



Accident/ Near Miss/ Hazard Report Form

Please complete this form fully and hand it to any Club Committee member.

Date and Time of incident	
Your name	
Name of affected person/s (if different)	
Brief description of what happened	
Location	
What was the weather?	
Treatment administered	
Who gave the treatment?	
Was any further follow up required? E.g. hospital/ doctor visit	
Please provide your telephone number if we need to contact you for any further information	