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ACCIDENT REPORT FORM

INJURED PERSONS DETAILS	
Name:	
Group Name:	
Age: (if under 18)	
Home Address:	
	Post Code:

DETAILS OF ACCIDENT	
Time and Date	
Location of Accident	
Weather conditions	
What was the person doing before the accident?	
Description of what happened	
Nature and extent of any injury	

DETAILS OF TREATMENT GIVEN	
Name of First Aider	
What treatment was given?	

AFTER THE ACCIDENT

Were any of the following contacted?	Parents/Carers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Ambulance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Follow up action taken (For Example: Session cancelled, seeing GP or going to A&E)	_____
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I confirm that this is an accurate version of events.

Signed By injured person (or by parent/guardian/ group leader if under 18)

Name: _____ Signed: _____ Date: ____/____/____

I GIVE/DO NOT GIVE consent for my details on this form to be disclosed and made available to safety representatives and representatives of employee safety when requested.

Report Written by (Full Name)	_____
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All of the above facts are a record of the events to the best of my recollection.

Name: _____

Signed: _____

Date: _____

REPORT REVIEW BY MANAGEMENT TEAM

Was a RIDDOR form completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date RIDDOR sent ____/____/____
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Any Internal action required due to accident?	_____
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Request Action completed by	Name: _____	Date: ____/____/____
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Management Comments:	_____
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Signed: _____ Date: ____/____/____

NOTE: All Accident Forms MUST be sent to the (Nominated Person)