

Incident Report Form

SPORTS LEADERS NAME	CLUB OR EVENT NAME
VENUE OF ACCIDENT/INCIDENT	NAME OF INJURED PERSON
DATE & TIME OF ACCIDENT/INCIDENT	ADDRESS OF INJURED PERSON
NAME OF INDIVIDUALS WHO DEALT WITH ACCIDENT/INCIDENT	Any Witnesses?
NATURE OF ACCIDENT/INCIDENT AND EXTENT OF INJURY	
DETAILS LEADING UP TO ACCIDENT/INCIDENT	
DETAILS OF ACTION TAKEN, INCLUDING ANY FIRST AID TREATMENT	
WHICH OF THE FOLLOWING WERE CONTACTED AFTER THE INCIDENT? Garda <input type="checkbox"/> Ambulance <input type="checkbox"/> Parent/Guardian/Carer <input type="checkbox"/> Doctor <input type="checkbox"/>	
ANY ADDITIONAL INFORMATION RELEVANT TO THIS INCIDENT?	
ALL OF THE ABOVE FACTS ARE A TRUE AND ACCURATE RECORD OF THE ACCIDENT/INCIDENT	
Signature 1:	
Signature 2:	Date:

Please Give this form to the Club Childrens Officer (as soon as possible and within 24hrs)

For Completion by member of the Club Committee

Was accident investigated? YES NO

If yes, by whom? _____

Immediate and root cause of accident _____

Is there any corrective action that needs to be taken? _____

Details of any corrective action taken _____

Does Safety Statement need to be amended? _____

Does the accident/incident need to be reported to the Health & Safety Authority?

YES NO

If yes, date report sent and by whom

Reported to AAI & AAI insurance brokers – date _____

Signed: _____ Date: _____

THIS FORM SHOULD BE FILED WITH THE CLUB COMMITTEE SECRETARY