

INCIDENT/ACCIDENT REPORT FORM

This form must be completed within 24 hours

1. Name of Club or Society:
2. Person(s) in charge
3. Name of injured person
4. Address of injured person
.....
5. What is your telephone number and email address?
.....
6. Date and time of incident/accident
7. Venue where incident/accident took place
8. Has the incident/accident been recorded in an Accident Book? *YES/NO
If yes, give location of Accident Book
9. Give details of the injury sustained (eg fracture, sprain, laceration) and what part of the body was injured.
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10. Explain how and where the incident/accident happened (Describe the activity taking place eg. warm-up, drills, training or game etc)
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.....
.....
11. Explain the action taken (eg. first aid treatment, first aider's name etc)
.....
.....
12. What happened after the incident/accident? (eg went home, to hospital, carried on etc)
.....
.....

Please turnover to complete the form

13. Were any of the following contacted? (please tick)

Ambulance

Police

Parent/guardian

14. What action would you recommend to prevent a similar incident/accident occurring?

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.....

Please sign and date the form

Signed: _____

Date: _____

**Return to: Student Activities Co-ordinator
Students' Union
Chancellors' Mall**

For office use only:

Copies to: Union Manager
Health & Safety Advisor