INCIDENT REPORT FORM

Once completed, this form should be copied and retained by the event organiser and the casualty
These details should also be recorded in the organisers accident book where one exists

Event name	
Date of event	

About the person who had the incident

Name		**If under 18:**	
Date of birth		Were parents contacted?	Yes / No
Address		What was the outcome of this contact?	
Postcode			
Telephone			

First witness of incident (if available)		**Second witness of incident (if available)**	
Name		Name	
Date of birth		Date of birth	
Address		Address	
Postcode		Postcode	
Telephone		Telphone	

Date of incident	
Time of incident	

Details on location of incident - specify location accurately where possible

Details of incident

Descrition of injuries

Details of first aid treatment received

Incident report form completed by	
Name	
Date of birth	
Address	
Postcode	
Telephone	

Sign and date			
Casualty		Date	
First witness		Date	
Second witness		Date	
Completed by		Date	