



## Worksop and District u3a Incident Report Form

Please note that this form is to be filled in by a member of the committee, a group leader, or the property owner 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 the Person Reporting the Incident

U3A	Worksop and District u3a	
Name		
Position (eg Group Leader)		
Contact Details (unless held on Beacon)		
Activity taking place (e.g. Gr	oup Name)	





## 2 Incident details

Date of incident		Time of incident
Where did the		
incident occur?		
Please describe the		
Attach a sketch or pho	otograph(s) if possible	e or useful



Person Injured



# 3 Details of person(s) injured in the incident (reprint this page if necessary)

Complete this section to record any injuries suffered as a result of the incident

Contact Details (unless held	l on Beacon)
U3a Member? Yes / No	If Yes Mem Number
4 Details of injury	
Describe the injury/injuries	
Describe any immediate act	tion taken the scene including First Aid
Any further treatment at the	scene. Any advice given to the injured party
Did the person require any of Emergency Services	ongoing medical treatment (eg referral to GP, A&E or
Any further injuries identified	d after medical treatment (if known)
4.4 Did the negroen re	soume the activity often the incident?
4.1 Did the person re	sume the activity after the incident?





## 5 Details of person(s) suffering damage to their property in the incident (reprint this page if necessary)

Complete this section to record the details of any damage suffered as a result of the incident.

Owner's Name	
Contact Details (unless held on Beacon)	
U3a Member? Yes / No	If Yes Mem Number
6 Details of damaged prope	rtv

Describe damage caused
Describe damage caused
Estimated cost of repair or replacement if applicable

The remaining sections are to be completed for all incidents





	Name and contact details of any witnesses to the incide		
	Actions Taken as a Result of the Incident		
Describe any action taken proposed or taken to prevent a recurrence of the incident.			
	Declaration		
	Declaration		
Γα	o the best of my/our knowledge and belief all the above details are true and correct.		
V	ame Date		

The completed form should be emailed to the Groups Co-ordinator who will keep a file of untoward incidents.

Incidents will be reviewed at earliest opportunity at a committee meeting.