



DOGS SA INJURY REPORT

TO BE COMPLETED BY THE INJURED PARTY

1. Incident Reporting Details

Date of incident:

Time of incident (am/pm):

Name of person reporting incident:

Date reported:

Witness details:

2. Injured Party

Name of person injured:

Activity at time of injury:

3. Type of Incident (tick all that apply)

- Slip / Trip / Fall
- Dislocation
- Superficial Injury
- Concussion
- Fracture / Break
- Dog Bite

- Burn
- Laceration
- Foreign Body
- Sprain / Strain
- Insect Bite

4. Incident Details

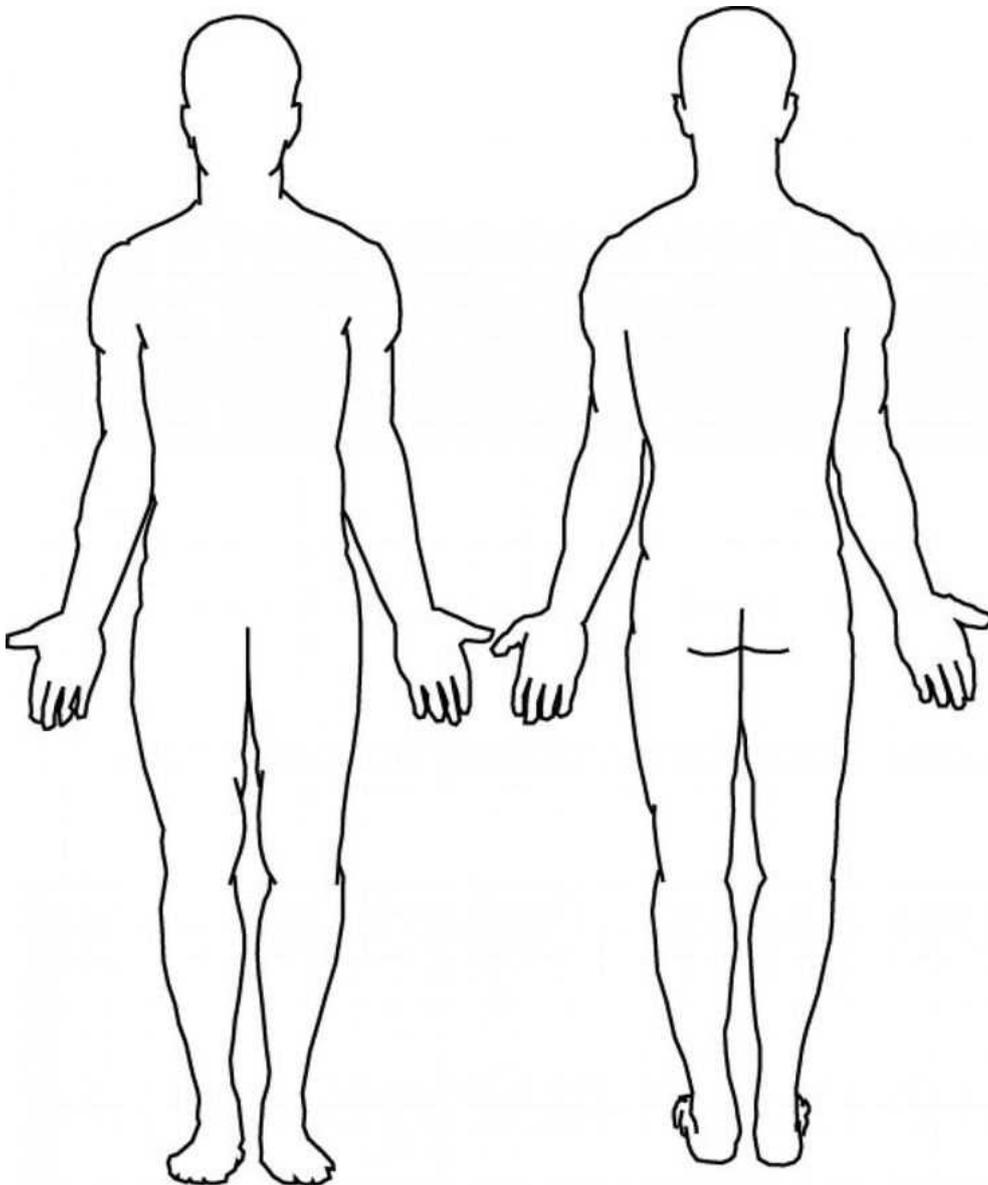
Location of the incident:

Description of incident:



5. Part of Body Injured

Please indicate on the diagram below what part of your body sustained the injury.





6. Contributing Factors

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>

7. To Be Completed by the Event Manager – Suggested Corrective Actions

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Sign-Off

Name of person reporting	<input type="text"/>	<input type="text"/>
Event Manager (Received)	<input type="text"/>	<input type="text"/>
Executive Officer (Received)	<input type="text"/>	<input type="text"/>