

Signature

Washington State University Extension 4-H Incident Follow-Up Final Report

Please submit this report to the county 4-H Extension Office within 30 days after the incident is considered closed.

EVENT INFORMATION:				
Name of 4-H Sponsored Even	t:			
Date(s) of Event:				
Location of Event/Address:				
DATE AND TIME OF INCI	DENT			
Date:			Time:	am / pm
PERSON SUPERVISING TH	HE EVENT W	VHEN INCIDE	NT TOOK PLAC	CE:
Name:		Role:		
Address:		Phone:		
BRIEF RECAP OF INCIDEN	NT:			
ADDITIONAL FOLLOWUP ON ACTION ITEMS?				
AIL INSURANCE CLAIM:				
Submitted?	Settled?	C	Claim #:	
SUGGESTIONS TO PREVE	NT FUTURE	E INCIDENTS?		
OFFICIAL CLOSING REPO	ORT			

PO Box 1495, Spokane, WA 99210-1495 509.358.7548 | Fax: 509.358.7979