



Accident/Near Miss Report Form

Please complete this form then pass it on to the Welfare Officer

Location:

Date:

Person making report:

Accident Dangerous occurrence Near Miss (please tick)

Person(s) involved in accident/near miss (please include address & tel. no. if possible):

Brief details of accident/near miss (including any injury):

Brief details of action taken (i.e. first aid, removal of cause of accident or near miss etc.) and by whom (i.e. DX staff, Leisure Centre staff etc):

Is further action necessary? Yes/No

Further action taken:

Signed:

(person making report)

The above accident has been satisfactorily dealt with. No further action is necessary. Accident recorded in Club Accident Book or on Near Miss record.

Signed:

(Welfare Officer) Date: