



Surf Life Saving Queensland
Assessment Portfolio
Online Bronze Medallion

Assessment Portfolio

Bronze Medallion & Certificate II in Public Safety (Aquatic Rescue) PUA21012

This portfolio is only to be used by candidates where the SLSQ online assessment has been used. The evidence collected in this portfolio supplements the online theory assessment. Further documentation will be submitted by your Trainers and Assessors.

Learner Details

First Name:	
Surname:	
DOB:	
Telephone:	
Email:	
Course Number:	
I hereby declare that the work provided is my own.	
Candidate Signature:	
Date:	

Candidate Submission Checklist

Task / Item to be submitted	Completed
Induction Checklist	
Assessment 1a – 100% Online Theory modules	
Assessment 1b – Incident Report	
Assessment 2 - Third Party Report	
Assessment 3 - Preliminary Assessment	
Assessment 4 - Final Assessment Record	

Induction Checklist

Your Trainer/Senior club official will work through the Induction checklist in the Training and Assessment guide prior to commencement of training. The completion of this document will ensure that you are confident before you commence the remaining Assessments, and that you have gained all the relevant skills and knowledge to complete your qualification.

ADMINISTRATION		TICK
1	Welcome/brief club history (Club Annual Reports)	<input type="checkbox"/>
2	SLSA organisational structure (Committees, Boards, BOLS, Club, Awards)	<input type="checkbox"/>
3	Member safety brochure	<input type="checkbox"/>
4	Membership Fees paid	<input type="checkbox"/>
5	Parking and security procedures	<input type="checkbox"/>
6	Club communication system (Radio room, Minutes, Email, Meetings)	<input type="checkbox"/>
7	Code of Conduct – public relations (POM sect 22 policy 6.5)	<input type="checkbox"/>
8	Incident reporting procedures (POM sect 12, 14, 16)	<input type="checkbox"/>
9	Working with children check (POM sect 22) (18yrs & above)	<input type="checkbox"/>
10	Relevant SLSA policies	<input type="checkbox"/>
11	Relevant State/Branch/Surf club policies (POM Uniform, Guide for Safer Surf Clubs Vol3)	<input type="checkbox"/>
12	Grievance procedures (SLSQ Participant Handbook)	<input type="checkbox"/>



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OCCUPATIONAL HEALTH & SAFETY		TICK
1	OH&S legislation, SLSA & SLSQ policies e.g. health & safety, return to duty (POM sect 22 Policy 2.3, Policy 6.5)	<input type="checkbox"/>
2	Outline of OH&S responsibilities of all members (SLSQ Participant Handbook)	<input type="checkbox"/>
3	Outline of OH&S responsibilities of supervisors (SLSQ Participant Handbook)	<input type="checkbox"/>
4	Reporting of OH&S issues – unsafe conditions, accidents, incidents	<input type="checkbox"/>
5	Health & safety information at the club	<input type="checkbox"/>
6	Personal injury reporting and workers compensation	<input type="checkbox"/>
7	Emergencies and first aid equipment (First Aid room requirements, Clean, restock, POM Sect 23 Policy 3.1)	<input type="checkbox"/>
8	Overview of common Surf Club hazards: Manual Handling (POM sect 23) Hazardous substances (POM sect 23) Infection control (POM sect 23, 33 rd ed p55)	<input type="checkbox"/>
9	Orientation of Surf Club including: Safety signs and exits Emergency access for ambulance	<input type="checkbox"/>
10	Personal protective equipment (POM Sect 23 Sun Safety, Disinfection equip)	<input type="checkbox"/>
11	Emergency evacuation procedures (Local Club Requirements)	<input type="checkbox"/>
12	Fire safety training and location of fire extinguishers (Fire Safety Officer)	<input type="checkbox"/>
13	IRB Awareness (conducted by a proficient IRB Trainer or proficient IRB Driver)	<input type="checkbox"/>

TRAINING		TICK
1	Training Manual available	<input type="checkbox"/>
2	Awards and qualification structure (explain competency) (SLSA Award Structure)	<input type="checkbox"/>
3	Allocation to a trainer and/or training group	<input type="checkbox"/>
4	Training facilities and resources explained	<input type="checkbox"/>
ORIENTATION TO CLUB HOUSE		TICK
1	First Aid room (Explain cleaning, storing, restocking, waste disposal and reporting of damaged equipment procedures)	<input type="checkbox"/>
2	Amenities, kitchen	<input type="checkbox"/>
3	Gymnasium orientation and safety induction	<input type="checkbox"/>
4	Gear shed and location of equipment	<input type="checkbox"/>
5	Location of phone and emergency numbers	<input type="checkbox"/>
6	Specific problem areas/issues relevant to the club	<input type="checkbox"/>

Name of Person conducting Induction: _____

Position held within club: _____

Date Induction Conducted: ____/____/____

Signature of Person conducting Induction: _____



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Assessment Task 1 – Theory

This task has two components which must both be satisfactorily completed in order to satisfactorily complete the requirements of Assessment Task 1.

Assessment Task 1a – Online Modules

This task requires you to complete the online modules during your training. These modules can be accessed through the Surf Lifesaving Queensland website <http://www.lifesaving.com.au>

Under the Member Education tab and drop down box to SLSQ Online Learning. To gain access to the online courses, you need to create your own individual account on the SLSA Lifesaving Online website - www.lifesavingonline.com.au so please ensure you seek assistance from your club if needed.

Assessment Task 1b – Incident Report

Complete the Incident Report Form as outlined in Module 6 scenario of your online assessment.

Task 1a Theory	S /NS	Task 1	S / NS
Task 1b Incident report	S /NS		

Assessment Task 2 - Third Party Report

This report is to be used as a Third Party Report for assessment purposes. The tasks listed below must be conducted in an operational environment under direct supervision. By completing this form you, as a qualified Patrol Captain or Training Officer, are stating that you have witnessed the above participant in the capacity of a Bronze Medallion/ Certificate II (trainee) fully complete the tasks in accordance with all organisational policies

and procedures. Only mark S in the box if the candidate satisfactorily performs the task, i.e., performs all items on the benchmark. If the candidate was unable to perform the task without guidance, mark NS. If all tasks are completed on the same day, you may choose to date just the bottom of the page.

Candidate Name: _____

Third Party Report Criteria	Attempt 1		Attempt 2	
	Task Performance (mark S or NS)	Date Witnessed	Task Performance (mark S or NS)	Date Witnessed
1. Participate in a patrol briefing				
2. Correctly sign on in patrol log (as trainee)				
3. Conducts pre-patrol check of Radio, Rescue tube or Rescue board				
4. Assist other patrol members with setting up routine patrol equipment				
5. Assist with unloading and positioning of IRB				
6. Follow all instructions from Patrol Captain in timely manner				
7. Participate in a patrol debriefing				
Club:			Task 2	S / NS
Patrol:				
PC/Trainer name:				
Signature:				



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Assessment Task 3 – Preliminary Assessment Record

Trainer’s Note: Error code relates to the numbering from observation benchmarks found in the Delivery and Assessment Guide. If all dates are the same, you may choose to date only the bottom of the page. If Candidate is deemed Satisfactory at Attempt 1 then Attempt 2 columns to be left blank.

	Attempt 1			Attempt 2		
	Error Code	S or NS	Date	Error Code	S or NS	Date
Land Based Tasks						
CPR1						
CPR2						
CPR3						
Infant CPR						
Signals						
Radio						
Spinal –Walk Up						
Water Based Tasks						
Spinal – Water Extraction						
Conscious tube						
Unconscious board						
Unconscious tube						
Conscious board						
Trainer Name:					Task 3	S/NS
Trainer Signature:						
Date Witnessed: / /						

Assessment Task 4 – Final Assessment Record

Assessor’s Note: Error code relates to the numbering from observation benchmarks found in the Delivery and Assessment Guide. If all dates are the same, you may choose to date only the bottom of the page. If Candidate is deemed Satisfactory at Attempt 1, Attempt 2 columns to be left blank.

	Attempt 1			Attempt 2		
	Error Code	S or NS	Date	Error Code	S or NS	Date
Land Based Tasks						
CPR1						
CPR2						
CPR3						
Infant CPR						
Signals						
Radio						
Spinal -Walk Up						
Anaphylaxis						
Asthma						
Bleeding						
Marine Envenomation						
Water Based Tasks						
Spinal – Water Extraction						
Conscious tube						
Unconscious board						
Run-Swim-Run						
Assessor Name:					Task 4	S/NS
Assessor Signature:						
Date Witnessed: / /						



SURF LIFE SAVING

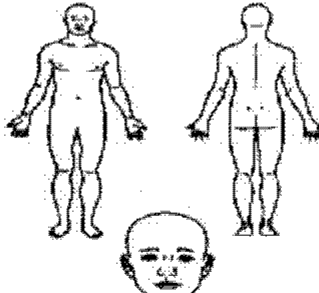
INCIDENT REPORT LOG

Name of Club or Service: _____

State: _____ Local Government Area: _____

Details of Incident Date: _____ / _____ / _____ Time: _____ am / pm Location of Incident: _____ Name of Victim: _____ Age: _____ DOB: _____ / _____ / _____ M / F Address: _____ Postcode: _____	Venue Conditions at Time of incident: (if relevant) Wind conditions: <input type="checkbox"/> Calm <input type="checkbox"/> Slight <input type="checkbox"/> Moderate Weather conditions: <input type="checkbox"/> Fine <input type="checkbox"/> Overcast <input type="checkbox"/> Rain Sea conditions: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Water surface: <input type="checkbox"/> No chop <input type="checkbox"/> Avg chop <input type="checkbox"/> Large chop Wave type: <input type="checkbox"/> Surging <input type="checkbox"/> Spilling <input type="checkbox"/> Plunging Rip Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Fixed <input type="checkbox"/> Flash <input type="checkbox"/> Traveling
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Please fill in the below relating to the victim:

Type of incident: (may cross more than one) <input type="checkbox"/> ¹ Major First Aid <input type="checkbox"/> ² Minor F.A. <input type="checkbox"/> ³ Major Rescue <input type="checkbox"/> ⁴ Search and Res <input type="checkbox"/> ⁵ Member Injury <input type="checkbox"/> ⁶ Employee Injury <input type="checkbox"/> ⁷ Minor Sting <input type="checkbox"/> ⁸ Major Sting <input type="checkbox"/> ⁹ Drowning <input type="checkbox"/> ¹⁰ Complaint <input type="checkbox"/> ¹¹ Other _____ Victim is: <input type="checkbox"/> ¹ Public <input type="checkbox"/> ² SLS Club Member <input type="checkbox"/> ³ Employee <input type="checkbox"/> ⁴ Other _____ Nationality (victim) <input type="checkbox"/> ¹ Australian <input type="checkbox"/> ² Other _____ <input type="checkbox"/> ^{2a} Tourist <input type="checkbox"/> ^{2b} Immigrant <input type="checkbox"/> ³ Unknown Type of activity at time of incident: <input type="checkbox"/> ¹ Swimming/wading <input type="checkbox"/> ² Body board <input type="checkbox"/> ³ Walking playing near water <input type="checkbox"/> ⁴ Riding other craft <input type="checkbox"/> ⁵ Rock Fishing <input type="checkbox"/> ⁶ Other fishing <input type="checkbox"/> ⁷ Using a motorised water craft (Rec) <input type="checkbox"/> ⁸ Water skiing <input type="checkbox"/> ⁹ SCUBA/skin diving <input type="checkbox"/> ¹⁰ Wind/kite surfing <input type="checkbox"/> ¹¹ Sailing <input type="checkbox"/> ¹² Rock walking <input type="checkbox"/> ¹³ Suspected suicide <input type="checkbox"/> ¹⁴ Patrolling in - <input type="checkbox"/> ¹⁵ IRB, <input type="checkbox"/> ¹⁶ PWC <input type="checkbox"/> ¹⁷ Beach, <input type="checkbox"/> ¹⁸ 4WD <input type="checkbox"/> ¹⁹ JRB/ORB <input type="checkbox"/> ²⁰ Attempting a rescue <input type="checkbox"/> ²¹ Training for (please be very specific _____) <input type="checkbox"/> ²² Carnival Official doing _____ <input type="checkbox"/> ²³ Competition in _____ <input type="checkbox"/> ²⁴ Driver <input type="checkbox"/> ²⁵ Crew <input type="checkbox"/> ²⁶ Patient <input type="checkbox"/> ²⁷ Surf Boat Crew Position: _____ <input type="checkbox"/> ²⁸ Administrative <input type="checkbox"/> ²⁹ Fundraising <input type="checkbox"/> ³⁰ Water safety <input type="checkbox"/> ³¹ Junior activities <input type="checkbox"/> ³² Other club activity _____ <input type="checkbox"/> ³³ Other _____ Experience in activity <input type="checkbox"/> ¹ 3 years or greater <input type="checkbox"/> ² 1-3 Years <input type="checkbox"/> ³ 1 year or less <input type="checkbox"/> ⁴ No experience <input type="checkbox"/> ⁵ Unknown Other contributing factors: <input type="checkbox"/> ¹ Negotiating the break <input type="checkbox"/> ² Returning to shore <input type="checkbox"/> ³ Dumped <input type="checkbox"/> ⁴ Shore break <input type="checkbox"/> ⁵ Lost control of own craft <input type="checkbox"/> ⁶ Other person lost control of craft <input type="checkbox"/> ⁷ Freak wave <input type="checkbox"/> ⁸ Sand bank <input type="checkbox"/> ⁹ Pot hole <input type="checkbox"/> ¹⁰ Slippery rocks <input type="checkbox"/> ¹¹ Suspected Alcohol <input type="checkbox"/> ¹² Suspect Drugs <input type="checkbox"/> ¹³ Rip type _____ <input type="checkbox"/> ¹⁴ Shark/ Croc <input type="checkbox"/> ¹⁵ Slip/ trip/ fall <input type="checkbox"/> ¹⁶ Assault <input type="checkbox"/> ¹⁷ Collision with _____ <input type="checkbox"/> ¹⁸ Mechanical Malfunction _____ <input type="checkbox"/> ¹⁹ Other _____	Description of incident and cause - please use back if needed) _____ _____ _____ _____ Nature of injury <input type="checkbox"/> ¹ Marine Sting, type _____ <input type="checkbox"/> ² Abrasion / graze <input type="checkbox"/> ³ Blisters <input type="checkbox"/> ⁴ Open wound /laceration / cut <input type="checkbox"/> ⁵ Bruise / contusion <input type="checkbox"/> ⁶ Inflammation / swelling <input type="checkbox"/> ⁷ Fracture (including suspected) <input type="checkbox"/> ⁸ Dislocation/subluxation <input type="checkbox"/> ⁹ Sprain <input type="checkbox"/> ¹⁰ Strain <input type="checkbox"/> ¹¹ Overuse injury <input type="checkbox"/> ¹² Concussion <input type="checkbox"/> ¹³ Cardiac problem <input type="checkbox"/> ¹⁴ Respiratory problem <input type="checkbox"/> ¹⁵ Asthma <input type="checkbox"/> ¹⁶ Loss of consciousness <input type="checkbox"/> ¹⁷ Heat stroke / Heat exhaustion <input type="checkbox"/> ¹⁸ Hypothermia <input type="checkbox"/> ¹⁹ Sunburn <input type="checkbox"/> ²⁰ Suspected spinal <input type="checkbox"/> ²¹ Other _____ Body region injured: (Please Circle)  Description Initial treatment: <input type="checkbox"/> ¹ None given – not required <input type="checkbox"/> ² None given – patient refused <input type="checkbox"/> ³ None given – referred elsewhere <input type="checkbox"/> ⁴ RICE <input type="checkbox"/> ⁴ ICE <input type="checkbox"/> ⁵ Cleaned <input type="checkbox"/> ⁶ Dressed (incl. Bandage) <input type="checkbox"/> ⁷ Sling / Splint <input type="checkbox"/> ⁸ Spinal collar <input type="checkbox"/> ⁹ Massage / Stretching <input type="checkbox"/> ¹⁰ Strapping/Taping only <input type="checkbox"/> ¹¹ Stitches <input type="checkbox"/> ¹² Medication <input type="checkbox"/> ¹³ Prescription written CPR/ Defib / Oxygen (Please fill in other side of form) <input type="checkbox"/> ¹⁴ CPR <input type="checkbox"/> ¹⁵ Oxygen therapy <input type="checkbox"/> ¹⁶ Oxygen airbag <input type="checkbox"/> ¹⁷ Defibrillation (Defib) <input type="checkbox"/> ¹⁸ Other _____	Location of incident? <input type="checkbox"/> ¹ In water <input type="checkbox"/> ² On Beach <input type="checkbox"/> ³ On rocks/cliff <input type="checkbox"/> ⁴ Other _____ and... <input type="checkbox"/> ¹ In flags <input type="checkbox"/> ² Outside but near flags (within 50m) <input type="checkbox"/> ³ <1km from patrolled area <input type="checkbox"/> ⁴ 1 to 5 km from patrolled area <input type="checkbox"/> ⁵ > 5 km from patrolled area Who first sighted the rescue/ incident? e.g. public _____ Who conducted the rescue/ incident? e.g. lifesaver _____ Main language spoken: _____ Or <input type="checkbox"/> English <input type="checkbox"/> Non English speaking <input type="checkbox"/> Don't know Referral: <input type="checkbox"/> ¹ No referral <input type="checkbox"/> ² Medical Practitioner <input type="checkbox"/> ³ Physiotherapist <input type="checkbox"/> ⁴ Ambulance transport to _____ <input type="checkbox"/> ⁵ Hospital <input type="checkbox"/> ⁶ Xray <input type="checkbox"/> ⁷ Peer Counselling <input type="checkbox"/> ⁸ Professional Counselling Other services: <input type="checkbox"/> ¹ Fire/ Rescue <input type="checkbox"/> ² Police <input type="checkbox"/> ³ JRB/ ORB <input type="checkbox"/> ⁴ Helicopter <input type="checkbox"/> ⁵ Investigation required <input type="checkbox"/> ⁶ Worker Compensation required (fill in State form requirements) <input type="checkbox"/> ⁷ Other _____ Treating person: <input type="checkbox"/> ¹ Medical Practitioner <input type="checkbox"/> ² Nurse <input type="checkbox"/> ³ Ambulance <input type="checkbox"/> ⁴ Physiotherapist <input type="checkbox"/> ⁵ Chiropractor <input type="checkbox"/> ⁶ First Aid Officer <input type="checkbox"/> ⁷ Lifesaving <input type="checkbox"/> ⁸ Lifeguard <input type="checkbox"/> ⁹ Other _____ What condition was the patient in when transport? <input type="checkbox"/> ¹ Conscious <input type="checkbox"/> ² Unconscious <input type="checkbox"/> ³ Deceased <input type="checkbox"/> ⁴ Unknown Person completing from: Name _____ Position: _____ Phone: _____ Email: _____ Signature: _____
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Forward copy to appropriate club or service officer

PART B: CPR / OXYGEN REPORT FORM

<p>1. Patients condition when first observed:</p> <p><input type="checkbox"/> ¹Conscious <input type="checkbox"/> ²Unconscious <input type="checkbox"/> ³Breathing <input type="checkbox"/> ⁴Not Breathing <input type="checkbox"/> ⁵No Signs of Life</p> <p>2. Colour of patient when first observed:</p> <p><input type="checkbox"/> ¹Normal <input type="checkbox"/> ²Pale <input type="checkbox"/> ³Blue <input type="checkbox"/> ⁴Grey <input type="checkbox"/> ⁵Unknown</p> <p>3. Patients colour changed during resuscitation</p> <p><input type="checkbox"/> ¹Normal <input type="checkbox"/> ²Pale <input type="checkbox"/> ³Blue <input type="checkbox"/> ⁴Grey <input type="checkbox"/> ⁵Unknown</p> <p>4. Airway of the patient was obstructed when first observed by:</p> <p><input type="checkbox"/> ¹Vomit <input type="checkbox"/> ²Seaweed <input type="checkbox"/> ³Dentures <input type="checkbox"/> ⁴Clenched jaw <input type="checkbox"/> ⁵Airway was clear <input type="checkbox"/> ⁶Unknown</p> <p>5. How long was it, from when the incident was first reported to the time of the first artificial breaths:</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>6. How long was CPR carried out for:</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>7. Which method was used for Rescue Breaths?</p> <p><input type="checkbox"/> ¹Mouth to Mask <input type="checkbox"/> ²Mouth to Mouth <input type="checkbox"/> ³Mouth to Nose <input type="checkbox"/> ⁴Bag valve mask</p> <p>8. What oxygen equipment was used:</p> <p><input type="checkbox"/> ¹Oxygen Therapy <input type="checkbox"/> ²Air Bag Resuscitator</p>	<p>9. How long was oxygen administered for:</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>10. The patient regurgitated / vomited due to:</p> <p><input type="checkbox"/> ¹Mechanical Device <input type="checkbox"/> ²Blocked Airway <input type="checkbox"/> ³Revival</p> <p>11. An Airway was Inserted: (type)</p> <p><input type="checkbox"/> ¹OP Airway <input type="checkbox"/> ²Combitube <input type="checkbox"/> ³LMA Mask <input type="checkbox"/> ⁴Other</p> <p>12. How long was it, from when the incident was first reported to the time an airway was inserted?</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>13. A defibrillator was used by:</p> <p><input type="checkbox"/> ¹Lifesaver <input type="checkbox"/> ²Lifeguard <input type="checkbox"/> ³Ambulance <input type="checkbox"/> ⁴Doctor</p> <p>14. How long was it, from the incident was first reported to the time the defibrillator was applied?</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>15. How many times was a shock delivered?</p> <p><input type="checkbox"/> ¹1 <input type="checkbox"/> ²2 <input type="checkbox"/> ³3 <input type="checkbox"/> ⁴4 <input type="checkbox"/> ⁵5 <input type="checkbox"/> ⁶Other</p> <p>16. Did the patient regain consciousness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>17. How long was it, after calling for assistance, that the ambulance arrived?</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>18. The patient conveyed to hospital by?</p> <p><input type="checkbox"/> ¹Ambulance <input type="checkbox"/> ²Helicopter <input type="checkbox"/> ³Private vehicle <input type="checkbox"/> ⁴Other</p> <p>19. Which hospital was the patient conveyed to? _____</p> <p>20. What condition was the patient in when transport?</p> <p><input type="checkbox"/> ¹Conscious <input type="checkbox"/> ²Unconscious <input type="checkbox"/> ³Deceased <input type="checkbox"/> ⁴Unknown</p> <p>21. Condition on discharge from hospital (if known)</p> <p><input type="checkbox"/> ¹Full recovery <input type="checkbox"/> ²Deceased <input type="checkbox"/> ³Unknown</p> <p>22. Trauma counselling was arranged for the rescuer/s</p> <p><input type="checkbox"/> ¹Yes <input type="checkbox"/> ²No</p> <p>24. Was a carry used:</p> <p><input type="checkbox"/> ¹Yes <input type="checkbox"/> ²No</p> <p>If yes, what kind? _____</p> <p>Name of person completing form: (if different from outer side of form) _____</p> <p>Position: _____</p> <p>Phone: _____</p> <p>e-mail: _____</p> <p>Signature: _____</p>
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Please provide brief details of the incident including any recommendations: