



Accident Report Form

Name of person completing this report

Site where incident/accident took place

Date and time of incident/accident

Name of Injured Person

Address of Injured Person

Details of Accident/Injury – What happened?

Action taken and treatment given



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Name(s) of the First Aider(s)

What happened to the injured person following the incident/accident.
e.g. Carried on with session, went home, went to hospital etc.

If taken to hospital name of hospital and how they were taken.

All of the above facts are a true and accurate record of the incident/accident.

Signed – by the First Aider

Name and date

Signed – by a witness (could be the person involved)

Name and date