



COG: REPORT OF INCIDENT/ ACCIDENT/ INJURY

YOUR NAME	COG TRIP/EVENT	DATE OF REPORT

LOCATION OF INCIDENT	DATE OF INCIDENT	TIME

WITNESSES *if any*

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INCIDENT DESCRIPTION Describe actions being performed and sequence of events. *Attach additional pages as necessary.*

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What could have been done to prevent this incident?

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Describe any injuries incurred

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Was medical treatment necessary?		IF YES, NAME OF HOSPITAL / DOCTOR:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
DATE OF VISIT	TIME OF VISIT	HOSPITAL / DOCTOR PHONE	

SIGNATURE	DATE

Keep a copy and send original to: Canberra Ornithologists Group PO Box 301 CIVIC SQUARE ACT 2608, or email to cogoffice@canberrabirds.org.au