



ACCIDENT/ INCIDENT REPORT FORM

Date:

Time:

Name of Injured/ person involved:

Date of Birth:

Address of injured/ person involved:

Type of incident: Please Tick

Accident

Near Miss

Incident

First Aid

Occupation of injured person:

Phone number of injured person:

Is the person:

Swimmer

Volunteer

Parent

Location on site:

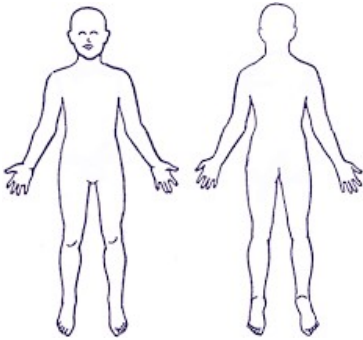
Describe how the accident happened (As accurately as possible):

Please hand in to Caroline Trestrail on the club desk on a Monday night at Carn Brea or alternatively email her the form to caroline.trestrail@gmail.com on completion. This information is being collected by CBHSC for the purpose of the administration of the club and any other associated business. A copy of our Privacy Notice can be found at https://cbhsc.co.uk/Documents/Privacy_Policy.pdf



Type of injury? I.E Bruise, fracture, cut/ abrasion, sprain/ strain, head injury, spinal or other. (Please specify)

Location on body (please mark with an X):



First Aid Given:

Name of witness:

Address of first aider:

Occupation:

Signature of first aider/ person completing the form:

Is hospitalisation likely?

Absence from work likely to be over 7 days?

RIDDOR reportable? Passed for investigation to:

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