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 (Continue overleaf if necessary)			
Action taken:			
DETAILS OF INJURED PERSON (If Applicable)			
Surname:		Address of injured person	
Forename(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 (continue overleaf if necessary):			
Name & contact details witness(es):	of		
Action taken to prevent recurrence:	а		
Name & Tel no. of perso completing this form:	n		
HOW TO REPORT THE ACCIDENT/INCIDENT			
 Contact the Groups Coordinator with 3 days of the accident or incident, preferably by email to groups@streetu3a.org or by telephone to 01458 443542. Post the completed form within 7 days to the Groups Coordinator, Cynthia Rayes, 3 Goss Drive, Street BA16 oRR The Group Leader will take any necessary action. 			
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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.
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: 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.