



Carryduff GAC

Accident/Incident Report Form

This form must be completed in the event of any accident

Name of Injured Person: _____

Address: _____

Occupation: _____

Is the Injured Party a Club Member: Yes / No

Date and time of accident/incident: _____

Description of Accident/Incident and Injuries, if any sustained:

Witnesses, if any _____

Was incident reported at time it occurred? YES NO

If Yes, to whom? Name: _____ Position: _____

Was medical attention given by: First aider Doctor Hospital None

Details (including name of first-aid): _____

Was accident investigated? YES NO

If yes, by whom? _____

Immediate and root cause of accident _____

Is there any corrective action that needs to be taken? _____

Details of any corrective action taken _____

Does Safety Statement need to be amended? _____

Does the accident/incident need to be reported to the Health & Safety Authority?

YES NO If yes, date report sent and by whom _____

Signed: _____ **Date:** _____



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ACCIDENT REPORT WITNESS STATEMENT

Name of injured person: _____
 Date and time of accident: _____
 Name of person making statement: _____

Statement:

Signed: _____ **Date:** _____

Name (Block Capitals): _____