

## **Incident Report**

To be used to report any accident/incident or near-miss not covered by other EA documents

Incident/Accident Details:		
Date of incident:	Incident Address:	
Time of Incident:	Postcode:	
Name/s of person/s involved in the incide		
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How did the incident/accident occur (provide a description of events):		
The management and an approximation of the management of the manag		
Person's injury/illness and treatment details (if appropriate)		
Given Name:	Surname:	
Date of Birth:	Contact:	
Residential Address:	Jonasi.	
Trooladitial Fladition		
Description of injury/illness:		
Description of injuly/inness.		
Did the Person receive treatment following the injury/illness: Yes / No		
Was the injured person admitted to Hospital: Yes / No		
If "Yes" Which Hospital:		
What treatment was received:		
Witnesses (include contact details):		
Name: Address:		
Address:		
Contact Number		
Contact Number:		







Follow Up Action		
Describe any actions taken following the incident to prevent a recurrence of the incident:		
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Describe any longer-term action proposed to prevent a recurrence of the incident:		
Incident Notifier's details:		
Given Name:	Surname:	
Position:	Phone:	
Email:		
Is this the person who should be contacted for further	information? Yes / No	
If "No" please provide contact details below for the ap	propriate person should further contact be required	
	Surname:	
Position:	Phone:	
Reporting of the incident to club/assoc	iation:	
Incident Reported to:	Date:	
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How (this form, in person, email, phone):		





