance called	• Yes • No
Referred to Doctor for further Treatment	• Yes • No
Name of Doctor or Hospital	



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Location of Incident	
Associated equipment being used	
Person making report – Name & Contact	
Witness #1 Name & Contact	
Witness #2 Name & Contact	
External parties advised	<ul style="list-style-type: none">• Police• VGA/Insurance• Monash Council• Other• Worksafe• EPA <p>Details:</p>
Any other details	



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If equipment failure, please submit photos of the equipment

Reported to:

Signed:

Name:

Date: / /