BEAST MO TRAINING

INCIDENT / INJURY REPORT FORM

Striking & Kickboxing · Functional Fitness · Longevity Training · Self-Defence

Mehrdad Osanlouy t/as Beast Mo Training · ABN 53 712 182 017 · Sydney, NSW

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Effective date: 10 August 2026 **Version:** 1.0

> **Internal record.** To be completed by the coach within 24 hours of any injury, near-miss or adverse event. Retained for at least 7 years and made available to the client on request.

1. Incident details

Date of incident		**Time**	
Location			
Activity at the time			

2. Person(s) involved

Name			
Age		**Contact phone**	

3. What happened

Describe the incident:

4. Nature of injury / harm

5. First aid & action taken

Emergency services called?		**If yes — details / time**	
Emergency contact notified?		**Time notified**	

6. Witness(es)

Witness name		Contact	

7. Follow-up & prevention

Return-to-training clearance required? Preventive action / notes:

8. Completed by

Coach — Mehrdad Osanlouy signature	

Full name (printed)	Date (DD / MM / YYYY)

Client / guardian acknowledgement (optional):

Client / guardian signature	

Full name (printed)	Date (DD / MM / YYYY)