# Tiptree u3a Incident report form



Please note that this form is to be filled in by a member of the committee, a group coordinator, or the property owner and should be retained on file by the committee in case of a claim and for a period of three years even if a claim appears unlikely.

#### 1. Your details

| U3A       | Tiptree u3a |
|-----------|-------------|
| Name      |             |
| Position  |             |
| Email     |             |
| Telephone |             |
| Address   |             |
| Postcode  |             |

#### 2. Incident details

| Date of incident   |                             |  |  |  |
|--|-----------------------------|--|--|--|
| Time of incident   |                             |  |  |  |
| Where did the incident occur?  |                             |  |  |  |
| Please state the reason for the injured person or damaged property being there |                             |  |  |  |
|  |                             |  |  |  |
| Please describe the cir  | rcumstances of the incident |  |  |  |
| Attach a sketch or photograph(s) if possible                                   |                             |  |  |  |
|  |                             |  |  |  |

## 3. Particulars of person(s) involved in the incident (continue on a blank page if necessary)

| Name   | Email         |  |  |
|--|---------------|--|--|
|  |               |  |  |
| Address  |               |  |  |
| 7 tadi coo   |               |  |  |
| Destanda   | Talanhana     |  |  |
| Postcode   | Telephone     |  |  |
|  |               |  |  |
| Was he/she a member of your U3A on the date of               | the incident? |  |  |
|  |               |  |  |
| Name   | Email         |  |  |
| Tamo   |               |  |  |
| Address  |               |  |  |
| Address  |               |  |  |
|  |               |  |  |
| Postcode   | Telephone     |  |  |
|  |               |  |  |
| Was he/she a member of your U3A on the date of the incident? |               |  |  |
| Trac horone a member of your contine date of                 | and moradisc  |  |  |

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

### 4. Particulars of the injured person(s)

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?

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

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| 7. Name and contact details of any witnesses to the incident |  |                                     |                            |  |
|--|--|-------------------------------------|----------------------------|--|
|  |  |                                     |                            |  |
|  |  |                                     |                            |  |
|  |  |                                     |                            |  |
|  |  |                                     |                            |  |
|  |  |                                     |                            |  |
| I/We de  | laration eclare that to the best of my/our kn in all respects. | owledge and belief all the foregoin | g particulars are true and |  |
| Signed   |  |                                     |                            |  |
|  |  |                                     | u                          |  |
|  |  |                                     | u                          |  |
| u3a  | Doc u3a KMS-FRM-001– Role descripti<br>– Incident Report Form  | ion                                 | The Third Age Trust        |  |
| <b>u3a</b><br>Version  |  | ion                                 |                            |  |