

## South Bookham SPACE Ltd Incident/accident report form

### *NAME OF CLUB/ORGANISATION*

#### **Name and telephone no. of person in charge of session/competition**

Name:
Telephone No.

#### **Site where incident/accident took place**

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#### **Date and time of incident/accident**

Date:
Time:

#### **Name and telephone no. of injured person**

Name:
Telephone No.

#### **Address of injured person**

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#### **Nature of incident/injury and extent of injury**

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**Give details of how and precisely where the incident took place.**

Describe what activity was taking place, for example training/game/getting changed.

**Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).****Were any of the following contacted?**

Parents/carers

Yes No 

Police

Yes No 

Ambulance

Yes No **What happened to the injured person following the incident/accident?**

E.g., carried on with session, went home, went to hospital etc.

**All of the above facts are a true record of the accident/incident****Signed:****Date:****Name:****Telephone No:**

*Please send completed form to the SPACE Health & Safety Office: Richard Rees at [reesassoc@talktalk.net](mailto:reesassoc@talktalk.net) mobile: 07802 939544.*

*In the event of any serious accident causing major injury or death the Heath & Safety Officer or another member of SPACE management committee must be informed immediately*