



Blackbridge Jubilee Athletics Track

Accident and Incident Report Form

It is a condition of booking that hirers agree to complete this form in the event of a reportable incident (in which a person suffers an injury for which medical treatment was required) or an incident (in which, in different circumstances, the occurrence might have led to a reportable accident)

The completed form must be returned to the registered address below or handed to any one of the company directors within 24 hours of occurrence. Please note that a copy of this form may be forwarded to UK Athletics.

Details of Injured Person; Name..... Age

Address.....

Post Code..... Telephone No.....

Nature of Injury or Incident

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Date, Time and Place of of Accident/Incident.....

Was First Aid given? Yes/No Name of First Aider.....

First Aid Organisation (if applicable).....

Was the person taken to hospital? Yes/No

Name and contact details of any witnesses

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Was equipment involved? (Please specify)

Was that equipment checked before use? Yes/No

If faulty has that equipment being taken out of use and reported? Yes/No

Name and contact details of person completing this form.....

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Signed Date