

## POST-EVENT REVIEW FORM

Please complete and return to the Shire within 7 days of the event.

ITEM	PROPOSED CHANGE(S) FOR NEXT EVENT
<b>WHAT WENT WELL</b>	
<b>COMPLAINTS FROM STAKEHOLDERS</b>	
<b>INCIDENTS OR INJURIES REPORTED FROM FIRST AIDERS</b>	
<b>ANY RISK TREATMENTS THAT WERE NOT SUCCESSFUL</b>	

<b>REVIEW COMPLETED BY:</b>	
SIGNATURE:	DATE:
ORGANISATION POSITION:	
ADDRESS:	
PHONE NUMBER:	MOBILE: