Newcastle Vikings Handball Club

Accident / Incident (Near Miss) Report Form

Date / Time of event:			Location:						
Type of event:	□ _{Injury}	D III Health		□ _{Incident} (near miss)	Damage to property only				
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: 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:								
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 plac before the activity too place									

Details of witness(es),								
if any: (name, position,								
contact number etc)								
Name and contact								
telephone number of								
person reporting this								
accident/incident:								
RIDDOR reportable:			Date / Time rep	orted:				
	□ _{Yes} □	No						
The next cention is to								
The next section is to be completed by the Welfare Officer:								
	1							
Brief recommendation								
for remedial action to								
prevent a recurrence.								
Investigation level								
Investigation level	🗖 _{High}	□ _{Medium}	□ _{Low}	□ _{Minimal}				
Required:	_							
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:								
Signature:								

Return form to Chair Person in the club.