

Incident Report Form

Procedure

This form is to be filled in by a member of the Committee, a Group Convenor, or the Property Owner and then be forwarded to a U3A Committee Member as soon as possible, but within 24hrs. Parts A, B and C are to be filled out for all Incidents. Parts D and E for an Incident involving an Injury to a Person or Persons and Part F for an Incident involving Property Damage. When completed please sign the Declaration G at the end.

All reports will be reviewed by the Committee to ensure that any further action necessary is carried out. A copy will be retained by the U3A Secretary, in case of a claim, for a period of at least three years.

A YOUR DETAILS

Name	Position
Email	Telephone
Address	
Postcode	

B INCIDENT DETAILS

Date of Incident	Time of Incident
Where did it Take Place?	
Reason for the Injured Person or damaged property being there	
Please Describe the circumstances of the Incident. What happened and how it happened (Attach a sketch or Photo if appropriate)	

C PARTICULARS OF PERSONS INVOLVED OR WITNESSES OF THE INCIDENT

Name 1	Email	
Address		
Post Code	Telephone	Mem No if in U3A
Name 2	Email	
Address		
Post Code	Telephone	Mem No if in U3A
Name 3	Email	
Address		
Post Code	Telephone	Mem No if in U3A

D PARTICULARS OF THE INJURED PERSON (fill out a separate form for each person)

Name 1	Email	
Address		
Post Code	Telephone	Mem No if in U3A

E DETAILS OF INJURIES

Description of Injury/ Injuries
Treatment Received at the scene
Admission to Hospital Yes /No*
Any other actions taken?

F DETAILS OF DAMAGED PROPERTY

Property Owner Name		
Address		
Post Code	Telephone	Email
Details of Damage caused in addition to that given in Section B		

G DECLARATION

I declare that to the best of my knowledge and belief all the forgoing particulars are true and correct in all respects.	
Name	
Signed	Dated

COMMITTEE USE ONLY

This Incident Form was reviewed by the Exec Committee on (date) _____

Actions taken, Recommendations Made	
Signed by Chair	Date