



BRIDGEND u3a

INCIDENT REPORT FORM

Please note: this form is to be completed by a member of the committee, a group convenor, or the property/venue owner/operator and should be retained on file by the u3a committee in case of a claim and for a period of three years even if a claim appears unlikely.

1. DETAILS OF PERSON COMPLETING THIS FORM

u3a	
Name	
Position	
Email	
Telephone	
Address	
Postcode	

2. INCIDENT DETAILS

Date of incident	
Time of incident	
Where did the incident occur?	
(a) Please state why the injured person was at the property/site, e.g. what group/activity were they participating in, OR (b) Please state the purpose for using the damaged property e.g. a venue or equipment	



Please describe the circumstances of the incident

Attach a sketch or photograph(s) if possible

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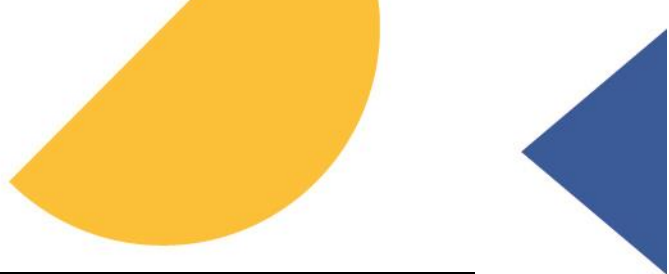
3. PARTICULARS OF PERSON(S) INVOLVED IN THE INCIDENT

(1) Name	Email
Address	
Postcode	Telephone
Was he/she a member of your u3a on the date of the incident?	
(2) Name	Email
Address	
Postcode	Telephone
Was he/she a member of your u3a on the date of the incident?	

Sections 4 and 5 are to be completed for any incident involving injury.

4. PARTICULARS OF THE INJURED PERSON(S) – continue on blank page if necessary

(1) Name	Email
Address	
Postcode	Telephone
Was he/she a member of your U3A on the date of the incident?	
(2) Name	Email
Address	



Postcode	Telephone
Was he/she a member of your U3A on the date of the incident?	

5. DETAILS OF INJURY

Describe the injury/injuries	
Immediate action taken	
Treatment at the scene	
Admission to hospital	
Ongoing medical treatment	

Section 6 is to be completed for any incident involving damage to property

6. DETAILS OF DAMAGED PROPERTY

Describe damage caused	
Estimated cost of repair or replacement	
Name of owner of damaged property	

Email	Telephone
Address	
	Postcode

The remaining sections are to be completed for all incidents

7. NAME AND CONTACT DETAILS OF ANY WITNESSES TO THE INCIDENT – continue on blank sheet if necessary

(1) Witness:
(2) Witness:
(3) Witness:

8. DECLARATION

I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects.	
Signed	Dated

Version	Description	Date
Initial	Incident Report Form	15/01/2023
Review		Due January 2024