

accident report form

Event name

Event reference number

Event date.....

This form is only to be completed by the event organiser or their representative and not by the person suffering the loss or injury.

Injured person

Surname..... Forenames.....

Address.....

..... Post code.....

Telephone number..... Date of birth.....

Employee Volunteer Exhibitor Contractor

Member of the public Other

Date and time of accident

Date and time reported.....

Person reported to.....

Details in accident book? Tick box Yes No

Details of injury (specify left or right side), and/or loss or damage

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Details of action taken

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.....
.....

Assisted by event representative (please give name)

First-aid administered (please give name)

Please tick relevant boxes

Ambulance called Yes No Taken to hospital Yes No

Name and address of hospital attended

Taken home Yes No

Circumstances of accident and location

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Name and address of witnesses

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.....
.....

Person completing this form:

Name

Address

..... Post code

Telephone number

Signature