**South West Road Runners INCIDENT/ACCIDENT REPORT FORM**

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| --- | --- |
| Site where incident/accident took place: |  |
| Name of person in charge of session/competition: |  |
| Name of injured person: |  |
| Address of injured person: |  |
| Date and time of incident/accident: |  |
| Nature of incident/accident: |  |

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| A) Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training, competition, getting changed, etc. |
| (continue at if necessary) |

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| B) Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s): |
| (continue overleaf if necessary) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C) Were any of the following contacted?  Police   |  |  | | --- | --- | | YES | NO |   Ambulance   |  |  | | --- | --- | | YES | NO |   Coastguard   |  |  | | --- | --- | | YES | NO |   Parent / Carer   |  |  | | --- | --- | | YES | NO | |

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| D) What happened to the injured person following the incident/ accident?  (e.g. went home, went to hospital, carried on with session) |
| (continue overleaf if necessary) |

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

|  |  |
| --- | --- |
| Signed |  |
| Name |  |
| Date |  |

**The completed form should be sent to the H&S Officer as soon as possible**