



Lions Club of

Injury Summary Form

Accident time _____ Accident date _____

Type of Project/Activity: _____ Venue Location: _____

Person(s) injured _____

Witness(es) _____

Exact location of the accident/Injury _____

Description of the accident/Injury

Injuries sustained

Immediate action taken

By whom _____

FOLLOW UP ACTION

Review by _____

Possible causes

Remedies

By whom _____ By when _____ Dated: _____

(Signature if Club Safety & Security Officer) Verification that remedies introduced and effective

Injured Person's signature _____ date _____