

Incident At Work

Report Template

Template: Incident / Accident report form

NAME OF ORGANIZATION: _____

Name of person in charge of session/competition

Site where incident/accident took place

Date of incident/accident

Name of injured person

Address of injured person

Nature of incident/injury and extent of injury




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Give details of how and precisely where the incident took place.
Describe what activity was taking place.

Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).

Were any of the following contacted?

- | | | |
|--|------------------------------|-----------------------------|
|  Parents/carers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What happened to the injured person following the incident/accident?

All of the above facts are a true record of the accident/incident.

Signed: _____

Date: _____

Name: