Accident report

F(5)

Event name						
Date						
This form is only to be completed by the event organiser or their representative and not by the person suffering the loss or injury.						
Injured person details						
Surname Forenames						
Address						
Post code						
Telephone number Date of birth						
Employee Volunteer Exhibitor Contractor Member of the public						
Other						
Date and time of accident						
Date and time reported						
Person reported to						
Details in accident book? Tick box Yes No						
Details of injury (specify left or right side), and/or loss or damage and action taken						

assisted by event representative (please give name)							
First-aid administered (please give name)							
Please tick relevant boxes							
Ambulance called	Yes	No 🗌	Taken to hospital	Yes	No		
Taken home	Yes	No 🗌					
Circumstances of accident and location							
Name and address of witnesses							
	<i>3</i> 0						
Person completing	g this form:						
Name							
Address							
Post code							
Telephone number							
Signature			Date				