



## BL19- MONTHLY ACTIVITIES SUMMARY

BRANCH: \_\_\_\_\_

MONTH: \_\_\_\_\_

*Please circle yes or no and give details where necessary.*

**During the month shown above, did your branch:**

**1. Hold a committee or any other meeting? YES / NO**

If YES, a copy of the minutes to be forwarded to State office.

**2. Have any changes to it's Committee Members? YES / NO**

If YES, please give details:

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**3. Conduct any Blue Light Functions or Activities? YES / NO**

If YES, please give brief description:

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**4. Have any incidents to report? YES / NO**

If YES, a BL7 (Incident Report form) must be completed and forwarded to State Office.

If YES, please give brief description:

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**Signed by Branch Coordinator:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**THIS FORM IS TO BE COMPLETED EVERY MONTH BY THE BRANCH COORDINATOR AND FORWARDED TO STATE OFFICE WITHIN ONE WEEK OF THE END OF MONTH.**

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