Form 6 (1214) - AUSI ACCIDENT REPORT FORM

VICTIM DETAILS:

Name _____

Address _____

_____ **Postcode** _____

Telephone **Home** _____ **Work** _____

Details of previous training: Highest level of certification _____

Agency _____ Cert. No. _____ Certifying Instructor _____

INSTRUCTOR DETAILS:

Name of instructor in charge _____ **AUSI #** _____

Other instructors & their qualifications:

Name _____ **Qualifications** _____

_____ _____

_____ _____

ACCIDENT DETAILS:

Was victim a student under training? Yes / No. If yes, what level? _____

Date of event _____ **Time of Event** _____

Location of event _____

Name of dive site _____

Type of dive _____ **Depth** _____ **Dive Time** _____

Visibility _____ **Current** _____ **Sea conditions** _____

Type of injury _____

How event occurred _____

_____

_____

_____

_____

First aid rendered _____

_____

_____

_____

Name of any treating doctor or hospital _____

Contact number _____

Who else has been informed of accident? _____

_____

_____

Use extra sheets if necessary, photocopy for your records and return to AUSI Head Office within seven days.

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