



# Newcastle Vikings Handball Club

## Accident / Incident (Near Miss ) Report Form

<b>Date / Time of event:</b>		<b>Location:</b>		
<b>Type of event:</b>	<input type="checkbox"/> Injury	<input type="checkbox"/> Ill Health	<input type="checkbox"/> Incident (near miss)	<input type="checkbox"/> Damage to property only
<b>Harm (or potential for harm):</b>	<input type="checkbox"/> Fatality	<input type="checkbox"/> The casualty needed to go straight to a hospital	<input type="checkbox"/> Time off work as a result of the accident	<input type="checkbox"/> First Aid only
<b>Details of Person involved in event:</b>	Name:			
	Date of Birth: unknown			
	Job Title (if employee) or (state if member of the club, public, volunteer, placement, contractor/consultant etc):			
	Contact number:			
Full address including post code:				
<b>Details of what happened and emergency action taken: -</b>				
 <b>Has this type of accident/incident happened before? If Yes were the recommendations carried out to prevent reoccurrence and what were they.</b>				
 <b>Any other conditions which may have influenced the accident/incident:</b>				
<b>Confirm that the following were in place before the activity took place</b>	<input type="checkbox"/> Risk Assessment for the activity that resulted in the event			
	<input type="checkbox"/> Training/Equipment Talk/Activity Talk had been delivered.			

Details of witness(es), if any: (name, position, contact number etc)				
Name and contact telephone number of person reporting this accident/incident:				
RIDDOR reportable:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date / Time reported:		
<b>The next section is to be completed by the Welfare Officer:</b>				
Brief recommendation for remedial action to prevent a recurrence.				
Investigation level Required:	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Minimal
<p>I concur with the description of the event as described and will ensure that the necessary remedial actions are carried out.</p> <p>Welfare Officer name:</p> <p>Date:</p> <p>Signature:</p>				

Return form to Chair Person in the club.