



**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 \_\_\_\_\_

Name of Referee (If Applicable)

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 \_\_\_\_\_

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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

\_\_\_\_\_

**Reported to insurance brokers – date** \_\_\_\_\_

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

