



**Accident/Incident Report Form**

***This form must be completed in the event of any accident***

**Name of Injured Person:**

**Address:**

**Occupation:**

**Is the Injured Party a Club Member:** Yes / No

**Date and time of accident/incident:**

**Description of Accident/Incident and Injuries, if any sustained:**

**Witnesses,** if any

Was incident reported at time it occurred? YES 🞏 NO 🞏

If Yes, to whom? Name: Position:

Was medical attention given by: First aider 🞏 Doctor 🞏 Hospital 🞏 None

Details (including name of first-aider):

Was accident investigated**?** YES 🞏 NO 🞏

If yes, by whom?

Immediate and root cause of accident

Is there any corrective action that needs to be taken?

Details of any corrective action taken

Does Safety Statement need to be amended?

Does the accident/incident need to be reported to the Health & Safety Authority?

YES 🞏 NO 🞏 If yes, date report sent and by whom

**Signed: Date:**

**ACCIDENT REPORT WITNESS STATEMENT**

**Name of injured person:**

**Date and time of accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of person making statement:**

**Statement:**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Block Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**