



# ACCIDENT REPORT FORM

## Thurso Players

**This form should be completed by the member on the scene at the time of any accident, and as soon after the event as possible. The report should then be handed to Alan Gerrard, Mill Manager to complete the subsequent action taken section.**

Date, time and location of accident:

Name and role of person completing form:

Name of injured person:

Address of injured person:

Nature of incident/injury and extent of injury:

Give details of how and precisely where the incident took place:

Describe what activity was taking place e.g. football, chopping food.

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 or notified?

Parents/carers      Yes       No       Details:

Police                Yes       No       Details:

Ambulance         Yes       No       Details:

Other

Who was the accident reported to in the group?

e.g. Health & Safety Officer, Group Leader. Please include date and method.

What happened to the injured person following the incident/accident?

All of the above facts are a true record of the accident/incident

Signed:

Date:

Name:

Subsequent action taken:

No action taken:

Please provide reasons

Signed:

Date:

Name: