



# 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

To be completed by COG Officer, COG trip leader, COG member or other person present

Keep a copy and send original to: Canberra Ornithologists Group PO Box 331 JAMISON CENTRE ACT 2614, or email to [cogoffice@canberrabirds.org.au](mailto:cogoffice@canberrabirds.org.au)