

ACCIDENT AND INCIDENT REPORT FORM



THIS FORM MUST BE USED TO REPORT THE FOLLOWING IF THEY HAPPEN DURING TRAINING OR COMPETITION

- ❖ Personal injury to anyone (including spectators)
- ❖ Near misses with the potential to cause serious injury
- ❖ Property damage
- ❖ Dangerous occurrences
- ❖ Ill health and sickness

The form must be completed by the meeting organiser, referee or an official designated by the referee (for accidents which occur during competitions) and by a club official or coach (for accidents which occur during training) within 7 days of the accident or incident.

Additionally please report the accident/incident to the facility management when applicable.

The completed form shall be sent to :

Health and Safety Department,
UK Athletics
Athletics House
Alexander Stadium
Walsall Road
Perry Barr
Birmingham
B42 2BE

PERSONAL DETAILS

INJURED PERSON - MR/ MRS/ MISS

SURNAME _____

FORENAMES _____

AGE _____

STATUS _____
(Athlete, official, coach, spectator, other)

CLUB (If Applicable) _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____

EMAIL _____

NATURE OF INJURY

WAS FIRST AID GIVEN YES/NO

NAME OF FIRST AIDER _____

ORGANISATION/BRANCH _____

WAS THE INJURED PARTY TAKEN FROM
THE SITE OF THE ACCIDENT TO HOSPITAL YES / NO

FURTHER TREATMENT (If Known) _____

HOSPITAL VENUE (If Known) _____

ACCIDENT / INCIDENT DETAILS

COMPETITION / TRAINING VENUE

VENUE NAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____

COMPETITION YES/ NO

TRAINING YES/NO

DATE ____/____/20__

TIME _____

WEATHER _____

SITE OF ACCIDENT _____

COMPETITION / TRAINING DETAILS

ORGANISER / CLUB

NAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____

EMAIL _____

NATURE OF MEETING / TRAINING (Circle as appropriate)

CROSS-COUNTRY

FELL RUNNING

RACE WALKING

ROAD RUNNING

SPORTSHALL

TRACK AND FIELD

OTHER _____

TITLE OF MEETING _____

DESCRIPTION OF ACCIDENT/INCIDENT

IF APPLICABLE INCLUDE INCIDENT SITE DIAGRAM / PHOTOGRAPH - PREPARED BY THE PERSON REPORTING.

Indicate event site/ incident layout, position of injured person, position of event officials, coaches, and witnesses. *(Please use additional sheets if required)*

WITNESS DETAILS

A witness statement should be taken for more serious incidents and injuries

Name _____

Address _____

Tel. _____

WITNESS STATEMENT (Please use additional sheets if required)

For the following serious categories, a report should be made initially by telephone to: Michael Hunt, UKA Facilities and Health & Safety Manager. Tel: (07803) 671971 / Email: mhunt@uka.org.uk

- ❖ Death
- ❖ Loss of sight
- ❖ Any injury liable to cause admittance to hospital for 24 hours or over
- ❖ Loss of consciousness
- ❖ Other serious injuries to a young person or child

DETAILS OF PERSON REPORTING

NAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____

Email address (For purposes of acknowledgement of receipt of form) _____

STATUS (Official, coach etc) _____

SIGNATURE _____

DATE ____/____/20____

Your personal data (including sensitive personal data) will be held on a database and used by UK Athletics Limited, England Athletics Limited, Scottish Athletics Limited, Welsh Athletics Limited and Athletics Northern Ireland ("The Athletics Governing Bodies") for the purpose of administering your involvement in athletics. The Athletics Governing Bodies may share our personal data with each other and other organisations involved in the administration of athletics in carrying out these purposes.

FOR OFFICE USE ONLY

DATE RECEIVED ____/____/20____

ACTION TAKEN