# Introduction

Each incident and near miss, relating to people or property, occurring while involved in an event organised by Roding Valley u3a needs to be recorded and investigated to ensure that the facts are known and where appropriate, mitigating action is taken to reduce the chance that there is a reoccurrence of such an event. This information may also be required by the National u3a Insurers.

This form is to be completed by a member of the committee, a group convenor (or appointed deputy), or the property owner.

# Procedures for Completing the Incident Report Form

The form should be completed as soon as practical after the incident.

The form must be sent to the Chair of the Roding Valley u3a Executive Committee. The Chair can be contacted at jlwoods4916@ntlworld.com. The form will be retained for a period of three years.

If the person completing the form does not have all the details, they should complete the form to the best of their ability and send it to the Chair, noting at the end of the form that this is an initial report and a full report will follow.

# Your details – Person completing the form

|  |  |
| --- | --- |
| Name |  |
| Position  |  |
| Email |  |
| Telephone |  |
| Address |  |
| Postcode |  |

# Incident details

|  |  |
| --- | --- |
| Date of incident |  |
| Time of incident |  |
| Where did the incident occur? |  |
| (a) Please state the reason 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 appropriate |

# Particulars of person(s) involved in the incident

(continue on a blank page if necessary)

|  |  |
| --- | --- |
| Name | Email |
| Address |  |
| Postcode | Telephone  |
| Was he/she a member of your U3A on the date of the incident?  |
| Name | Email |
| Address |  |
| Postcode | Telephone  |
| Was he/she a member of your U3A on the date of the incident?  |

**Sections 6 and 7 are to be completed for any incident involving injury.**

#  Particulars of the injured person(s)

(continue on a blank page if necessary)

|  |  |
| --- | --- |
| Name | Email |
| Address |  |
| Postcode | Telephone  |
| Was he/she a member of your U3A on the date of the incident?  |
| Name | Email |
| Address |  |
| Postcode | Telephone  |
| Was he/she a member of your U3A on the date of the incident?  |

# Details of injury

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

**Section 8 is to be completed for any incident involving damage to property**

# 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**

# Name and contact details of any witnesses to the incident

(continue on a blank page if necessary)

|  |
| --- |
| (1) Witness: |
| (2) Witness: |
| (3) Witness: |

# Emergency Service Notification

|  |  |
| --- | --- |
| Is this a major / serious incident:  | YES NO |
| If so, was an emergency service been notified/requested:  | YES NO  |
| Please provide details of the services contacted and where applicable an incident number: |

# Insurance Claim

|  |  |
| --- | --- |
| Is the incident likely to result in an insurance claim:  | YES NO |
| Please provide nature and value of the claim: |

# Use of Data

The data provided within this form may be shared with the executive members of Roding Valley u3a. For major incidents and incidents involving insurance claims, the data may also be shared with the management of the Third Age Trust, their insurers and related parties, as appropriate to the circumstances. Data will be held for three years following the receipt of the last related element of data.

# Declaration

|  |  |
| --- | --- |
| Further information to follow: | Please state YES or NO |
| 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 |

|  |  |
| --- | --- |
|   |  **Incident Report Form – Version Control** |
| **Version** | **Description of changes  / Review Body** | **Date** | **Status** **e.g.– draft – approved by - distributed** |
| 2.0   | Updated content  | 20/2/2023 | Draft for committee review |
|  2.1 | Updated for contact – changed to Chair | 25/2/2023 | Agreed with Committee 20/2/2023 |
|  2.2 | Updated for 2 typos  | 3/6/2023 |  |
|   |   |   |  |