



ACCIDENT/INCIDENT REPORT

Name of Group:

Name & Address of member:

Name & addresses of others involved:

Date of accident/incident

Time

Location

Nature of incident/circumstances:

Details if injury/ property damage

Please complete reverse side

Witnesses – Names & Addresses

Witness phone numbers:

Action Taken:

Was any specialised assistance required at the scene? If so, give details:

Was medical advice sought afterwards? If so, give details:

Signed (Group Leader/Convenor)

Dated

Email:

Phone number:

If necessary, give further information on a separate sheet that should be signed and dated.

Completed form to be returned to the Secretary for file.

Please notify the H&S Officer/Curriculum Organiser.

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