Version: 3 / Issue Date: 01.07. 25



## **Newcastle Vikings Handball Club**

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

Date / Time of event: Location:						
Type of event:	□ <sub>Injury</sub>	□ III Health	Incident (near	Damage to		
Harm (or potential			miss)	property only		
for harm):	□ <sub>Fatality</sub>	The casualty	☐ Time off work	☐ <sub>First Aid only</sub>		
ioi nam,		needed to go	as a result	,,		
		straight to a	of the			
		hospital	accident			
Details of Person	Name:	me:				
involved in event:	Data of Digitary and a comp					
	Date of Birth: unknown					
	Job Title (if employee) or (state if member of the club, public, volunteer, placement, contractor/consultant etc):					
	placement, contract	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:						
Any other conditions which may have inhaenced the accident/incident.						
Confirm that the						
following were in pla	ce Risk Assessm	ent for the activity tha	t resulted in the event	t		
before the activity to						
place	Training/Eq	uipment Talk/Activity	Talk had been delivere	ed.		

Version: 3 / Issue Date: 01.07. 25

Details of witness(es), if any: (name, position, contact number etc)					
Name and contact					
telephone number of					
person reporting this					
accident/incident:					
RIDDOR reportable:	□ <sub>Yes</sub> □ <sub>No</sub>	Date / Time reported:			
The next section is to	he completed by the	Welfare Officer:			
The next section is to be completed by the Welfare Officer:					
Brief recommendation					
for remedial action to					
prevent a recurrence.					
Investigation level					
Required:	L High L Med	ium Low Low Minim	al		
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:					
<u> </u>					

Return form to Chair Person in the club.