

TOTTON SOUTH u3a

INCIDENT FORM

Confidential

Use this form to report accidents, injuries, medical situations, other incidents.

If possible the report should be completed within **24 hours** of the event and submitted to the **Totton South u3a** secretary. A copy is to be retained by the Coordinator.

Activity / Group :

Date of Incident :

Time :

Date Report Completed :

Person Involved : Full Name -

Address -

Telephone -

Email -

Location :

Description of Incident :

Injuries : Yes / No

Description of Injuries / Damage / Other :

Were there witnesses to the Incident? : Yes / No

If **Yes**, enter

Name :

Name :

Contact Information :

Contact Information :

Police / Medical Services

Police **Yes** / No

IF **Yes**, was a Report filed? **Yes** / **No**

Incident Number :

Medical treatment provided : Yes / No. IF **Yes**, where was treatment provided?

On site / Hospital / Other

Declaration :

I / We declare that to the best of my / our knowledge all particulars are true and correct.

Signed :

Date :

Received by the Secretary

Signed :

Date :

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