



BRAY'S K9 RESCUE & REHABILITATION INCIDENT REPORT FORM

This is a confidential report and should not be made a part of an employee's personal record. It is completed to allow us to obtain advice from legal counsel and for the protection of the rescue and its employees from potential liability.

Information about person involved in the incident

Full name: Eugene Smith		
Home address: 24 Smart Way, Brisbane, QLD 4000		
Student <input type="checkbox"/>	Employee <input checked="" type="checkbox"/>	Visitor <input type="checkbox"/>
Ph #: 07 3333 3333	Email: eugene.smith@geemail.com	

Information about the incident

Date of incident: 25 May 2022	Time: 10.15 am
Location of incident: Bray's K9 Rescue and Rehabilitation consultation room	
Description of incident: [What happened, how it happened and factors leading to the event.]	
When Doctor Ian and I were lifting Boss, the German Shepherd onto the consultation table for examination, he suddenly started growling and snapped at my hand. He managed to bite me.	

Witness to incident: <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Name: Ian Mitchell	Contact details: 0400 000 000
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Any injuries acquired from incident? If so, describe the injury (laceration, sprain etc), the part of the body injured, and any other information about the injury:

Right hand was bleeding, deep bite wound on hand.

Any medical treatment provided? [Please include a description of on-site and external treatment provided.]

At work: Washed and disinfected hand, then wrapped
Doctor consultation
Antibiotics – 1 capsule twice a day for 10 days
Pain relief – over the counter
Wrapped hand and it is to remain covered for one week.

Reporter information

Name of person submitting the report: Eugene Smith
Signature: Eugene Smith
Date report completed: 26 May 2022

Office use only

Report received by:	Date:
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