

Street & Glastonbury U3A
ACCIDENT & INCIDENT REPORT FORM

Please complete all relevant sections

DETAILS OF ACCIDENT OR INCIDENT	
Group:	Leader:
Date & Time of Accident/Incident:	
Where did the accident/incident occur?	
Briefly describe the circumstances of the accident/incident (<i>Continue overleaf if necessary</i>)	
Action taken:	
DETAILS OF INJURED PERSON (If Applicable)	
Title:	Address of injured person
Surname:	
Foreman(s):	
Injury or part of body injured:	
Were any of the following contacted? Police: Yes/No Ambulance: Yes/No Spouse/Partner: Yes/No	
Treatment given & by whom:	
Was the injured person was able to carry on as normal? Yes/No. If No please expand (<i>continue overleaf if necessary</i>):	
Witnesses:	
Action taken to prevent recurrence:	
Name & Tel no. of person completing this form:	
HOW TO REPORT THE ACCIDENT/INCIDENT	
<p>Contact the Group Coordinator within 3 days of the accident by email: groups@streetu3a.org. Complete and return this form.</p>	

Signature: _____ Date: _____

Group Coordinator signature: _____ Date received: _____

NOTES FOR COMPLETION OF ACCIDENT & INCIDENT REPORT FORM

SECTION	NOTES
Where did the accident/incident occur?	The venue and the location within that venue
Briefly describe the circumstances of the accident/incident.	Try to include all important details.
Title.	E.G: Dr, Mr, Mrs etc.
Injury or part of body injured.	Include what you know plus what you think the injury could be E.G: Fell and hurt wrist, may be broken.
Treatment given & by whom.	Any treatment given and the name and address of person who administered it.
Name & contact details of witness(es).	One or two main witnesses will be sufficient.
Action taken to help to prevent a recurrence.	E.G: Such as: Briefed group members on risk. Moved chair to a safer position. Advised Groups Coordinator or loose floorboard.
Signature.	The signature of the person completing the form.