

# ACCIDENT REPORT

(please circle)

## ACCIDENT / NEAR MISS



### About the Person who had the Accident

Name:		Club / Society:	
Date of Birth:	___ / ___ / _____	Gender:	
Address:			
Contact Details:		Student Number:	

### Details of the Accident

Location of Accident:		Date & Time of Accident:	___ / ___ / _____	: AM / PM
What are the injuries?	Where on the body are the injuries located?			
Any loss of consciousness?	Length of time unconscious?			
How did the accident or near miss happen?				

### First Aid Treatment Given / Action Taken

Ambulance called?		Taken to hospital?		Advised to see a Doctor?	
Were staff members informed at the time?		Were any other emergency services called?			
Present condition of injured person?					

### About the Person filling in this Report

Name:		Club / Society:	
Contact Number:		Email address:	
Date:	___ / ___ / _____	Signature:	

### ACTIVITIES DEPARTMENT USE ONLY

Logged?		RIDDOR reportable?	
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