Accident Prevention	Date submitted: **Oct-16-25 15:37:05**
Lodge:	**Green Cove Springs #1892 (NE)**
Report Year:	**2025**
Report Period:	**Period 2**
Lodge Chair:	**Kristine Watson**
Report Submitted by:	**Kristine Watson / kiki.510@live.com**
Is there information to report for this period?	**Yes**
Accident Summary	
Number of Accidents/Incidents this Quarter:	**1**
Description of Each (Type, Location, Resolution):	**1. Member feeling chest pains. Rescue was called, ambulance arrived, and took them to the hospital.**
Were Incidents Reported to Gallagher Bassett?:	**No**
Inspection Summary	
Monthly Safety Inspections Completed (Yes/No per Month):	**Yes**
Summary of Issues Found and Actions Taken:	
Date of Most Recent Lodge Safety Checklist:	**October 2025**
Preventative Measures	
Trainings Conducted (Dates, Type, Attendance):	
Corrective Actions Implemented:	
General Compliance	
Alcohol Service Policy Reviewed/Updated (Yes/No):	**Yes**
Kitchen/Equipment Safety Measures Enforced (Yes/No):	**Yes**
Trainings Conducted (Dates, Type, Attendance):	

Receipts / Images (if applicable)

Comments / Requests

Support or Resources Needed:

Corrective Actions
Implemented: