

Health & Safety Policy Document

ACCIDENT/INCIDENT REPORT FORM

- 1. EVENT.....
- 2. SPONSOR
- 3. LOCATION
- 4. ACTIVITY
- 5. DATE.....

- 6. THE INJURED PERSON IS:-(delete as necessary)
(a) A Competitor (b) An Official (c) A Contractor (d) A Volunteer (e) A member of the public
(f) A Sponsor or sponsors agent
(g) If other please state.....

INJURED PERSONS DETAILS

- 7. Full name
- 8. Address & Post Code.....
- 9. Occupation
- 10. Age & Marital Status.....
- 11. Nature of the injury (cut, scold etc)
- 12. Extent of injury (minor, serious)
- 13. Detail any action taken, medical assistance provided and by whom
- 14. Briefly state the circumstances of the accident.....

- 15. Name & Address of Witnesses.....
Category (c) only

- 16. How long had he/she been working when the accident took place
- 17. What was the shift hours on the day of the accident
- 18. Did the accident happen using equipment/machinery
- 19. Retain and state the type of equipment/machinery.....
- 19. Has the person required medical treatment.....

DATE

NAME

SIGNED.....