Version: 1 / Issue Date: 21.05. 14



## **Newcastle Vikings Handball Club**

## **Accident / Incident (Near Miss ) Report Form**

Date / Time of event:		Location:					
Type of event:	□ <sub>Injury</sub>	□ <sub>III He</sub>	alth	Incident (near	Damage to		
Harm (or potential for harm):	Fatality	The casualty needed to go straight to a hospital		Time off work  as a result  of the  accident	First Aid only		
Details of Person involved in event:	Name: Date of Birth:						
	Job Title (if employee) or (state if member of the club, public, volunteer, placemer contractor/consultant etc):						
	Contact number:						
	Full address including post code:						
Details of what happened and emergency action taken: -							
Has this type of accident/incident happened before? If Yes were the recommendations carried out to prevent reoccurrence and what were they.							
Any other conditions which may have influenced the accident/incident:							
Confirm that the following were in place before the activity too place	ok _		•	resulted in the event			

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Details of witness(es), if						
any: (name, position,						
contact number etc)						
•						
Name and contact						
telephone number of						
person reporting this						
accident/incident:						
2020		15.	/-·			
RIDDOR reportable:	□ <sub>Yes</sub> □ <sub>I</sub>	Date /	Time reported:			
	Yes I	NO				
The next section is to	be completed by th	ne Welfare Offic	cer:			
Brief recommendation						
for remedial action to						
prevent a recurrence.						
Investigation level	□ ,	□:	□.	□ <b>,</b> ,		
Required:	☐ High	☐ Medium	Low	☐ Minimal		
I concur with the description of the event as described and will ensure that the necessary remedial						
actions are carried out.						
Welfare Officer name:						
Date:						
Ciamatuus.						
Signature:						

Return form to Chair Person in the club.