

**DALMENY NAROOMA BUSHWALKERS INC.**

**FOLLOW UP ON AN INCIDENT**

To be completed by walk leader only if there are matters arising in immediate days after an incident that might be useful to know for the Committee Review. When completed, forward to Secretary.

Person injured : \_\_\_\_\_

Walk Leader: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Next of kin \_\_\_\_\_ When contacted by DNB \_\_\_\_\_

Next of kin contact details \_\_\_\_\_

Follow up notes on the incident

Date, time	What else has happened

Signed off by \_\_\_\_\_ Date: \_\_\_\_\_