Clydebank Aikido Club

Appendix 3b: Incident / Accident Report Form

D. INCIDENT / ACCIDENT REPORT FORM

Name of person in charge of session/competition:

Site where incident/accident took place:

Date of incident/accident: / /

Time of incident/accident:

Name of injured person:

Address of injured person:

Nature of incident/accident and extent of injury:

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

Describe what activity was taking place, eg training game, getting changed, etc.

Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):

Were any of the following contacted:

Police: Yes □ No □

Ambulance: Yes □ No □

Parent/carer: Yes □ No □

What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with session):

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

SIGNED: DATE: / /

NAME:

In the event of accident occurring through insufficient training or faulty equipment/facilities follow up action to include completion of Risk assessment form.