Accident/Incident report form

To be completed within 24 hours of the accident/incident occurring and be given/sent to the club Secretary.



This form can be used for all club activities not just those taking place at the club venue.

1.	Date, time	e and lo	cation	of acc	ident/incid	ent					
Date:		Time:		Lo	cation:						
2. Name of person in charge of session/activity											
Name:									Position:		
3.	3. Nature of accident/incident										
4.	Give deta	ils of pr	recisely	/ how a	and where	the ac	ciden	t/incid	ent took place and	d what a	ctivity
	4. Give details of precisely how and where the accident/incident took place and what activity was being undertaken at the time										
	0: (!!		• • •								
5.											
	of the first aider(s) if involved										
6.	Were any	of the	followii	ng con	tacted?						
	•		yes	no		· ·	yes	no		yes	no
	ulance	,			Police				Fire brigade		
Parent/guardian/carer Other (please state)											
7.	Name and	d addre	ess of p	erson((s) involved	d and/o	r inju	red			
Title:						Title: Forename:					
Surname:						Surname: Address:					
Address:						Addres	55.				
	Postcode: Date of Birth:						Postcode: Date of Birth:				
Telephone: Telephone:											
8. What happened to the injured person(s) following the accident/incident?											
	e.g. went/taken home, went/taken to hospital, carried on with session)										

9. Details of any witnesses present									
Name:	Name:								
Address:	Address:								
Postcode:	Postcode:								
Telephone:	Telephone:								
	,								
10. Were the club safety guidelines adhered to?									
Yes □ If No give details:									
11. Additional information									
12. Declaration: I declare the above information to be a true and accurate record of the incident/accident.									
Signed:	Signed:								
o.g.r.ou.	0.9.104.								
Date:	Date:								
(Club duty officer or person in charge of session)	(person(s) injured)								
For club Secretary's use									
Action post accident/incident:									
Copy of report form given/sent to affected person(s):	Date:								
Copy of report form given/sent to facility operator:	Date:								
Accident/incident discussed by club committee:	Date:								
Insurers notified:	No ☐ Yes ☐ Date:								
Accident/incident guidelines updated:	No ☐ Yes ☐ Date:								
Duty officers advised of updated guidelines:	No □ Yes □ Date:								