



Incident/accident report form

Name of person in charge of session/competition – If applicable

Location where incident/accident took place

Date of incident/accident

Name of injured person

Address of injured person

Nature of incident/injury and extent of injury



LEE CHAPEL FISHING CLUB



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

Describe what activity was taking place, for example training/game/getting changed.

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?



Parents/carers

Yes

No



Police

Yes

No



Ambulance

Yes

No

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

e.g., carried on with session, went home, went to hospital etc.

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

Signed: _____ **Date:** _____

Name: _____

Completed forms should be returned to the Health & Safety Representative by hand or scanned copy to lcfhealthsafety@gmail.com or by posting to:-
Lee Chapel Fishing Club, Health & Safety Representative, 77 Menzies Avenue, Laindon West, Basildon, Essex, SS14 0GA